DEPT.-65

JOB- 21

REEL- 23

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

73007

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

Authorization No. 345

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A	B	C
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ] To be sold as scrap or waste paper	[X] To be Burned or shredded	[ ] Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS: 2 negative Rolls

C. P. Force Records Management Officer 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Spec.—8-24-14—M. & T.—2000 Bks.

C98201 C98201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 N. Bethel ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Edmond Holmes

(Residence in Baltimore: No. 1511 N. Bethel St.; ..yrs.. 3 mos. 25 ds.)

important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Child

6-DATE OF BIRTH, May 20th, 1913 (Month) (Day) (Year)

7-AGE, ..yrs. 3 mos. 25 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Clarence Holmes

11-BIRTHPLACE OF FATHER (State or Country), Fort Detroit

12-MAIDEN NAME OF MOTHER Minnie Bender

13-BIRTHPLACE OF MOTHER (State or Country), Philadelphia Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence Holmes

(Address) 1511 N. Bethel St.

15- Filed SEP 15 1916, 191.. ROBERT P. KRAUT Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 15th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 11th 1916, to Sept 15 1916, that I saw him alive on Sept 15 1916, and that death occurred, on the date stated above, at 10:20 a.m.

The CAUSE OF DEATH* was as follows:

Intoxication Intestinal

(Duration) ..yrs.. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ..yrs.. mos.. ds.

(Signed) C. L. Joslin M. D.

April 15, 1916 (Address) 745 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL.
Fort Detroit Md	Sept. 17th, 1916

20-UNDERTAKER	ADDRESS
Wm. Mrs. Jno. H. Leppert	1001 N. Fayette St.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 C96202 64 C96202

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 527 Lafayette Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Edwards

(Residence in Baltimore: No. 527 Lafayette Ave St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX ~~Male~~ Female

4-COLOR OR RACE Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

6-DATE OF BIRTH Unknown 1
(Month) (Day) (Year)

7-AGE 48 yrs mos ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work Laundry Work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Maryland

PARENTS

10-NAME OF FATHER Thomas Duffiaaco

11-BIRTHPLACE OF FATHER (State or country) Shadyside Md

12-MAIDEN NAME OF MOTHER Miss Josephine Burke

13-BIRTHPLACE OF MOTHER (State or country) Shadyside Mdaac

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Joseph Santos

(Address) 527 Lafayette Ave

15- SEP 16 1916, 191

HARRY G. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Sept. 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 8, 1916, to, Sept 13 1916, that I saw her alive on Sept 13 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) — yrs — mos. 6 ds.

Contributory (SECONDARY) (Duration) yrs mos. ds.

(Signed) Edward J. Bentley M. D.

Sept. 13, 1916 [Address] 1230 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ...yrs...mos. In the State ...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Saint Peter's Cemetery DATE OF BURIAL Sept 17, 1916.

20-UNDERTAKER Felix B. Pye ADDRESS 102 E. Mulberry

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98203

HEALTH DEPARTMENT--CITY OF BALTIMORE

C98203

CERTIFICATE OF DEATH

151

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 331 E. 23rd St. WARD 12)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Katherine Toffler

(Residence in Baltimore: No. 331 E. 23rd St.; yrs. 3 mos. 15 ds.)

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: May (Month) 31 (Day), 1916 (Year)

7 AGE: ..... yrs. 3 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balt.

PARENTS

10 NAME OF FATHER: H J Weaver

11 BIRTHPLACE OF FATHER (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Katherine Toffler

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H J Weaver

(Address) 331-E 23 St.

SEP 16 1916 Filed ....., 191.....

HARRY D. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept (Month) 15 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 31, 1916 to Sept 15 1916 that I saw her alive on Sept. 15, 1916. and that death occurred, on the date stated above, at 9:30 A.m.

The CAUSE OF DEATH* was as follows:

Marasmus

Malnutrition

(Duration) ..... yrs. 3 mos. ..... ds

Contributory (SECONDARY) Premature Birth

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry A. Weinberg M. D.

Sept 15, 1916 (Address) 724 W Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: Sept 18, 1916

20 UNDERTAKER: W M Rentzel

ADDRESS: 23 W Lanvale

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98204 C98204

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C

CITY OF BALTIMORE: (No. ..... ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John O'Bryan

(Residence in Baltimore: No. 3B1E North Ave St.: yrs. 10 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July ? (Month) (Day) 1840 (Year)

7-AGE, 76 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John O'Bryan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ellen Carroll

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- Filed SEP 16 1916, 191. HARRY U. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 15th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Never 191, to 191, that I saw h me alive on Sept 11 1916, and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

(Duration) yrs. 10 mos. ds.

(Signed) F. A. Barnes M. D.

Sept 15 1916. (Address) 1133 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 11 mos. ds. In the State 10 yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL, Hickory-Harford's Md — DATE OF BURIAL, Sept. 16, 1916

20-UNDERTAKER Wm Cook ADDRESS 5035 North Ave

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C98205

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C98205

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 N. Gilmor ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Coleman

(Residence in Baltimore: No. 321 N. Gilmor St.: 27 yrs. 1 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Aug — 6, 1889 (Month) (Day) (Year)

7-AGE. 27 yrs. 1 mos. 8 ds.

If LESS than 1 day. ....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laundress
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER. John Brown

11-BIRTHPLACE OF FATHER (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER. Fannie Howard

13-BIRTHPLACE OF MOTHER (State or Country). U. S. Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Fannie Jacobs

(Address). 321 N. Gilmor St

15- SEP 16 1916 Filed....., 191.... HARRY G. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept — 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 14 1916, to Sept 14 1916, that I saw her alive on Sept 14 1916, and that death occurred, on the date stated above, at 5.55 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Cerebral Hemiplegia

(Duration) ..... yrs. 5 hours

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. C. Smith M. D.

Sept 15 1916 (Address) 1313 N. Gilmor

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn Cem. DATE OF BURIAL. Sept 16, 1916

20-UNDERTAKER. George H. Holland ADDRESS. 511 Hobart St

important. See instructions on back of certificate

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98206 104 C98206

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Nelson

(Residence in Baltimore: No. 1114 Shields Alley St.; yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Not known, ... (Month) ..... (Day) 1 (Year)

7-AGE, ... yrs. 2 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), " "

12-MAIDEN NAME OF MOTHER —

13-BIRTHPLACE OF MOTHER (State or Country), " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. Mercy Hosp.

(Address) Calvert St.

15- SEP 16 1916 Filed ....., 191.....

HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 8 1916, to Sept 14 1916, that I saw him alive on Sept 14 1916, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Abdominal Tuberculosis (Intestinal)

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edmund P. Smith M. D.

9/14/, 191.6 (Address) Mercy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 ds. In the State ..... yrs. 2 mos. ..... ds.

Where was disease contracted, if not at place of death? 1114 Shields Alley

Former or usual residence same

19-PLACE OF BURIAL OR REMOVAL, ... DATE OF BURIAL, SEP 17 1916, 191...

20-UNDERTAKER ..... ADDRESS .....

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

098207 43- 098207

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Kin's & Queens Cancer Hospital, 2519 Freemont ave. St.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pernelia Sinclair.

(Residence in Baltimore: No. 1607 W. Lexington St. St.; 57 yrs., 8 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Dec. 26th, 1858 (Month) (Day) (Year)

7-AGE, 57 yrs. 8 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Sinclair

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Pernelia Schwatka

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Kate Sinclair

(Address) 1607 W. Lexington St.

15- Filed SEP 16 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 15 1916. (Month) Sept. (Day) 15 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 14 1916, to Sept 15 1916, that I saw her alive on Sept 15 1916, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Left Mammary.

Chronic (Duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Geo. G. Cross. M. D.

, 191... (Address) 1000 W. 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 1 ds. In the State 57 yrs. 8 mos. 20 ds.

Where was disease contracted, if not at place of death? 1607 W Lexington

Former or usual residence 1607 W Lexington

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Sept 18, 1916

20-UNDERTAKER Block ADDRESS 1003 West Saratoga St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C98208 — 10+ C98208

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Pritchett (Pritchett)

(Residence in Baltimore: No. 1422 ~~Penrose Ave~~ Presstman St. St.: yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
female	negro	Single

6-DATE OF BIRTH, Sept 15, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. 7 mos. ... ds. — If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Wm Pritchett

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Agnes Pritchett

13-BIRTHPLACE OF MOTHER (State or Country), Mass

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hospital

(Address) Broadway & Eastern Ave

15 SEP 16 1916 Filed ..., 191... HARRY C ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 9 1916, to Sept 14 1916, that I saw her alive on Sept 14 1916, and that death occurred, on the date stated above, at 1 10 p m.

The CAUSE OF DEATH* was as follows:

Abdominal Tuberculosis (Intestinal)

(Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Edward P Smith M. D.

9/16/, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 5 ds. In the State ... yrs. 7 mos. ... de.

Where was disease contracted, if not at place of death? 1422 Presstman St

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, St Peter's Cem. — DATE OF BURIAL, Sept 16 1916

20-UNDERTAKER Jos B Cook — ADDRESS 1003 E Baltimore St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 98209 45 C 98209

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 2401 E. Biddle ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Fuska

(Residence in Baltimore: No. 923 N Washington St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Not Known, (Month) (Day) (Year)

7-AGE, 75 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Fuska

(Address) 923 N. Washington St.

15- SEP 16 1916 HARRY C. ANDREWS

Filed ..... 191.... Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 15, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1916, to Sept 15 1916, that I saw h[illegible] alive on Sept 13 1916, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Neck — Metastasis (Duration) yrs. 9 mos. ds.

Examination

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) M. D.

Sept 15, 191.6 (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Sept. 18, 191.6

20-UNDERTAKER, Frank Leach Sons — ADDRESS 1106 Park Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

13

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95210

CERTIFICATE OF DEATH.

170 C95210

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2704 Wilkens Ave ST.; 20 WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George John Struble

(Residence in Baltimore: No. 2704 Wilkens Ave. St.; 7 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widower

6-DATE OF BIRTH: January (Month) 1 (Day), 1852 (Year)

7-AGE: 64 yrs. 9 mos. 13 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): C. Tripp Butcher

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Michael Struble

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Catherine Maisel

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Jos. J. Kreuter (Daughter)

(Address) 2704 Wilkens Ave

15- Filed SEP 16 1916, 191... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 13 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 12 — 1916, to 1916 that I saw him alive on Sept 12 — 1916 and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis Duration Unknown

Supposed Suicidal Drowning

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

Two Hours (Duration) yrs. mos. ds.

(Signed) C. W. Williams M. D.

Sept. 14., 191.6 (Address) 1.0.7 Lidgty Heights

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Sept. 16 1916

20-UNDERTAKER: Geo. A. Gerber — ADDRESS: Baltimore

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 C98211 105 C98211

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 Dover ST.: 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louida Jackson

(Residence in Baltimore: No. 116 Dover St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 18th, (Month) (Day) 1914 (Year)

7-AGE, 2 yrs. 4 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto MD.

PARENTS.

10-NAME OF FATHER, Thomas Jackson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Matilda Turner

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matilda Jackson

(Address) 116 Dover St

15 SEP 16 1916 ROBERT P. KRAUTER

Filed....., 191.... Registrar

Burial Permit

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 14th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 28th 1916, to Sept. 14th 1916, that I saw h alive on Sept. 14th 1916 and that death occurred, on the date stated above, at 8.55 a.m.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis

(Duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. Lee Ellis M. D.

9/14, 191.. (Address) 922 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Ch

DATE OF BURIAL, Sept. 16, 191..

20-UNDERTAKER A. L. Brans' Son

ADDRESS 108 N. Front

Spec.—8-24-14—M. & T.—3000 Bks.

C98212

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C98212

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 Gilbert ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Caulk

(Residence in Baltimore: No. 605 Gilbert St.; 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. Blk

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. June (Month) 2 (Day) 1865 (Year)

7-AGE. 51 yrs. 3 mos. 17 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laundress
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Elias Caulk

11-BIRTHPLACE OF FATHER (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary J. Haynie

(Address) 1122 Gilmor St.

15 SEP 16 1916 ROBERT R. KRAUTER

Filed ....., 191.. Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept. 14th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 2 1916, to Sept 14th 1916, that I saw her alive on Sept 13th 1916, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

apoplexy

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Coma

(Duration) yrs. mos. 1 ds.

(Signed) Gustav Tolksmeier M. D.

Sept 14, 1916 (Address) 605 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn

DATE OF BURIAL. Sept 16 1916

20-UNDERTAKER Harris Easton

ADDRESS 916 Lanvale ave

important. See instructions on back of certificate.

C98213

M 5274

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C98213

39

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1522 S Charles St. WARD) 23

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. McAllister

(Residence in Baltimore: No. 1522 S. Charles St. St.; yrs 28 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: April (Month) 12, (Day) 1865 (Year)

7-AGE: 51 yrs. 5 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Carpet Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Richard V. McAllister

11-BIRTHPLACE OF FATHER (State or country): New Jersey

12-MAIDEN NAME OF MOTHER: Margaret A. Neil

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. M. Rudolph (Engineer)

(Address) 1522 S. Charles

15-Filed SEP 16 1916 ROBERT B. KRAUTER Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept. (Month) 14 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 5 1915 to Sept 14 1916, that I saw h[illegible] alive on Sept 13- 8½ AM 1916, and that death occurred, on the date stated above, at 6 Am.

The CAUSE OF DEATH* was as follows:

Carcinoma Tongue.
Extending to Throat, Larynx and Glands.

(Duration) yrs. 9 mos. ds

Contributory (SECONDARY) Clinical + Microscopic Examination

(Duration) yrs. mos. ds.

(Signed) John S. Bishop M. D.

Sept. 14 1916 (Address) 828 N. Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem. DATE OF BURIAL: SEP 16 1916

20-UNDERTAKER: Jno J Fahey & Sons ADDRESS: 1918 Eight Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98214

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 C98214

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 923 N. Fulton Ave ST.) 16 (WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J Burch

(Residence in Baltimore: No. 923 N Fulton Ave St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: — (Month) — (Day) —, 1841 (Year)

7-AGE: 75 yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer): Com merchat

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Wm. J. Birch

(Address) 923 N. Fulton

SEP 16 1916 Filed, 191

ROBERT P. KRAUTH Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept 13, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July, 1916, to Sept. 13 1916, that I saw him alive on Sept 13, 1916, and that death occurred, on the date stated above, at 9 45 m.

The CAUSE OF DEATH* was as follows:

Generalized arterio-sclerosis, (Cerebral arterio sclerosis)

Purulent Bronchitis (abt 3 mos.) (Duration) yrs. mos. ds.

Contributory (SECONDARY) Kidney insufficiency abt 2 wks (Duration) yrs. mos. ds.

(Signed) G Carroll Lockard M. D.

Sept 15 1916 (Address) 46 Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudendale Cem DATE OF BURIAL: Sept. 16. 1916.

20-UNDERTAKER: Martin Fahy ADDRESS: 46 Lafayette

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

P C98215 64 C98215

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 314 N. Bruce ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Bagwell

(Residence in Baltimore: No. 314 N. Bruce St.; 10 yrs., mos. ds.)

In City 46 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Aug (Month) 16 (Day), 1859 (Year)

7-AGE, 57 yrs. 26 mos. ds.

If LESS than 1 day, hrs. or mins.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Custom House

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, James Bagwell

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Easter Savage

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Bagwell

(Address) 310 N. Bruce St.

15- Filed SEP 16 1916 191 ROBERT B. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 8 1916, to Sept 12 1916, that I saw h[illegible] alive on Sept 12 1916, and that death occurred, on the date stated above, at 6.40 p.m.

The CAUSE OF DEATH* was as follows:

(Apoplexy)
Hemiplegia
(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
(Duration) yrs. 7 mos. ds.

(Signed) J. M. Mistr M. D.
Sept 12, 1916 (Address) 1209 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Sept 17 1916

20-UNDERTAKER Sam'l J. Wemsley — ADDRESS 578 W. Fayette

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98216

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

C98216

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 S. Ann ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Drzazga

(Residence in Baltimore: No. 521 S. Ann St St.; 4 yrs., 26 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, ~~WIDOWED~~, or DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Apr. (Month) 19 (Day), 1916 (Year)

7-AGE, 4 yrs. 4 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None.
(b) General nature of industry, business, or establishment in which employed (or employer). In family

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Stanislaw Drzazga

11-BIRTHPLACE OF FATHER (State or Country). Russian Poland

12-MAIDEN NAME OF MOTHER Mary Zgrobelska

13-BIRTHPLACE OF MOTHER (State or Country). Austria Galacia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stanislaw Drzazga

(Address) 521 S. Ann St.

15- SEP 16 1916 Filed....., 191.... ROBERT R. KRAUTER Registrar. Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 15th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1st 1916, to Sept 15th 1916, that I saw h m alive on Sept 14th 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Enteritis

(Duration) ....yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edw. M. Fitzgerald M. D.

Sept 15th, 1916. (Address) 1 N. Arlington Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Holy Rosary. DATE OF BURIAL. Sept 16, 1916

20-UNDERTAKER G. William Fialkowski ADDRESS 1618 Eastern Ave.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98217 81 C98217

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1418 E Chase ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary F. Donnelly

(Residence in Baltimore: No. 1418 E Chase St.; 82 yrs., 2 mos. 4 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH: July (Month) 9 (Day), 1834 (Year)

7-AGE: 82 yrs. 2 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER: Arthur Mcholland

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Ellen Mcholland

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) T. F. Donnelly

(Address) 1418 E Chase St

15- SEP 16 1916 Filed ....., 191... Registrar ROBERT R. KRAUTER

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 14th Sept (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1st 1916, to Sept 14th 1916, that I saw her alive on Sept 14th 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

With Complications

(Duration) 1 Year yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. F. McHolland M. D.

Sept 15 1916 (Address) 115 W Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cy DATE OF BURIAL, Sept 18, 1916

20-UNDERTAKER Stewart & Monn Co ADDRESS 108 W Fayette

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 98218 C 98218

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2212 Division St. St.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Smith

(Residence in Baltimore: No. 2212 Division St. St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sngle

6-DATE OF BIRTH, January 18, 1914
(Month) (Day) (Year)

7-AGE, ..yrs. 2 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Jno. Smith

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Susan Brown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Annie Smith

(Address) 2212 Division St

15- SEP 16 1916 Filed....., 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 9/15, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9/12 1916, to 9/15 1916, that I saw h[illegible] alive on 9/15 1916, and that death occurred, on the date stated above, at 3 20 P m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-enteritis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 1 ds.

(Signed) [illegible] M. D.

....., 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn DATE OF BURIAL, Sept 16, 1916

20-UNDERTAKER Clarence E Wright ADDRESS 1364 Mary

important. See instructions on back of certificate.

C96219

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 C96219

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1014 W Lafayette St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John D. Blake 3rd

(Residence in Baltimore: No. 1014 W. Lafayette ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, ~~MARRIED~~ ~~WIDOWED~~ ~~DIVORCED~~ (Write the word): Single

6 DATE OF BIRTH: June (Month) 14 (Day), 1915 (Year)

7 AGE: 1 yrs. 3 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: ~~None~~
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Middlesex Co Va

PARENTS

10 NAME OF FATHER: Everett L. Blake

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Minnie Bapmbk

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. L. Blake

(Address) 1027 Lamade

15 SEP 16 1916, 191 ROBERT B. KRAUTER REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept (Month) 16 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1916, to Sept 16 1916, that I saw him alive on Sept 16, 1916, and that death occurred, on the date stated above, at 750 a m.

The CAUSE OF DEATH* was as follows:

Entero Colitis

(Duration) yrs. 1 mos. 1 ds. 4

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Jno D Blake M. D.

Sept 16, 1916 (Address) 1014 W Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mills Mad Co [illegible] DATE OF BURIAL: Sept 17, 1916

20 UNDERTAKER: [illegible] ADDRESS: [illegible] Eman Balt

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B98220 28 C98220

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 N. Mount ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles C Knapp

(Residence in Baltimore: No. 617 N. Mount St.: 16 yrs., mos. 1, ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, July 25, 1882 (Month) (Day) (Year)

7-AGE, 34 yrs. 1 mos. 19 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Penitentiary Shirt Factory

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Charles Knapp

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Mary L Moseman

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles C Knapp

(Address) 617 N. Mount St

15- Filed SEP 16 1916 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 13, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1912, to Sept. 1914, that I saw h[illegible] alive on Sept 13 1916, and that death occurred, on the date stated above, at 11.30 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 4 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. E. Knapp M. D.

Sept 14, 1916. (Address) 1402 N. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Sept 16, 1916
20-UNDERTAKER	**ADDRESS**
Wm. J. Tuckner & Son	North Ave & Pa

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96221 C96221

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 15 N Ann st ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabella Grullet

(Residence in Baltimore: No. 15 N Ann St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, ... (Month) ....., ... (Day) ....., 1844 (Year)

7-AGE, 72 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Thomas Trott

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Sarah Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Gray

(Address) 15 N Ann st

15- FILED SEP 16 1916 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 15, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 15 1916, to Sept. 15 1916, that I saw her alive on Sept. 15 1916, and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hemiplegia Embolism

(Duration) ..... yrs. 6 mos. ..... ds.

(Signed) [illegible] M. D.

Sept. 15, 1916 (Address) [illegible] Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem.

DATE OF BURIAL, Sept. 18, 1916

20-UNDERTAKER Wilbert E. Fuller

ADDRESS 221 N Broadway

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98222

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98222

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1565 Leslie St. ST.) 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cora Elizabeth Swann

(Residence in Baltimore: No. 1565 Leslie St St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, June (Month) 22nd (Day), 1916 (Year).

7-AGE, 0 yrs. 2 mos. 23 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, William Swann

11-BIRTHPLACE OF FATHER (State or Country), Harford Co Md

12-MAIDEN NAME OF MOTHER Annie Brown

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Swann

(Address) 1565 Leslie St

15-

Filed SEP 16 1916

ROBERT R. KRAUTER
Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 15 (Day), 1916 (Year).

17-I HEREBY CERTIFY, That I attended deceased from Sept 14th 1916, to Sept 15 1916, that I saw h-r alive on Sept 14 1916, and that death occurred, on the date stated above, at 3 A-m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobular

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Diarrhea

(Duration) ....yrs. 1 mos. ....ds.

(Signed) W. E. Campbell M. D.

Sept 15, 1916 (Address) 1209 N Carey St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BU... Sept.

20-UNDERTAKER James H Dennis — ADDRE... 130...

important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C 98223 50 C 98223

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 35 N. Milton Av ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August T Becker

(Residence in Baltimore: No. 35 N. Milton Av St.; 56 yrs. mos. ds.)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Nov (Month) 24 (Day) 1843 (Year)

7-AGE: 72 yrs 7 mos 10 ds. — If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lenio M. J. T Becker

(Address) 35 N. Milton Ave

15- SEP 16 1916 Filed ....., 191-. — ROBERT R. KRAUTER Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept. (Month) 14 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 26, 1916, to, Sept 14 1916, that I saw h[illegible] alive on Sept 14 1916, and that death occurred, on the date stated above, at 4:30 P. M.

The CAUSE OF DEATH* was as follows:

Diabetes Millitus

(Duration) yrs mos 19 ds

Contributory (SECONDARY): Exhaustion

(Duration) yrs mos ds

(Signed) Geo T Caulk M. D.

9/14/16 191.. [Address] 1423 N. Eutaw

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: London Park Cem — DATE OF BURIAL: Sept 17th 1916

20-UNDERTAKER: E Schlosser Son — ADDRESS 1039 Hanover

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98224 C98224

CERTIFICATE OF DEATH.

63

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 Bunt ST.; 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Kollesch

(Residence in Baltimore: No. 1813 Bunt St.; 1 yrs., 9 mos. 17 ds.)

important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December 4th, 1914 (Month) (Day) (Year)

7-AGE, 1 yrs. 9 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Geo. Henry Kollesch

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Martha Keen Dolan

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. H. Kollesch,

(Address) 1813 Bunt St.

15- Filed SEP 17 1916 191.... ROBERT B. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. September 16th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 14 1916, to Sept. 16 1916, that I saw him alive on Sept. 16 1916, and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Acute Anterior Poliomyelitis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Paul Brown M. D.

191... (Address) 1837 Penna Ave,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Woodlawn

DATE OF BURIAL. Sept. 16, 1916

20-UNDERTAKER David Easter

ADDRESS 1916 Pennsylvania Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C98225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C98225

1-PLACE OF DEATH. CITY OF BALTIMORE: (No. U.S. Marine Hospital 12 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

2-FULL NAME Solomon Smith

(Residence in Baltimore: No. U.S. Marine Hospital St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Unknown (Month) , 1 (Day) (Year)

7-AGE. 34 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Seaman
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Virginia

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). U.S. Marine Hospital

(Address). Baltimore Md

15- SEP 17 1916 ROBERT R. KRAUTER

Filed. 191. Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. September (Month) 13 (Day), 1916 (Year).

I HEREBY CERTIFY, That I attended deceased from August 2 1916, to Sept 13 1916, that I saw h[illegible] alive on Sept 13 1916, and that death occurred, on the date stated above, at 11.05 a.m.

The CAUSE OF DEATH* was as follows:

Valvular disease of Heart (mitral regurgitation)

(Duration) yrs. 1 mos. 11 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. mos. 6 ds.

(Signed) W. E. Bickley M. D.

Sept. 13, 1916. (Address) U.S. Marine Hospital Baltimore Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 1 mos. 11 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Unknown

19-PLACE OF BURIAL OR REMOVAL. Northumberland co Va

DATE OF BURIAL. Sept 17 191.

20-UNDERTAKER. J. A. Brown's Son

ADDRESS 418 W Monday's Pier 7 Light St. Mila. Chas. Va

important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C98226 — 104 — C98226

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1819 E. Baltimore ST.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emanuel Turner

(Residence in Baltimore: No. 1819 E. Baltimore St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH March 11, 1916 (Month) (Day) (Year)

7-AGE 6 yrs. 5 mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (State or country) Unknown

12-MAIDEN NAME OF MOTHER Hilda Turner

13-BIRTHPLACE OF MOTHER (State or country) Penna.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hilda Turner

(Address) 1819 E Balto St

15 SEP 17 1916 ROBERT R. KRAUTER
Filed ..... 191.. Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Sept 16, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept 9, 1916, to Sept 16 1916, that I saw him alive on Sept 16, 1916, and that death occurred, on the date stated above, at 9 30 a.m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) yrs. mos. 7 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) E. S. Britton M. D.

Sept 16, 1916. (Address) 17 E Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Sept 18, 1916

20-UNDERTAKER H E Hughes — ADDRESS 17 S. Broadway

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C 98227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 98227

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Berry Wakamoon

(Residence in Baltimore: No. Mercy Hospital St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Single

6-DATE OF BIRTH: Not known, (Month) (Day) 1 (Year)

7-AGE: 20 yrs. # mos. # ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sailor
(b) General nature of industry, business, or establishment in which employed (or employer): "

PARENTS.

9-BIRTHPLACE, (State or Country): Honduras

10-NAME OF FATHER: Not known

11-BIRTHPLACE OF FATHER (State or Country): Not known

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or Country): Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dennis Mesures

(Address) Calvert St

15- Filed SEP 17 1916 191.. Burial Permit ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 23 1916, to Sept 16 1916, that I saw h[illegible] alive on Sept 16 1916 and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:

Endocarditis of Mitral Valve

1 mo (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Rejected Insurance

(Duration) yrs. mos. ds.

(Signed) Edward H. Stuck M. D.

Sept 16, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. 18 ds. In the State yrs. mos. 18 ds.

Where was disease contracted, if not at place of death? Ft McPherson

Former or usual residence Honduras

19-PLACE OF BURIAL OR REMOVAL: Leakin Cemetery DATE OF BURIAL: Sept 19 1916

20-UNDERTAKER: Robt F Turner ADDRESS 1441 N Broadway

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96228 C96228

CERTIFICATE OF DEATH.

REGISTERED No. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 S. Albemarle St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louggo Defelece.

(Residence in Baltimore: No. 114 S. Albemarle St. St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct. (Month) 10 (Day), 1914 (Year)

7-AGE, 1 yrs. 11 mos. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of Industry, business, or establishment in which employed (or employer) Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Dominic Defelece.

11-BIRTHPLACE OF FATHER (State or Country), Italy.

12-MAIDEN NAME OF MOTHER Carmella Lidagnardo

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dominik Lidagnardo

(Address) 114 S. Albemarle St

15- Filed SEP 17 1916 191 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 2 1916, to Sept 15 1916, that I saw him alive on Sept 15 1916, and that death occurred, on the date stated above, at 8:15 P.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) Wm L Lucas M. D.

Sept 16, 1916. (Address) 1038 N. Monastery

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Vincents DATE OF BURIAL, Sept. 17, 1916

20-UNDERTAKER William Jackowski ADDRESS 1618 Eastern

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96229 C96229

CERTIFICATE OF DEATH.

15 105

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 S. Ann ST.: 2 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katarzyna Podgorska

(Residence in Baltimore: No. 801 S. Ann St.: 17 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: February 8, 1858 (Month) (Day) (Year)

7-AGE: 58 yrs. 7 mos. 9 ds.

If LESS than 1 day. hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Russia Poland

PARENTS.

10-NAME OF FATHER: Jan Kotowski

11-BIRTHPLACE OF FATHER (State or Country): Russia Poland

12-MAIDEN NAME OF MOTHER: Alina Kucharek

13-BIRTHPLACE OF MOTHER (State or Country): Russia Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jan Podgorski

(Address) 801 S. Ann St.

15- Filed SEP 17 1916, 191 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: September 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 16 1916, to September 16 1916, that I saw h[er] alive on September 16 1916, and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Cataract

Diabetes

(Duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Chronic Kidney

(Duration) yrs. mos. 5 ds.

(Signed) H. Simonds M. D.

Sept. 16, 191 6 (Address) 722 S. Ann St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Rosary — DATE OF BURIAL: Sept. 17, 191 6

20-UNDERTAKER: Wm Jackowski — ADDRESS: 618 Eastern

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST.: 4 WARD)
REGISTERED No. C 155 C95230

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Stehl
(Residence in Baltimore: No. 673 N. Fayette St.) (16 yrs., 7 mos. 16 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH August 31, 1860
(Month) (Day) (Year)

7-AGE, 56 yrs. 16 mos. 16 ds.
If LESS than 1 day, ... hrs. or .... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Henry Stehl
11-BIRTHPLACE OF FATHER (State or Country), Germany
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Charles Stehl
(Address) 673 W Fayette St.

15- ROBERT E. KRAUTER
Filed SEP 17 1916 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bichloride of Mercury poison,
Suicide
(Duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) .... (Duration) .... yrs. .... mos. .... ds.

(Signed) Albert L. Dresel M. D.
(Coroner)
Sept 16, 191.. (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death .... yrs. .... mos. 14 ds. In the State .... yrs. .... mos. .... ds.
Where was disease contracted, if not at place of death? 673 N. Fayette St.
Former or usual residence 673 N Fayette St.

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Sept 17, 1916.

20-UNDERTAKER Philip Seward & Son ADDRESS 116 S Eutaw St.

C98231 C98231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

168

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 630 S Payson ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna Cattilon

(Residence in Baltimore: No. 630 S Payson St.: yrs. 3 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	S

6-DATE OF BIRTH, June (Month) 11 (Day), 1913 (Year)

7-AGE, 3 yrs. 3 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Cattilon

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Edna Thompson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Cattilon

(Address) 630 S Payson St

15- FILED SEP 17 1916 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suffocation Accidental

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) James M Kenton M. D. (Coroner.)

Sept 16 1916 (Address) 720 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	Sept 18, 1916

20-UNDERTAKER Harry A. Withke ADDRESS 153 W Lanvale St

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

98232 28 98232

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 623 N Schroeder St ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mary Francis Blandford

(Residence in Baltimore: No. 623 N Schroeder St St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (If so, write the word): Widow

6-DATE OF BIRTH: Sept 16th (Month) (Day), 1848 (Year)

7-AGE: 68 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): St Marys Co Md

PARENTS

10-NAME OF FATHER: Morrison Edwards

11-BIRTHPLACE OF FATHER (State or country): St Marys Co Md

12-MAIDEN NAME OF MOTHER: Gloris Morrison

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Clarence Edwards

(Address) 623 N Schroeder

15. SEP 17 1916 Filed, 19

ROBERT B. KRAUTH
Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept. 16th (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from about Sept 1st, 1916, to Sept 16th 1916, that I saw h- alive on Sept 15-th, 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Lungs & intestines

(Duration) Probably 2 yrs. 5 mos. 20 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J. F. Hellweg, M. D.

Sept 16, 1916 (Address) 1001 Eden ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: White Plains Charles Co. Md. — DATE OF BURIAL: Sept 18, 1916

20-UNDERTAKER: Geo. W. Little — ADDRESS: 531 N Fremont Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96233 40 C96233

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. 1509 Eastern Ave St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Sroka

(Residence in Baltimore: No. 1509 Eastern Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. (Month), 18 (Day), 94 (Year)

7-AGE, 82 yrs. mos. ds. If LESS than 1 day, hrs. or mts.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Prussia

PARENTS.

10-NAME OF FATHER, Antoni Sroka

11-BIRTHPLACE OF FATHER (State or Country), Prussia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Prussia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Sroka

(Address) 1509 Eastern Ave.

15- FILED SEP 17 1916 ROBERT R. KRAUTER Registrar of Vital Statistics

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 10, 1916, to September 15 1916, that I saw h in alive on September 14, 1916, and that death occurred, on the date stated above, at 4. P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(Duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) Jaundice

(Duration) yrs. 2 mos. ds.

(Signed) C. C. Rust M. D.

September 16 1916. (Address) 2000 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cem DATE OF BURIAL, Sept. 18, 1916

20-UNDERTAKER Jacob Jralkowski ADDRESS 728 S Bond St

Spec.—8-24-14—M. & T.—2000 Bks.

B C98234

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98234

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 Eastern ave ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhelmina Hansen

(Residence in Baltimore: No. 1407 Eastern ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, June (Month) 13 (Day), 1851 (Year)

7-AGE, 65 yrs. 8 mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Hansen

(Address) 1407 Eastern ave

15- SEP 17 1916 Filed ....., 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 15 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sep 4th 1916, to Sep. 15 1916, that I saw her alive on Sep 13 1916, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Toxic and Mitral Regurgitation

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

..... (Duration) ..... yrs. 4 mos. ..... ds.

(Signed) J. H. Evans M. D.

9/15, 191 6 (Address) 240 N. Fremont St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death: ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Wendell Duffel Sto DATE OF BURIAL, Sep. 17, 1916

20-UNDERTAKER St Paul Cemetery ADDRESS 375 N

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C38235 C38235

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline C. O'Brien

(Residence in Baltimore: No. 1902 Pennsylvania Ave St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (write the word.) Married

6-DATE OF BIRTH, Oct. 14 (Month) (Day), 1888 (Year)

7-AGE, 28 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas L Atkins

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. L. O'Brien

(Address) 1902 Penna Ave

15- Filed SEP 17 1916, 191 ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 14 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 8 1916, to Sept. 14 1916, that I saw her alive on Sept. 14 1916, and that death occurred, on the date stated above, at 4:50 p. m.

The CAUSE OF DEATH* was as follows:

Post Partum Infection following Child birth at Term

about (Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Septicaemia

about (Duration) yrs. mos. 10 ds.

(Signed) Edward Lynch M. D.

Sept. 14, 191 6 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1902 Penna Ave

Former or usual residence 1902 Pennsylvania Ave.

19-PLACE OF BURIAL OR REMOVAL, St Mary's Cemetery Penna DATE OF BURIAL, Sept 17, 191

20-UNDERTAKER Wm Koch ADDRESS 522 E Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

093236 093236

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard C. Hardesty

(Residence in Baltimore: No. 1157 Cleveland St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov. (Month) 23 (Day), 1865 (Year)

7-AGE, 50 yrs. 9 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James Hardesty

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Francis Grant

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma M. Hardesty

(Address) 1157 Cleveland St

15-

Filed SEP 17 1916 191 ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Sept. (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 8 1916, to Sept 16 1916, that I saw him alive on Sept 16 1916, and that death occurred, on the date stated above, at 2:00 P. m.

The CAUSE OF DEATH* was as follows:-

Chronic Interstitial Nephritis

(approximately)

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Uremic Coma

(Duration) — yrs. — mos. 5 ds.

(Signed) H. C. Tilley M. D.

9/16, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death — yrs. — mos. 8 ds. In the State 49 yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1157 Cleveland St

19-PLACE OF BURIAL OR REMOVAL, Herbert Cemetery

DATE OF BURIAL, Sept. 19, 1916

20-UNDERTAKER Wm Cook

ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

98237 HEALTH DEPARTMENT—CITY OF BALTIMORE 98237

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Steven Livers

(Residence in Baltimore: No. University Hospital St.; ....yrs. ....mos. 25 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, ... (Month) ..... (Day), 1891 (Year)

7-AGE, 27 yrs. ....mos. ....da. — If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Chandlee

(Address) Hughesville Md

15- ROBERT H. KRAUTH

Filed SEP 17 1916 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 20 1916, to Sept 12 1916, that I saw h[illegible] alive on Sept 12 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

[illegible]

(Duration) 3 yrs. ....mos. ....da.

CONTRIBUTORY (Secondary) Uremia

(Duration) ....yrs. ....mos. ....da.

(Signed) [illegible] M. D.

Sept 16, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 7 da. In the State 27 yrs. — mos. ....da.

Where was disease contracted, if not at place of death? Hughesville Md

Former or usual residence Charles Co.

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Hughesville Md	Sept 17, 1916.
20-UNDERTAKER John H Toadvine	ADDRESS 142 Wood St

Spec.—5-19-13—M. & T.—500 Bks.

B 98238

HEALTH DEPARTMENT—CITY OF BALTIMORE

40 98238

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 Light ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Joseph Cloarty

(Residence in Baltimore: No. 1612 Light St

St.: 47 yrs., 4 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April (Month) 27 (Day), 1869 (Year)

7-AGE, 47 yrs. 4 mos. 17 ds.

If LESS than 1 day. ....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work R.R. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John P. Cloarty

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Amy McCall

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Sadie Flannister

(Address) 1612 Light St

15- SEP 17 1916 ROBERT R. KRAUTER

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 3rd 1916, to, Sept 14 1916, that I saw h[illegible] alive on Sept 14 1916, and that death occurred, on the date stated above, at 9.0 m.

The CAUSE OF DEATH* was as follows:

(a) Epithelioma

(b) Exhaustion

(c) Clinical (Duration) yrs. several mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Liver

(Duration) yrs. 18 mos. ds.

(Signed) D.D. Buxton M. D.

9.15....., 1916 (Address) 301 E. Cross St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, [illegible] DATE OF BURIAL, [illegible] 191...

20-UNDERTAKER [illegible] ADDRESS [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

098239 ✕126 098239

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josiah T. Wheatley.

(Residence in Baltimore: No. University Hospital St.; yrs. mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1853 (Year)

7-AGE,	If LESS than 1 day,
63 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Storekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, J K Wheatley.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER E. Truett

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ira Wheatley

(Address) Federalsburg Md.

15- Filed SEP 17 1916, 191.... ROBERT R. KRAUTER Vital Statistics Register

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 26 1916, to Sept 16 1916, that I saw h/m alive on Sept 16 1916, and that death occurred, on the date stated above, at 5.45 P m.

The CAUSE OF DEATH* was as follows:

Anaemia

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hypertrophied Prostate (Duration) — yrs. — mos. — ds.

(Signed) C. A. Reifschneider M. D.

9/16..., 1916 (Address) University Hosp...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 21 ds. In the State 63 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Federalsburg Md.

19-PLACE OF BURIAL OR REMOVAL, Cambridge Md — DATE OF BURIAL, SEP 18 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. — ADDRESS 715 Light St

See instructions on back of certificate.

Marion M. Burkamp.

C38240

HEALTH DEPARTMENT—CITY OF BALTIMORE

C38240

CERTIFICATE OF DEATH.

155 T

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hospital for Women St.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Marion M. Burkamp.

(Residence in Baltimore: No. Fredericksburg, Va St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOW(ER) OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec. 3, 1879
(Month) (Day) (Year)

7-AGE, 36 yrs. 9 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Work
(b) General nature of industry, business, or establishment in which employed (or employer): Home Keeping

9-BIRTHPLACE, (State or Country), N. C

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), N. C

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr Carey Gamble

(Address) 26 W. Biddle

15- SEP 17 1916 ROBERT P. KRAUTH

Filed....., 191.... Register

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Poison by Pt Bichloride

Hemorrhage Uterine

Suicidal Intent

(Duration) ..... yrs. ..... mos. 2m ds.

CONTRIBUTORY (Secondary) Insomnia. Melancholia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. H. Hartman M. D.
(Coroner.)

Sept 16, 1916 (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State 2 days yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Fredericksburg Va

19-PLACE OF BURIAL OR REMOVAL, Wilmington N. C.

DATE OF BURIAL, Sept 17, 1916

20-UNDERTAKER Henry W. Jenkins & Sons Co. Orchard St

ADDRESS Cullen.

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 09841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

158 09841

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No..... Foot of Webster St. St.; 24 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James P. Biniak.

(Residence in Baltimore: No. 706 Harvey St. St.; yrs., 33 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White.	Widower.

6-DATE OF BIRTH, October 7th. 1873., / (Month) (Day) (Year)

7-AGE, 42 yrs. 11 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, John Biniak.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Anna Provinski.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Annie O'Brien. (Sister)

(Address) 706 Harvey St.

15- Filed SEP 18 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 15th. 1916., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Drowning.

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Otto M. Rembrandt M. D. (Coroner)

Sept. 16. 1916 (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, St Stanislaus — DATE OF BURIAL, Sept. 18th 1916

20-UNDERTAKER E & B Harle — ADDRESS #115 E West St

Fill in all blanks in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98242

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98242

CERTIFICATE OF DEATH.

REGISTERED No. C 180

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Phillip Fine

(Residence in Baltimore: No. 426 Laurens St St.; 13 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Sept — 1878
(Month) (Day) (Year)

7-AGE, 38 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Grocer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [signature]

(Address) 1611 E Fayette St

15- SEP 18 1916 HARRY C. ANDREWS
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 17, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 30 1916, to Sept 17 1916, that I saw him alive on Sept 17 1916, and that death occurred, on the date stated above, at 11.20 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis + Acute Pericarditis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. 17 mos. ds.

(Signed) Bernard S. Jacobson M. D.

Sept 17, 1916 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 17 ds. In the State 15 yrs. mos. ds.

Where was disease contracted, if not at place of death? (2)

Former or usual residence 426 Laurens St

19-PLACE OF BURIAL OR REMOVAL, Workmen Circle

DATE OF BURIAL. 9/18, 1916

20-UNDERTAKER Jack Levis

ADDRESS 1411 E Fayette

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

098243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

110 098243

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St. 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Richard Brown

(Residence in Baltimore: No. 1507 W. Saratoga St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) (Day), 1876 (Year)

7-AGE, 40 yrs. 3 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Packer
(b) General nature of industry, business, or establishment in which employed (or employer), of Clothes

9-BIRTHPLACE, (State or Country), Annapolis Md

PARENTS.

10-NAME OF FATHER, Wm Brown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mr Nannie Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nannie Brown Wife

(Address) 1507 W. Saratoga St.

15- Filed SEP 18 1916 191 HARRY C ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 11 1916, to Sept 16 1916, that I saw h[illegible] alive on Sept 16 1916, and that death occurred, on the date stated above, at 11.20 p m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) yrs. mos. 7 hr. ds.

CONTRIBUTORY, Acute Tonsilitis
(Secondary) with infection

(Duration) yrs. mos. ds.

(Signed) Walter A Carr M. D.

9-16, 1916 (Address) Garrison & Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 hours da. In State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence 1507 W Saratoga St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Sept 20 1916.

20-UNDERTAKER Charles B Jones

ADDRESS 235 N Fine St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C98244

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md General Hosp St.; 18 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matthew Dorsey

(Residence in Baltimore: No. 1062 Vine St.; 46 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, Oct. (Month) 8 (Day), 1870 (Year)

7-AGE, 45 yrs. 11 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer with
(b) General nature of industry, business, or establishment in which employed (or employer): E. W. Mitchell & Co

9-BIRTHPLACE, (State or Country), Howard Co Md

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Estelle Preston

(Address) 1532 S. 19th St. Phila. Pa.

15- SEP 18 1916 HARRY [illegible] Burial Permit Clerk

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 15th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 13 - 1916, to Sept 15, 1916, that I saw h alive on Sept 15 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Duration 2 hrs.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis
Duration yrs. mos. ds.

(Signed) Elmer Hutchinson M. D.

9-15-, 1916. (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1062 Vine St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem, DATE OF BURIAL, Sept. 18, 1916

20-UNDERTAKER E. W. Mitchell & Co ADDRESS 1201 N. Eutaw

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98215 — x92 C98215

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Mercy Hospital St.; 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Fisher Stricklen

(Residence in Baltimore: No. 2 Mercy Hospital St.; ... yrs., ... mos. 2/4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH, July 25, 1855 (Month) (Day) (Year)

7-AGE. 61 yrs. 1 mos. 23 ds. If LESS than 1 day, ... hrs. or ... mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Salesman
(b) General nature of industry, business, or establishment in which employed (or employer). Salesman

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. Benjamin F. Stricklen

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER. Martha Ann (unknown)

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Raymond F. Stricklen

(Address) Rosepleasant, Md

15- SEP 18 1916 Filed ..., 191... Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 17, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 14 1916, to Sept 17 1916, that I saw h[illegible] alive on Sept 17 1916, and that death occurred, on the date stated above, at 1.55 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 25 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia Left

(Duration) ... yrs. ... mos. 3 ds.

(Signed) Edward J. Leach M. D.

Sept 17, 191... (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 2/4 ds. In the State ... yrs. ... mos. 2 ds.

Where was disease contracted, if not at place of death? Rosepleasant Md.

Former or usual residence Rosepleasant, Md

19-PLACE OF BURIAL OR REMOVAL. Druid Ridge Cemetery

DATE OF BURIAL. Sept 19 1916

20-UNDERTAKER George Scholl & Sons

ADDRESS 1126 E Monument

Important. See instructions on back of certificate.

B098246 HEALTH DEPARTMENT—CITY OF BALTIMORE 28 C98246

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 635 Laburg. ST.: 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beatrice Hall.
(Residence in Baltimore: No. 635 Laburg St St.; — yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female
4-COLOR OR RACE: Colored
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single
6-DATE OF BIRTH: Unknown 1 (Month) (Day) (Year)
7-AGE: 22 yrs. mos. da.
If LESS than 1 day, hrs. or min.?
8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):
9-BIRTHPLACE, (State or Country): Va.

PARENTS.
10-NAME OF FATHER: Dominey Hall
11-BIRTHPLACE OF FATHER (State or Country): Va.
12-MAIDEN NAME OF MOTHER: Lockwood
13-BIRTHPLACE OF MOTHER (State or Country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) May Hall
(Address) 635 Laburg St.

15-
Filed SEP 18 1916, 191
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(Duration) yrs. mos. da.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. da.
(Signed) Albert D Brooke M. D.
(Coroner)
Sep 16, 1916 (Address) 512 N Carrollton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. da. In the State yrs. mos. da.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Ct. DATE OF BURIAL, Sept 18, 1916.
20-UNDERTAKER A L Brandt Son ADDRESS 108 W Monument St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98247

CERTIFICATE OF DEATH.

151 C98247

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1408 W. Lafayette Av St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. Bosch

(Residence in Baltimore: No. 1420 W. Lafayette Av. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. (Month) 16 (Day), 1916 (Year)

7-AGE, — yrs. — mos. — ds.

If LESS than 1 day, — hrs. or 15 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Balto. City Md.

PARENTS.

10-NAME OF FATHER, Wm. E. Bosch

11-BIRTHPLACE OF FATHER (State or Country), Balto. City Md.

12-MAIDEN NAME OF MOTHER Florence Hommond

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. E. Bosch

(Address) 1408 W Lafayette Ave

15-

SEP 18 1916

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 16- 1916, to Sept 16 1916, that I saw him alive on Sept 1916, and that death occurred, on the date stated above, at 11-45 P.m.

The CAUSE OF DEATH* was as follows:

Puncture birth (16 mo.)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. L. McCarthy M. D.

Sept. 17 1916. (Address) 902 S. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn

DATE OF BURIAL, Sept. 16, 1916

20-UNDERTAKER Geo W Little

ADDRESS 531 N Fremont Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98248

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98248

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Conaway

(Residence in Baltimore: No. 902 William St St.; yrs., 1 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August (Month) 4 (Day), 1914 (Year)

7-AGE, yrs. 1 mos. 7 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, George Conaway.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Nellie Landin

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Wolute

(Address) Hebrew Hospital

15-

Filed SEP 18 1916, 191

HARRY J. ANDREAS
Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Sept. (Month) 17 (Day), 1916. (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept 17 1916, to Sept 17 1916, that I saw him alive on Sept 17 1916, and that death occurred, on the date stated above, at 3.35 m.

The CAUSE OF DEATH* was as follows:

Acute Enteritis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. Rockin M. D.

9/17/16, 191... (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. 1 mos. 7 ds.

Where was disease contracted, if not at place of death? at residence

Former or usual residence 902 William St.

19-PLACE OF BURIAL OR REMOVAL, Edmondson Hill Cemetery

DATE OF BURIAL, Sept 18 1916

20-UNDERTAKER W. W. Lyon

ADDRESS 4 Eutaw St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98249

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98249

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 E 23 ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Essex Jones

(Residence in Baltimore: No. 402 E 23 St St.: — yrs.. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, CL

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month), (Day), 1881 (Year)

7-AGE, 35 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Barber
(b) General nature of industry, business, or establishment in which employed (or employer). Hair cutting

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, David Jones

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Martha Williams

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maunda Jones

(Address) 2003 Oak St

15-

Filed SEP 18 1916, 191.... HARRY C. AMBLER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 9 (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 11 1916, to Sept 15 1916, that I saw h[illegible] alive on Sept 15 1916, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Heart disease

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) R Garland Ashcraft M. D.

Sept 16, 1916. (Address) 1534 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Gloster Co Va Clay Farm DATE OF BURIAL, Sept 18, 1916

20-UNDERTAKER Wm H & R A Elliott ADDRESS 506 East Pl

important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 98250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C 98250

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 113 S Garrison Ln ST.: 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Infant of Hugh & Beulah Wanke

(Residence in Baltimore: No. 113 S Garrison Lane St.; yrs. mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Bab

6 DATE OF BIRTH Sept 14, 1916
(Month) (Day) (Year)

7 AGE yrs. mos. 3 ds. | If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Balto Md

PARENTS

10 NAME OF FATHER Hugh Wanke

11 BIRTHPLACE OF FATHER (State or country) New York

12 MAIDEN NAME OF MOTHER Beulah Downing

13 BIRTHPLACE OF MOTHER (State or country) Balto Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hugh Wanke
(Address) 113 Garrison Lane

15 Filed SEP 18 1916, 191 HARRY [illegible]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 17, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept, 1916, to Sept 17 1916, that I saw h[illegible] alive on Sept 17, 1916, and that death occurred, on the date stated above, at [illegible] m.
The CAUSE OF DEATH* was as follows:

Pneumonia Lobar
(6 mo)
(Duration) yrs. mos. ds

Contributory (SECONDARY) None
(Duration) yrs. mos. ds.

(Signed) Chas A Schaefer M. D.
Sept 17, 1916 (Address) 2505 W Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Mt Carmel Cemetery | DATE OF BURIAL SEP 18 1916

20 UNDERTAKER Geo A Gerig | ADDRESS Bdwy & Payson

Spec.—8-24-14—M. & T.—2000 Bks.

C98251

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98251

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1135 Sargent ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Marie Ford

(Residence in Baltimore: No. 1135 Sargent St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, July (Month) 13 (Day), 1916 (Year)

7-AGE, ...yrs. 2 mos. 4 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, William G Ford

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Anna M. Welsh

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 1135 Sargent St

15-

SEP 18 1916

Filed....., 191...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 17th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1, 1916, to Sept 17, 1916, that I saw h[illegible] alive on Sept 17, 1916, and that death occurred, on the date stated above, at 3:30 P m.

The CAUSE OF DEATH* was as follows:

.....

Gastro Enteritis

..... (Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary) Lack of Nourishment, Impetigo to Face

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Shepard Krech M. D.

Sept 19, 1916. (Address) 117 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery Brooklyn — DATE OF BURIAL, 2nd Sept 18 1916

20-UNDERTAKER, James Degnan & Son — ADDRESS 1000 S. Paca St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98252

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98252

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2111 E. Madison ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Centonie Frankenberry

(Residence in Baltimore: No. 2111 E. Madison St. Life yrs., mos. ds.)

important. See instructions on back of certificate. Entire accuracy in answering questions of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH. Sept 22, 1892
(Month) (Day) (Year)

7-AGE. 23 yrs. 11 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Matthew Lamba

11-BIRTHPLACE OF FATHER (State or Country). Bohemia

12-MAIDEN NAME OF MOTHER Centonie Stoch

13-BIRTHPLACE OF MOTHER (State or Country). Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gilbert W. Frankenberry

(Address) 2024 E. Fayette St.

15- SEP 18 1916 HARRY C. ANDERSON Registrar

Filed....., 191....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 18 1916, to Sept 16 1916, that I saw her alive on Sept 16 1916, and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

1. Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. mos. 3 ds.

(Signed) Edward J. Goss M. D.

Sept 17, 1916 (Address) 413 N. Wolfe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Rosary DATE OF BURIAL. Sept 17, 1916

20-UNDERTAKER. Frank Crawford ADDRESS 1906 Eutaw Pl

C98253

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98253

CERTIFICATE OF DEATH.

156

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2II N Maderia st. St.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antone Klemes

(Residence in Baltimore: No. 2II N Maderia st St.: yrs., 6 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: Not Known (Month), (Day), / (Year)

7-AGE: 34 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Bohemia

PARENTS.

10-NAME OF FATHER: Joseph Klems

11-BIRTHPLACE OF FATHER (State or Country): Bohemia

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or Country): Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosalie Klemes

(Address) 2II N Maderia st

15- SEP 18 1916 Filed ....., 191.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Sept (Month) I6 (Day) I916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

Asphyxia by illuminating gas

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) (Coroner.) M. D.

191... (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Oak Hill — DATE OF BURIAL: Sept 20, 1916

20-UNDERTAKER: Frank Cracknell — ADDRESS: 1946 Eutaw St.

—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

098254

CERTIFICATE OF DEATH.

28 098251

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 100 N. 25th St. ST.: 13 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.))

2-FULL NAME George Flavor Everhart

(Residence in Baltimore: No. 1000 N. 25th St.: 24 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: Feb. (Month) 20th (Day), 1868 (Year)

7-AGE: 48 yrs. 6 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Penn.

PARENTS.

10-NAME OF FATHER: George P. Everhart

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Mary Flavor

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo P Everhart

(Address) New Freedom Pa

15- SEP 18 1916 HARRY J. ANDREWS

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Sept. (Month) 17th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 9th 1916, to Sept. 17th 1916, that I saw him alive on Sept 17th 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pharynx Cancer

(Duration) — yrs. mos. — ds.

(Signed) Geo E Evans M. D.

Sept. 17th, 1916. (Address) 1502 N 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Frederick Md DATE OF BURIAL: Sept 19, 1916

20-UNDERTAKER: A S Marshall ADDRESS: 2537 Fulton Ave

N. B.—Every item of information must be given. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.

Balto. Md.
Oct. 11th 1916.

Commissioner of Health of Baltimore City.

Dear Sir.

Please correct statement made by me relative to the death of Dr. Geo. Hare Everhart, Grads, duration of last illness, 3 years which is incorrect, to read duration of illness 3 mo which is the correct duration of illness.

Respect.

Geo. E. Cross M.D.
1000 Linden Ave
Balto. Md

Oct 11-1916
Sworn to before me a Notary Public
in and for State of Maryland
City of Balto

Jacob Prussler,
Notary Public

Spec.—8-24-14—M. & T.—2000 Blks.

C98255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C98255

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James O. Dixon

(Residence in Baltimore: No. 1367 N. Carey St. St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

6-DATE OF BIRTH: Not known, (Month) (Day) 1843 (Year)

7-AGE: 33 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Daniel Dixon

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Jane ?

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillian L. Dixon

(Address) 1367 N. Carey St.

15- Filed SEP 18 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Sept (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 12 1916, to Sept 17 1916, that I saw him alive on Sept 17 1916, and that death occurred, on the date stated above, at 8.30 a. m.

The CAUSE OF DEATH* was as follows:

Embolus of pulmonary artery

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Oedema of lungs

(Duration) yrs. mos. ds.

(Signed) Edward L. Gault M. D.

Sept 18 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1367 N Carey St

Former or usual residence 1367 N Carey St

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem. DATE OF BURIAL, Sept 20, 1916

20-UNDERTAKER: Lewis L. Hawley ADDRESS 3718 Eastern Ave

important. See instructions on back of certificate. ... OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

098256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 098256

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 Hilliard ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1b.)

2-FULL NAME Elmer C. Thompson

(Residence in Baltimore: No. 1413 Hilliard St

St.; yrs. 7 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... Jan (Month) 27 (Day), 1916 (Year)

7-AGE, ... yrs. 7 mos. 20 da.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... not any .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Thompson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Anna Kimball

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Anna Thompson

(Address) 1413 Hilliard St

15-

Filed SEP 18 1916, 191.....

HARRY J. ANDREWS
Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Sept (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 5 1916, to Sept 17 1916, that I saw him alive on Sept 16 1916, and that death occurred, on the date stated above, at 3:20 p. m.

The CAUSE OF DEATH* was as follows:

..... Pneumonia .....

..... (Duration) ..... yrs. 1 mos. ..... da.

CONTRIBUTORY (Secondary) Gastro Enteritis

..... (Duration) ..... yrs. 2 mos. ..... da.

(Signed) ..... C. P. Buxton ..... M. D.

Sept 18, 1916 (Address) 301 East Cross St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Dallas Cem. DATE OF BURIAL, Sept 17, 1916.

20-UNDERTAKER Wm M. G. Flynn ADDRESS 1142 Light St

important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C98257 C98257

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1513 Hanover St. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles J. Wolf

(Residence in Baltimore: No. 1513 Hanover St. St.; Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Sept (Month) 25 (Day) 1871 (Year)

7-AGE: 44 yrs. 11 mos. 21 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Christian Wolff

11-BIRTHPLACE OF FATHER (State or country): Germy

12-MAIDEN NAME OF MOTHER: Caroline Schaefer

13-BIRTHPLACE OF MOTHER (State or country): Germy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Caroline Wolf

(Address) 1513 Hanover st.

15- SEP 18 1916 Filed ....., 191 HARRY C. ANDREW Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: September (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5, 1916, to, September 8 1916, that I saw h[illegible] alive on September 8 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Intervalvis

(Duration) 2 yrs mos. ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed) Amelia E. Smith M. D.

September 17, 1916. [Address] 1717 N. Carolina

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem DATE OF BURIAL: Sept 19 1916

20-UNDERTAKER: E. Schlosser Sons ADDRESS 1139 Hanover st.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98258

Spec. 6-24-16—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98258

CERTIFICATE OF DEATH.

REGISTERED NO. C 140

1-PLACE OF DEATH St J. Hospital

CITY OF BALTIMORE (No. Caroline & Oliver Sts.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Schneyer

(Residence in Baltimore: No. 219 N. Washington St — St.; — yrs. — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Widower

6-DATE OF BIRTH. May (Month) 6 (Day) 1846 (Year)

7-AGE. 70 yrs. 4 mos. 16 da. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Helper Bell Foundry
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Edmund T. Robinson

(Address) 1019 N. Washington St

15- SEP 18 1916 Filed....., 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept (Month) 16 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 6 1916, to Sept 16 1916, that I saw h[illegible] alive on Sept 16 1916, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Hypostatic

Cirrhosis (Duration) yrs. 6 mos. da.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia (Duration) yrs. mos. 2 da.

(Signed) R W Johnson M. D.

....., 191... (Address) 1[illegible] N

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. ....da. In the State ....yrs. Sept mo. ....da.

Where was disease contracted, if not at place of death? ?

Former or usual residence 219 N Washington St

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer — DATE OF BURIAL. Sept 19, 1916

20-UNDERTAKER Wm Cook — ADDRESS 502 E Northern ave

important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

98259 — 64 098259

REGISTERED No. C

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 111. W. 23rd St. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Hallden

(Residence in Baltimore: No. 111. W. 23rd St.; 44 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Nov. 10th, 1835 (Month) (Day) (Year)

7-AGE: 80 yrs. 10 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): York, Penna

PARENTS

10-NAME OF FATHER: Jas Osborn

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Margaret Hammond

13-BIRTHPLACE OF MOTHER (State or country): Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alyssia K. Snowden

(Address) 111. W 23rd St

15- Filed SEP 18 1916, 19

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept 17th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 16, 1916, to Sept 17th, 1916, that I saw her alive on Sept 17th, 1916, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Arteria sclerosis

(Duration) 5 yrs. mos. ds

* Contributory (SECONDARY) Cerebral Hemorrhage

(Duration) yrs. 1 mos. ds.

(Signed) Lewis L. Stuart M. D.

9-17-, 1916 (Address) 122 W. 23rd St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: Sept 19th, 1916

20-UNDERTAKER: Graham & Walker — ADDRESS: 723. W Lan

C98260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

78 C98260

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Cor Brunswick & Mill) St.; 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oliver E Townsend

(Residence in Baltimore: No. 407 Fountain Ave St.; yrs. — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Divorced

6-DATE OF BIRTH, Aug (Month) 30 (Day), 1877 (Year)

7-AGE, 39 yrs. — mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Abbatoir

9-BIRTHPLACE, (State or Country), Illinois

PARENTS.

10-NAME OF FATHER, Frederick E Townsend

11-BIRTHPLACE OF FATHER (State or Country) Ashton Illinois

12-MAIDEN NAME OF MOTHER Nellie F Rathburn

13-BIRTHPLACE OF MOTHER (State or Country), Illinois

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Roscoe G. Townsend

(Address) 2708 Elsinor Ave

15-

Filed SEP 18 1916, 191.... HARRY C. [illegible] Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

I. Myocarditis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) acute alcoholism

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.
(Coroner.)

Sept 15, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Sept 18, 1916

20-UNDERTAKER Wm Cook — ADDRESS 512 E North Ave

Dr Fenton 700 E Chase St

C98261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C98261

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2129 Herbert St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary Kline

(Residence in Baltimore: No. 2129 Herbert St. St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): single

6 DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7 AGE: yrs. 7 mos. 17 ds. | If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Charles Kline

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Lilian Simms

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lilian Kline

(Address) 2129 Herbert St

15 Filed SEP 18 1916 191 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept 18, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1916, to Sept 17 1916, that I saw her alive on Sept 17, 1916, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Broncho)

(Duration) yrs. mos. 17 ds

Contributory (SECONDARY): Heart Depression

(Duration) yrs. mos. ds.

(Signed) E Miles Wheeler M. D.

Sept 18, 1916 (Address) 2129 Herbert St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Woodlawn | DATE OF BURIAL: Sept 19, 1916

20 UNDERTAKER: M Fahey & Son | ADDRESS: 606 Lafayette Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C98262

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

C98262

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Vincents Infant Asylum REGISTERED NO. C

CITY OF BALTIMORE: (No. St. Vincents Infant Asylum St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edmund Waters

(Residence in Baltimore: No. St. Vincents Infant Asylum St.: yrs. 9 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.) Sin

6-DATE OF BIRTH, Nov (Month) 16, (Day) 1916 (Year)

7-AGE, yrs. 9 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). unknown

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) St Vincents

(Address) 1401 Division St

15-

Filed SEP 18 1916 191

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 16, (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 5 1916, to Sept 15 1916, that I saw h alive on Sept 15 1916, and that death occurred, on the date stated above, at 1 10 a m.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. J. Lewis M. D.

9/16, 191.6 (Address) 2411 Eastern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 9 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? St Vincents Infant Asylum

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL, Cathedral

DATE OF BURIAL, Sept 18, 1916

20-UNDERTAKER A. Fahrenholz Sons

ADDRESS 406 Lafayette Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98263 C98263

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 E Cross ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Schmidt

(Residence in Baltimore: No. 100 E. Cross St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Aug. (Month) 13 (Day), 1895 (Year)

7-AGE, 21 yrs. 0 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work (Laborer Day)
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Geo. F. Schmidt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Louisa Schleicher

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louisa Schmidt

(Address) 100 E Cross

15- SEP 18 1916 Burial Permit Clerk

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 14 1916, to Sept 16 1916, that I saw h[illegible] alive on Sept 16 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Contributory Tuberculosis Pulmonalis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. mos. 2 ds.

(Signed) [illegible] M. D.

Sept 17, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet DATE OF BURIAL, Sept 18, 1916

20-UNDERTAKER Ed Fanning ADDRESS 1938 E Lafayette Ave

important. See instructions on back of certificate.

C98264

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98264

CERTIFICATE OF DEATH.

79

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1044 E. Pleasant ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Garrity

Residence in Baltimore: No. 1044 E. Pleasant St. (3 yrs., 5 mos., 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 18, 1894
(Month) (Day) (Year)

7-AGE, 22 yrs. 5 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work, Electric light trimmer (b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. Md

10-NAME OF FATHER, Michael Garrity

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Lilly Lowe

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Michael Garrity

(Address) 1044 E. Pleasant

SEP 18 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Cardiac Dilatation

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Sudden

(Duration) ....yrs....mos....ds.

(Signed) W. T. Riley (Coroner.) M. D.

Sept 17 1916 (Address) 1637 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Patricks Cemetery	Sept 20 1916
20-UNDERTAKER Henry Storck Son	ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98265 C98265

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 E Lanvale ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Howard Simpson

(Residence in Baltimore: No. 1617 E Lanvale St.; 2 yrs. 1 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 26 (Day), 1914 (Year)

7-AGE, 2 yrs. 1 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Thomas W. Simpson

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER Mary Borgmeier

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Thomas W. Simpson

(Address) 1617 E Lanvale

15-

Filed SEP 18 1916, 191.... HARRY O. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 7 191 6, to Sept 17 191 6, that I saw him alive on Sept 16 191 6, and that death occurred, on the date stated above, at 6:5 9 m.

The CAUSE OF DEATH* was as follows:

Malignant Tumor of Kidney

X Ray Examination

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. K. Claus M. D.

Sept 17, 191 6 (Address) 1501 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer Cemetery	Sept. 19, 191 6
20-UNDERTAKER	ADDRESS
Henry Horck Son	1301 E Eager St

important. See instructions on back of certificate.

C98266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C98266

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1321 (N. Fayette St.) 19 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Anna Elizabeth Warfield

(Residence in Baltimore: No. 1321 N. Fayette St.; yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Aug (Month) 4 (Day), 1867 (Year)

7 AGE: 49 yrs. 1 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Colchester Ind

PARENTS

10 NAME OF FATHER: George Reed.

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Boschel

13 BIRTHPLACE OF MOTHER (State or country): Unknown.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Hood Warfield

(Address) 928 Harlem Ave

15 Filed SEP 18 1916, 19 HARRY C. ADDISON Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept (Month) 17 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1916, to Sept 17, 1916, that I saw h[illegible] alive on Sept 17, 1916, and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 2 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Sept 17, 1916. (Address) 841 S. Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death: yrs. mos. ds. In the State: yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Sept 20, 1916

20 UNDERTAKER: Wm J Tuckerman — ADDRESS: North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98267 146 C98267

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 5 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Stes.

(Residence in Baltimore: No. St. James Home, High St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Nov. 10 (Month) (Day), 1908 (Year)

7-AGE 7 yrs. 10 mos. 7 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer): a

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. Henry Wess

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Annie Mulchy

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Wess

(Address) 12 E. Manchester St.

15- Filed SEP 18 1916, 191 ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 24 1916, to Sept. 17 1916, that I saw h[illegible] alive on Sept. 17 1916, and that death occurred, on the date stated above, at 3.40 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonitis and Endocarditis

about (Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Osteomyelitis of Femur

[illegible] (Duration) yrs. 4 mos. 5 ds.

(Signed) Edward S. Smith M. D.

Sept 17, 1916. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? St. James Home

Former or usual residence St. James Home

19-PLACE OF BURIAL OR REMOVAL, Dk Pelen Cem

DATE OF BURIAL, Sept. 19, 1916.

20-UNDERTAKER Daniel Easton

ADDRESS 716 Penna ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98268

CERTIFICATE OF DEATH.

78

C98268

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St.; (or) 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Hall

(Residence in Baltimore: No. 711 Spring St St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word.): Married

6-DATE OF BIRTH: Dec 15, 1873 (Month) (Day) (Year)

7-AGE: 42 yrs. 8 mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland.

PARENTS.

10-NAME OF FATHER: D. Cole

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Ann Miller

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St.

15- SEP 18 1916 Filed ....., 191.... ROBERT R. KRAUTH Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 8, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25 1916, to Sept 8 1916, that I saw h[illegible] alive on Sept 8 1916 and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Do not know (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

Edward L. Smith M. D.

Sept 8, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. 1 mos. 14 ds. In the State 42 yrs. 8 mos. 14 ds.

Where was disease contracted, if not at place of death? 711 Spring St

Former or usual residence 711 Spring St.

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ..., 191....

20-UNDERTAKER ADDRESS

morgue

important.' See instructions on back of certificate.

UNIVERSITY OF MARYLAND. Department of Public Health. FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C98269 42 C98269

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 N. Appleton ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace M. Bell

(Residence in Baltimore: No. 816 N. Appleton St St.: 49 yrs. 7 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: February 1, 1867. (Month) (Day) (Year)

7-AGE: 49 yrs. 7 mos. 15 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: David A. Tuttle

11-BIRTHPLACE OF FATHER (State or Country): Howard Co Md

12-MAIDEN NAME OF MOTHER: Ellen Riley

13-BIRTHPLACE OF MOTHER (State or Country): New Orleans La

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Howard R Bell

(Address): 816 N Appleton St

15- SEP 18 1916 ROBERT R. KRAUTER

Filed....., 191... Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 16, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 28th, 1915, to Sept 16th 1916, that I saw her alive on Sept 16th 1916, and that death occurred, on the date stated above, at 6:30 p.m.

The CAUSE OF DEATH* was as follows:

Ovarian Cancer

Exhaustion (Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John L. Bonnington M. D.

Sept 18, 1916. (Address) 1826 Baker St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Sept 21, 191.6

20-UNDERTAKER Wm J Tuckerman Co.

ADDRESS North Ave

important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C98270

151 C98270

REGISTERED No. C

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 430 N Exeter St.; Ward) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Paula Mangione

(Residence in Baltimore: No. 430 N Exeter St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: 9/17 (Month) (Day), 1916 (Year)

7 AGE: yrs. mos. 1 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): U.S. Balto Md.

PARENTS

10 NAME OF FATHER: Saturdo Mangione

11 BIRTHPLACE OF FATHER (State or country): Italy

12 MAIDEN NAME OF MOTHER: Mary Carbone

13 BIRTHPLACE OF MOTHER (State or country): Italy

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Mangione

(Address) 430 N. Exeter St

15 Filed SEP 18 1916, 191

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 9 (Month) 17 (Day), 1916 (Year).

17 I HEREBY CERTIFY, That I attended deceased from 9-17, 191 6, to 9-17 191 6, that I saw h[illegible] alive on 9-17, 191 6, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) yrs. mos. 1 ds

Contributory (SECONDARY) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Hy Goldberg M. D.

9/18, 191 6 (Address) 2031 W Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Ft. Vincents Cem

DATE OF BURIAL: Sept 18, 191 6

20 UNDERTAKER: Lilly & Zeiler

ADDRESS: 403 Wolfe

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98271 C98271

CERTIFICATE OF DEATH.

113

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 131 N. Dallas St ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph H. Harman

(Residence in Baltimore: No. 131 N. Dallas St.; 30 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, November 16, 1854 (Month) (Day) (Year)

7-AGE, 61 yrs. 10 mos. — ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver of
(b) General nature of industry, business, or establishment in which employed (or employer): Lumber wagon

9-BIRTHPLACE, (State or Country), Howard Co. Md.

PARENTS.

10-NAME OF FATHER, Edward Harman

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sarah Polly

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sadie Harman

(Address) 131 N. Dallas st

15- FILED SEP 19 1916, 191 HATTY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 14 1916, to Sept. 15, 1916, that I saw h/m alive on Sept. 15 1916, and that death occurred, on the date stated above, at 10.30 A.m.

The CAUSE OF DEATH* was as follows:

Cardiac Degeneration

(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ....yrs. 3 mos. ....ds.

(Signed) Richard I. Edelinger M. D.

Sept 16, 1916 (Address) 1514 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Asbury Chm

DATE OF BURIAL. Sept 18 1916

20-UNDERTAKER John W. Henderson

ADDRESS 31 N. Caroline

CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

C98272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 C98272

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 4100 Maplewood Ave ST.) 9 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Frederick A Depkin

(Residence in Baltimore: No. 4100 Maplewood Ave

32 St.. yrs., mos. 5 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Oct 31st, 1867 (Month) (Day) (Year)

7-AGE. 48 yrs. 10 mos. 18 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Bar Keeper.
(b) General nature of industry, business, or establishment in which employed (or employer). in Restaurant

9-BIRTHPLACE. (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Frederick Depkin

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Marie Paul

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emily H. Depkin

(Address) 4100 Maplewood Ave.

15-SEP 19 1916 Filed ....., 191.... EMERY C. ANDERS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept. 18th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Carcinoma of rectum

(b) .....

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) yrs. mos. ds.

(Signed) C. A. Reuling M. D.

(Address) 1 E Pleasant

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 9 yrs. mos. ds. In the State 32 yrs. mos. ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Lorraine Cemetery

DATE OF BURIAL. Sept 20 1916

20-UNDERTAKER Max Mrs. John H. Feigel

ADDRESS 8th Fayette St

(over)

Spec.—8-24-14—M. & T.—2000 Bks.

098273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

42 098273

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ira Smith

(Residence in Baltimore: No. 663 W Franklin St.; 40 yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. Unknown (Month) (Day) 1876 (Year)

7-AGE. 40 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Dist of Columbia

PARENTS.

10-NAME OF FATHER. James Smith

11-BIRTHPLACE OF FATHER (State or Country). D C.

12-MAIDEN NAME OF MOTHER L. Clark

13-BIRTHPLACE OF MOTHER (State or Country). D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hosp Record

(Address)

15 SEP 19 1916 Filed, 191 HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25 1916, to Sept 19 1916, that I saw her alive on Sept 18 1916, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

Miscarriage (Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia of Uterus

(Duration) Unknown yrs. mos. ds.

(Signed) W Houston Faulcon M. D.

Sept 19 1916 (Address) Univ Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. ds. In the State Unknown yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 663 W. Franklin

19-PLACE OF BURIAL OR REMOVAL. Woodlawn

DATE OF BURIAL. Sept 21 1916

20-UNDERTAKER Edward L Weeks

ADDRESS 723 W Lex

C98274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

C98274

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Court House St. 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie J. Lembeck

(Residence in Baltimore: No. 305 Ringold St. St. 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Widowed

6-DATE OF BIRTH, November, 1 (Month) (Day) (Year)

7-AGE, 68 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Chairman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Adam Arnold

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mc Knann

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Lembeck

(Address) 305 Ringold

15- Filed SEP 19 1916, 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Senile

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

Sept 18, 1916 (Address) 1637 Druid

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Sept 19, 1916

20-UNDERTAKER Geo Lembeck & Co. — ADDRESS 6870 Park

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C98275 C98275

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 N. Madeira St.; 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E. Swartz

(Residence in Baltimore: No. 128 N. Madeira St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. May 14, 1869 (Month) (Day) (Year)

7-AGE. 47 yrs. 4 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). at Home

9-BIRTHPLACE, (State or Country). Richmond Va

PARENTS.

10-NAME OF FATHER. John Smith

11-BIRTHPLACE OF FATHER (State or Country). Va.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Swartz

(Address) 128 N. Madeira

15- Filed SEP 19 1916, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 28 1916, to Sep 17 191,
that I saw h— alive on 191,
and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease
Mitral Insufficiency
(Duration) — yrs. 18 mos. — ds.

CONTRIBUTORY (Secondary)
(Duration) — yrs. — mos. — ds.

(Signed) William H. Stuart M. D.
Sept 18, 191.. (Address) 2017 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Oak Lawn — DATE OF BURIAL. Sept 20 1916

20-UNDERTAKER Philip Herring — ADDRESS 246 Arlington

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6+ C98276

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 N. Parnish ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Wm. Watkins

(Residence in Baltimore: No. 1117 N. Parnish St.; 27 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, not known (Month) (Day) 1 (Year)

7-AGE, 56 about 56 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day labor

9-BIRTHPLACE, (State or Country), Calvert Co. Md.

PARENTS.

10-NAME OF FATHER, Henry Watkins

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co. Md.

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Watkins

(Address) 1117 N. Parnish St.

15-

Filed SEP 19 1916 191 HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 17, (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 14- 1916, to Sept. 17 1916, that I saw h-m alive on Sept. 16- 1916, and that death occurred, on the date stated above, at 1-7 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. L. McCarthy M. D.

Sept 18, 1916 (Address) 9062 Stricker St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn

DATE OF BURIAL, Sept. 19 1916

20-UNDERTAKER James F. Dennis

ADDRESS 333 Pennsylvania

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

098277 64 098277

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2509 Penna Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia M. Connolly

(Residence in Baltimore: No. 2509 Penna Ave St.; 64 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Mdw

6-DATE OF BIRTH, March 17, 1852 (Month) (Day) (Year)

7-AGE, 64 yrs. 6 mos. X da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Balto Md.

PARENTS.

10-NAME OF FATHER, Jacob Stock

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Julia Junkle

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Leonate

(Address) 2509 Penna Ave

15- Filed SEP 19 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1915, to Sept 17 1916, that I saw h[illegible] alive on Sept 17 1916, and that death occurred, on the date stated above, at 4.35 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cancer

..... (Duration) yrs. mos. 2 ds.

(Signed) [illegible] M. D.

Sept, 191.. (Address) 2502 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Sept 20 1916

20-UNDERTAKER Mrs A Rohde Sons

ADDRESS 730 Fulton

Cause of death in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

098278

HEALTH DEPARTMENT---CITY OF BALTIMORE

64 098278

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED NO. C:

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Noble Wilderman

(Residence in Baltimore: No. 304 N. Carey Street St.; 45 yrs. 9 mos. 21 ds.)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: November (Month) 21 (Day) 1870 (Year)

7-AGE: 45 yrs. 9 mos. 21 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Shoe store

9-BIRTHPLACE (State or country): Baltimore - Md.

PARENTS

10-NAME OF FATHER: Wm C. Wilderman

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles G. Hogg

(Address) 1037 Hollins Ave

15- SEP 19 1916 Filed 191-

HARRY C. ANDREWS
Burial Permits Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: September (Month) 17 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 24, 1916, to, Sept 17 1916, that I saw h.im alive on September 17 1916, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Dementia Paralytica

(Duration) 4 yrs mos ds.

Contributory (SECONDARY) Cerebral Hemorrhage

one half hour (Duration) yrs mos ds.

(Signed) Nathaniel H. Brush M. D.

Sept 17 1916 [Address] Johns Hopkins Hospital

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs 1 mos 24 ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence 304 N. Carey Street

19-PLACE OF BURIAL OR REMOVAL: Mt. Olivet Cemetery DATE OF BURIAL: Sept 20, 1916

20-UNDERTAKER: George J. Smith ADDRESS: Fayette St.

C38279

HEALTH DEPARTMENT—CITY OF BALTIMORE

C38279

104

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 109 S. Penn ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Smith

(Residence in Baltimore: No. 109 S Penn St.: yrs., 10 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov. 3, 1905
(Month) (Day) (Year)

7-AGE, 10 yrs. 10 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John F Smith

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Lillian Fuller

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillian Smith

(Address) 109 S Penn St

SEP 19 1916

Filed....., 191.....

HARRY C. ANDREW
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and, from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock, Cerebral,

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Albert L Driscoll M. D.
(Coroner.)

Sept 19 1916 (Address) 312 N Carrollton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus	Sept. 20, 1916
20-UNDERTAKER	ADDRESS
John Hebbliancka	600 S. Paca St.

U. S. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98280

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98280

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospt ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Gough.

(Residence in Baltimore: No. 442 Orchard St.; 20 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1850. (Year)

7-AGE, 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): N. C.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Richard Son

(Address) 442 Orchard St

15-

SEP 19 1916 HARRY C. ANDERS

Filed ....., 191.. Burial Permit ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 18, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 7, 1916, to Sept 18 1916, that I saw h[illegible] alive on Sept 18, 1916, and that death occurred, on the date stated above, at 4:10 a m.

The CAUSE OF DEATH* was as follows:

General acting Delirium

Chronic Interstitial Nephritis

(Duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elmer Newcomer M. D.

9-1-7-, 191.6 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 10 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 442 Orchard St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Sept 21, 191.

20-UNDERTAKER Charles B Jones

ADDRESS 225 Pine

Information to be given in this space is required by law, and it may be properly examined. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98281 C98281

CERTIFICATE OF DEATH.

157

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 George St. 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Golden

(Residence in Baltimore: No. 727 George St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, 9 (Month) 17 (Day), 1916 (Year)

7-AGE, ...yrs...mos...ds.

If LESS than 1 day, 14 hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ...
(b) General nature of industry, business, or establishment in which employed (or employer) ...

PARENTS.

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, Elmer Wade

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Marie Golden

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. C. Morgan

(Address) 727 George St

15- SEP 19 1916 HARRY C. ANDERSON

Filed ..., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 9 (Month) — 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9-17 1916, to 9-17 1916, that I saw her alive on 9-17 1916, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis
(Premature)

(Duration) ...yrs...mos...ds.

CONTRIBUTORY (Secondary) ...

(Duration) ...yrs...mos...ds.

(Signed) J. J. Wall M. D.

9-18, 1916 (Address) University Hospt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery

DATE OF BURIAL, Sept 20, 1916.

20-UNDERTAKER, Charles P. Jones

ADDRESS 23d St Pim

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98282 C98282

CERTIFICATE OF DEATH.

REGISTERED NO. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 E 30th St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick A. Roberts

(Residence in Baltimore: No. 1116 E 30th St. St.; ..yrs., 8 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January (Month) 17 (Day), 1916 (Year)

7-AGE, ..yrs. 8 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Mine
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Andrew V. Roberts

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Edith Reisinger

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. And. V. Roberts

(Address) 1116 E 30th St

15- SEP 19 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 17 1916, to Sept 19 1916, that I saw h[illegible] alive on Sept 18 1916, and that death occurred, on the date stated above, at 12 59 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ...yrs. ...mos. 6 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ...yrs. ...mos. 2 ds.

(Signed) Edward [illegible] M. D.

9/19, 1916. (Address) 413 N. Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Sept. 20, 1916

20-UNDERTAKER Henry Hook Son — ADDRESS 1301 E Eager

Should be filled in as plainly as ink, as it may be property evidence. Each statement of OCCUPATION is very important. See instructions on back of certificate.

C98283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C98283

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Lombard and Penn St.: 23 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. John O'Dell

(Residence in Baltimore: No. 658 Portland St.: 5 yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. unknown (Month) (Day), 1861 (Year)

7-AGE. 55 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Huckster
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER. Thos. J. O'Dell.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER. Sarah Taylor.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Lizzie O'Dell.
(Address) 658 Portland

15- Filed SEP 19 1916 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept (Month) 17, (Day) 191 6 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and, from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

a. Apoplexy.
b.
c.
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Albert L. Driscoll M. D. (Coroner)
Sept 17 191 6 (Address) 512 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cem	Sept 20, 1916
20-UNDERTAKER	ADDRESS
Robt Brooks & Son	Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98284

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98284

CERTIFICATE OF DEATH.

104

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 540 Lambert ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gwen Massey

(Residence in Baltimore: No. 540 Lambert St.; — yrs., 6 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH. March 10th, 1916. (Month) (Day) (Year)

7-AGE. — yrs. 6 mos. 8 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Arthur Jefferson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Blanche Woodson

13-BIRTHPLACE OF MOTHER (State or Country), Richmond Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Blanche Massey

(Address) 540 Lambert St

15- Filed SEP 19 1916, 191.... HARRY C. ANDREAE, Registrar. Burial Permits Div.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 18th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 17th 1916, to Sept 18th 1916, that I saw her alive on Sept 18th 1916, and that death occurred, on the date stated above, at 5:30 p m.

The CAUSE OF DEATH* was as follows:

.....

.....

D.....D.....

Cerebral Hemorrhage (Duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Eclampsia Toxemia

.....D..... (Duration) — yrs. — mos. 1hr ds.

(Signed) Edward L. D. Mackenzie M. D.

Sept 19, 1916. (Address) 133 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Dem	Sept. 19 1916
20-UNDERTAKER Daniel Eardley	ADDRESS 916 Penna Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98285

CERTIFICATE OF DEATH.

120 C98285

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp St. 12 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas. Gaven. (Gavin)

(Residence in Baltimore: No. 309 E. 23rd. St. St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. March 12, 1858 (Month) (Day) (Year)

7-AGE. 58 yrs. 6 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, Jos Gaven.

11-BIRTHPLACE OF FATHER (State or Country), md.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Gluck

(Address) John Hopkins Hosp.

15- Filed SEP 19 1916, 191 ROBERT B. KRAUTER, Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1st 1916 to Sept. 18 1916, that I saw h alive on Sept 18 1916, and that death occurred, on the date stated above, at 3 25 p.m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 7 ds.

(Signed) A. F. Bloomfield M. D.

Sept. 18, 1916 (Address) John Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 309 E. 23rd. St.

19-PLACE OF BURIAL OR REMOVAL. Woodlawn Cemetery DATE OF BURIAL. Sept. 21, 1916

20-UNDERTAKER Wm Cook ADDRESS 1532 E Monument

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98286 C98286

CERTIFICATE OF DEATH.

REGISTERED NO. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 236 S Collington St. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Eugene Robinson

(Residence in Baltimore: No. 236 S Collington W St. Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. (Month) 9 (Day), 1874 (Year)

7-AGE, 42 yrs. mos. 9 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Pipe Fitter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER Spencer J. Robinson

11-BIRTHPLACE OF FATHER (State or Country) Balto. Md

12-MAIDEN NAME OF MOTHER Margret E. Cain

13-BIRTHPLACE OF MOTHER (State or Country) Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence J. Robinson

(Address) 236 S Collington

15- SEP 19 1916 Filed ..., 191... ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 2, 1916, to Sept 18 1916, that I saw him alive on Sept 18 1916, and that death occurred, on the date stated above, at 6 10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Harris Goldman M. D.

9/19, 1916. (Address) 1816 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery

DATE OF BURIAL, Sept. 20, 1916.

20-UNDERTAKER Hay Cook

ADDRESS 1026 E North Ave

1916 N North Ave

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C98287

CERTIFICATE OF DEATH.

120 C98287

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2815 Frisby st ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Guy T Dufrionor (Dufrainoi)

(Residence in Baltimore: No. 2815 Frisby st St.)

4 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

Male | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Mar (Month) I2 (Day) I87I (Year)

7-AGE. 45 yrs. 6 mos. 6 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, Albert Dufrionor

11-BIRTHPLACE OF FATHER (State or Country), Ohio

12-MAIDEN NAME OF MOTHER Martha Hattfield

13-BIRTHPLACE OF MOTHER (State or Country), Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clara M. Dufrainoi

(Address) 2815 Frisby St

15-

Filed SEP 19 1916, 191.... Registrar.

ROBERT E. KRAUTER
Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH,

Sept (Month) I8 (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Instertial Nephritis

2

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Wm. Ingley M. D. (Coroner)

Sept I8 191. (Address) 1 W. C. Dulles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 3 yrs. In the State 35 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Sept 21, 19....

20-UNDERTAKER Wm. Cook

ADDRESS 502 E. North

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 C98288 — 175 C98288

REGISTERED NO. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Charles Lampson

(Residence in Baltimore: No. 114 E. Canton St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word)
Male	Colored	Single

6-DATE OF BIRTH, August 11, 1903
(Month) (Day) (Year)

7-AGE, 13 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Lampson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Celonia Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Doctor

(Address) 114 E Canton St.

15- Filed SEP 19 1916, 191... ROBERT R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Hemorrhage

Typhoid Fever

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) (Coroner.) M. D.

Sept. 19, 1916. (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 114 E. Canton

19-PLACE OF BURIAL, OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Sept. 20 1916

20-UNDERTAKER Wm. Robt. Elliott, — ADDRESS 506 East St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98289

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

C98289

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 E 40th St ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm W. Wood

(Residence in Baltimore: No. 901 E 40th St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Infant

6-DATE OF BIRTH: Nov (Month) 6 (Day), 1916 (Year)

7-AGE: yrs. 10 mos. 11 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto Md. Hampden

PARENTS

10-NAME OF FATHER: Jacob Wood

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Jennie Hinkey

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jacob Wood

(Address) 901 E 40th St.

15- Filed SEP 19 1916 ROBERT R. KRAUTER REGISTRAR

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9/10, 1916, to, 9/17 1916, that I saw h-im alive on 9/17 1916, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Entero colitis

(Duration) yrs mos. 14 ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed) Geo. W. Torsch M. D.

Sept 19 1916 [Address] 2020 N. Charles

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ...yrs... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Marys. Hampden

DATE OF BURIAL: Sept 19. 1916

20-UNDERTAKER: Geo. G. Cook

ADDRESS: North & Harford

I. B.—Every item of information should be carefully supplied. Any omission may delay burial. Exact statement of OCCUPATION is very important. See instructions on back of certificate. state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—8-24-14—M. & T.—2000 Bks.

B 98290

HEALTH DEPARTMENT—CITY OF BALTIMORE

98290

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 S Port, ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frantisek Ostrowski

(Residence in Baltimore: No. 711 S Port St. St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1874 (Year)

7-AGE, 42 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Joseph Ostrowski

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josefa Ostrowska

(Address) 711 S Port St

15- Filed SEP 19 1916, 191... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 15, 191 6, to Sept 18, 191 6, that I saw h[e] alive on Sept 18, 191 6, and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH* was as follows:

I (a) Lobar Pneumonia

(Duration) 4 days

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

(Signed) Jos. W. Gosansky M. D.

Sept 18, 191 6 (Address) 1005 Bond East

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cem. DATE OF BURIAL, Sept 20 1916.

20-UNDERTAKER Jacob Fialkowski ADDRESS 428 S. Bond St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C98291

REGISTERED No. C

B

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1800 S Charles St.; 23 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Lodisky E Smith

(Residence in Baltimore: No. 1800 S Charles St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6 DATE OF BIRTH Sept 15, 1914 (Month) (Day) (Year)

7 AGE 2 yrs. 5 mos. 30 ds. | If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md.

PARENTS

10 NAME OF FATHER: Rowland F Smith

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Sophia Vickers

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rowland F Smith

(Address) 1800 S Charles St

15 Filed SEP 19 1916, 19..

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 17, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1916 to Sept 17 1916 that I saw h alive on Sept 17, 1916 and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia

(Duration) yrs. mos. 2 ds

Contributory (SECONDARY) Convulsions

(Duration) yrs. mos. 1 ds.

(Signed) A O Campbell M. D.

, 191.. (Address) 1446 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, OR REMOVAL: New Cathedral | DATE OF BURIAL: Sept 20, 1916

20 UNDERTAKER: Mrs J. E. Evans Son | ADDRESS: 1721 E Chas

24

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98292

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98292

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. Ethelwood Ave Extended ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Franklin

(Residence in Baltimore: No. Ethelwood Ave Extended St.; ..... yrs., 14 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 12 (Day), 1915 (Year)

7-AGE, ... 1 ..... yrs. 2 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Child .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore. Md

PARENTS.

10-NAME OF FATHER, John J. Franklin

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Virginia Oaks

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) John J. Franklin
(Address) Ethelwood Ave Extended

15 SEP 19 1916 ROBERT R. KRAUTER
Filed ....., 191.....
Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 19th (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 15th 1916, to Sept 19th 1916, that I saw her alive on Sept 19th 1916, and that death occurred, on the date stated above, at 9.60a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 7 ..... ds.

CONTRIBUTORY (Secondary) Exhaustion Syncope

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm J Gilbert M. D.

Sept 19th, 1916 (Address) 2808 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Abiline. Va	Sept. 20, 1916.
20-UNDERTAKER	ADDRESS
Wm. Cook	502 E. North

CAUSE OF DEATH to be plainly written, so that it may be properly examined. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 098293

CERTIFICATE OF DEATH.

152 098293

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1744 Moreland Ave WARD) 15

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose B. Conaway

(Residence in Baltimore: No. 1744 Moreland Ave St.; X yrs. X mos. 1 hr. da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Sept 19 (Month) (Day), 1916 (Year)

7-AGE, ...yrs. ....mos. 1 hr da. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Clarence Conaway

11-BIRTHPLACE OF FATHER (State or Country), Howard Co. Md.

12-MAIDEN NAME OF MOTHER Rosina B. Herman

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence Conaway

(Address) 1744 Moreland Ave

15- SEP 19 1916 ROBERT R. KRAUTER

Filed....., 191..... Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 19 1916, to Sept 19 1916, that I saw her alive on Sept. 19 1916, and that death occurred, on the date stated above, at 11.30 a. m.

The CAUSE OF DEATH* was as follows: Death due to Prolonged Labor Pains

1/2 hour

(Duration) ....yrs. ....mos. ....da.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....da.

(Signed) Chas. H. Lambert M. D.

Sept. 19., 191.6 (Address) 1100 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery — DATE OF BURIAL, Sept 20, 1916

20-UNDERTAKER Mrs. A Rohde Sons — ADDRESS 730 Park Ave

Spec.—5-19-13—M. & T.—500 Bks.

B 098294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 4 098294

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1919 N. Horthern ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. W. Baudel

(Residence in Baltimore: No. 1919 N. North St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widower

6-DATE OF BIRTH. apr 8th (Month) (Day), 1834 (Year)

7-AGE. 83 yrs. 5 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired Soldier
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Frederick Baudel

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Hayward.

(Address) 1919 N. Horth Ave

15. SEP 19 1916 ROBERT R. KRAUTER

Filed....., 191.....

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept 19th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 10th 1916, to Sept 19th 1916, that I saw her alive on Sept 18th 1916, and that death occurred, on the date stated above, at 6 A.M. m.

The CAUSE OF DEATH* was as follows:

Impaction of Bowels

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) H. Lee Hicks M. D.

Sept 19 1916 (Address) 1528 Harford

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. National Cemetery

DATE OF BURIAL. Sept 21st, 1916.

20-UNDERTAKER. J. Insley Jackson

ADDRESS. Gay & Madison St.

CAUSE OF DEATH in plain terms, as this may be properly examined. Last statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98295

CERTIFICATE OF DEATH.

79

C98295

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 208 Cove alley ST.: 18 WARD)
REGISTERED NO. C

2-FULL NAME Annie Wright.
(Residence in Baltimore: No. 208 Cove alley

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Col.	Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1822 (Year)

7-AGE, 44 yrs. mos. da.
If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Wright
11-BIRTHPLACE OF FATHER (State or Country), Md
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) John L. Wright
(Address) 208 Cove alley

15-SEP 19 1916 ROBERT R. KRAUTER
Filed....., 191.. Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
Chronic Valvular heart trouble
(Duration) yrs. mos. da.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. da.
(Signed) Albert L Lorscoe M. D.
(Coroner.)
Sept 19, 1916 (Address) 312 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. da. In the State yrs. mos. da.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn
DATE OF BURIAL, Sept 19, 1916

20-UNDERTAKER H. Gist Brand
ADDRESS 1140 Lexington

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98296 C98296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170

1-PLACE OF DEATH, CITY OF BALTIMORE (No.....) St Josephs Hospital — St.: 4 — WARD) — REGISTERED No. C:

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas G Hipsley

(Residence in Baltimore: No. 32 S Green st — St.: —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: June 21 1865, 1 (Month) (Day) (Year)

7-AGE: 51 yrs. 2 mos. 28 ds. — If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Sold Papers
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Benedict Hipsley

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Sarah Stricker

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Hipsley

(Address) 32 S Green

15- Filed SEP 20 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstial Nephritis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] (Coroner.) M. D.

Sept 18, 1916 (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State 51 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

—

Former or usual residence 32 S Green St

19-PLACE OF BURIAL OR REMOVAL: Mt Carmel Cem — DATE OF BURIAL: Sept 20 1916

20-UNDERTAKER: Robt J Turner — ADDRESS: 1442 N Bway

N. B.—Entire information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98297

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C98297

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3017 E. Monument St. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ferdinand A. Miller

(Residence in Baltimore: No. 3017 E. Monument St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. 22, 1868 (Month) (Day) (Year)

7-AGE, 47 yrs. 11 mos. 27 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Driver

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Ger

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Ger.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Anna Miller

(Address) 3017 E. Monument St.

15- SEP 20 1916 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk & Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 18 (Month) (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 17 1916, to Sept 17 1916, that I saw him alive on Sept 17 1916, and that death occurred, on the date stated above, at 9:25 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) Dr. Bowden M. D.

Sept 9, 191.6 (Address) 830 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Sept. 21, 1916

20-UNDERTAKER Jos. J. Horn 1916 — ADDRESS E. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Hom Mann Ching

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98298

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. 203 Marion St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hom Mann Ching

(Residence in Baltimore: No. 203 Marion Sts. St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, Chinese

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) single

6-DATE OF BIRTH, Unknown, 185? (Month) (Day) (Year)

7-AGE, 55 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, ~~Laundry~~
(b) General nature of industry, business, or establishment in which employed (or employer), Laundry

9-BIRTHPLACE, (State or Country), China

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) How Hen

(Address) 203 Marion St.

15- SEP 20 1916 Filed, 191 EVERY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 17 1916, to Sept 19 1916, that I saw him alive on Sept 17 1916, and that death occurred, on the date stated above, at 0 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY: (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Wm. Bullock M. D.

Sept 19, 1916. (Address) 164 E. Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto. Cemetery

(DATE OF BURIAL, Sept. 20, 1916)

20-UNDERTAKER E. M. Mitchell & Co

ADDRESS 120 W. Fayette St.

CAUSE OF DEATH to be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98299 151 C98299

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3415 Parkdale ST.; 13 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daisy May Reynolds

(Residence in Baltimore: No. 3416 Parkdale St.; ..yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept 11, 1916 (Month) (Day) (Year)

7-AGE, ..yrs..mos. 9 ds. | If LESS than 1 day, ..hrs. or..min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Jno Reynolds

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Rosana Jones

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno Reynolds

(Address) 3415 Parkdale

15- Filed SEP 20 1916 191.. HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 11 1916, to Sept 20 1916, that I saw h er alive on Sept 19 1916, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

(Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary)

(Duration) ..yrs. ..mos. ..ds.

(Signed) H. L. Farr M. D.

Sept 20, 1916 (Address) 1228 26th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys (Hampden) | DATE OF BURIAL, Sept 21, 1916

20-UNDERTAKER Edw Roy Stiffler | ADDRESS 544 W 36th St

Burial Permit

Directions for filling out this certificate are printed on the back hereof. Read them before answering the questions. Write plainly in ink, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98200 132 C98200

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Hospital ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Rosa Va. Bochan, (Bochan)

(Residence in Baltimore: No.) 1703 E. Baltimore St.

St.) 44 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH. Nov. (Month) 9 (Day), 1871 (Year)

7-AGE. 36 yrs. 10 mos. 8 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wm Brandstadter

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Rosa Grabus

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. A. Bochan

(Address) 1703 E Balto St.

15- SEP 20 1916 HARRY C. ANDREWS

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 17 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Sept 14 1916, to Sept 17 1916, that I saw her alive on Sept 17 1916, and that death occurred, on the date stated above, at 3.25 p.m.

The CAUSE OF DEATH* was as follows:

Malignant endocarditis and metritis

..... (Duration) ..... yrs. ..... mos. 18 ds.

CONTRIBUTORY (Secondary) Peritonitis

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) M. Rankin M. D.

Sept. 18., 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1703 E Balt St

Former or usual residence 1703 E Balt St

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Sept 20, 1916

20-UNDERTAKER H. Gander Sons — ADDRESS 1210 Block St

CAUSE OF DEATH to be given in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98301 C98301

CERTIFICATE OF DEATH.

REGISTERED NO. C 15 104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jeaneth Walker

(Residence in Baltimore: No. 1305 Brunt St.: yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	negro	Single

6-DATE OF BIRTH. May 6, 1912.
(Month) (Day) (Year)

7-AGE. 4 yrs. 4 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Henry Walker

11-BIRTHPLACE OF FATHER (State or Country), Penn

12-MAIDEN NAME OF MOTHER Phoebe Walker

13-BIRTHPLACE OF MOTHER (State or Country), Penn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel Eagleson

(Address) 916 Penna ave

15-

Filed SEP 20 1916 191...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept 20, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 18 1916, to Sept 20 1916, that I saw her alive on Sept 20 1916, and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

(a) Atelectasis Pneumonia

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edwin E. Mayer M. D.

9/20/, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State 4 yrs. mos. ds.

Where was disease contracted, if not at place of death? 1305 Brunt St

Former or usual residence same

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn

DATE OF BURIAL. Sept 20 1916

20-UNDERTAKER Daniel Eagleson

ADDRESS 916 Penna ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98302

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C98302

CERTIFICATE OF DEATH.

91

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 E. Monument St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gennie Pindell

(Residence in Baltimore: No. 902 E. Monument St.; 3 yrs., 2 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Jan 14 (Month) (Day) 1854 (Year)

7-AGE, 62 yrs. 8 mos. 9 da.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Starch
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daisy Green

(Address) 1342 E. Monument St.

15- SEP 20 1916 HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 5- 1916, to Sept 19 1916, that I saw h[illegible] alive on Sept 19 1916, and that death occurred, on the date stated above, at 4.20 P.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Exhaustion

(Duration) yrs. mos. 14 da.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) yrs. mos. 11 da.

(Signed) [illegible] M. D.

Sept 20 1916 (Address) 708 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem. DATE OF BURIAL, Sept 22, 1916.

20-UNDERTAKER Harry A Vodery ADDRESS 1125 Orleans St

CAUSE OF DEATH to be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98303

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98303

CERTIFICATE OF DEATH.

REGISTERED NO. C 74

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2614 Hudson ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katharine Weszka

(Residence in Baltimore: No. 2614 Hudson St ; St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH: Oct (Month) 19 (Day), 1857 (Year)

7-AGE: 58 yrs. 10 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: not Known

11-BIRTHPLACE OF FATHER (State or Country): germany

12-MAIDEN NAME OF MOTHER: not Known

13-BIRTHPLACE OF MOTHER (State or Country): germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Weszka

(Address) 2614 Hudson St

15- SEP 20 1916 Filed 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 14 1916, to Sept 18 1916, that I saw her alive on Sept 17 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Valvular Disease Heart

Contributory

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D.

, 191... (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cem — DATE OF BURIAL, Sept. 21..., 1916.

20-UNDERTAKER, Stephen J Fialkowski — ADDRESS 1018 S Kenwood Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98304 167 C98304

CERTIFICATE OF DEATH.

REGISTERED NO. C.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(CITY or BALTIMORE) Johns Hopkins Hospital ST. 1 WARD)

2-FULL NAME Frank Kujawski

(Residence in Baltimore: No. 820 e Luzerne ave St.: 2 yrs., 11 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Baby

6-DATE OF BIRTH: Sept 20 1913 (Month) (Day) 1 (Year)

7-AGE: 2 yrs. 11 mos. 30 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: Walter Kujawski

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Anna Drapyznska

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Kujawski
2408 Hudson st
(Address)

15- Filed SEP 20 1916 191.... HARRY G. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 19 1916 (Month) (Day) , 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns accidental by burning of clothing

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Playing with matches

(Duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.
Sept 19 16 (Coroner)
19... (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 2 mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 820 Luzerne Ave

Former or usual residence 820 Luzerne Ave

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus — DATE OF BURIAL, Sept 21 1916

20-UNDERTAKER Stephen J. Fialkowski — ADDRESS 117 S. Kenwood Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98305

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98305

CERTIFICATE OF DEATH.

REGISTERED No. C 170

1-PLACE OF DEATH
CITY OF BALTIMORE (No. ST Josephs Hospital St.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Bachates

(Residence in Baltimore: No. I720 Montford ave St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Dec (Month) 3 (Day) 1911 (Year)

7-AGE			If LESS than 1 day,
4 yrs.	9 mos.	I5 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, William Batchatis

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Rena Batchas

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Rena Batchatis Slusser
(Informant)
(Address) I720 Montford ave

15- SEP 20 1916 HARRY C. ARTLEY
Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH Sept (Month) I8 (Day) I9I6 (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism. Pistol shot in head

Accidental

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner)
Sept 22 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs. 9 mos. 15 ds.

Where was disease contracted, if not at place of death? 1720 Montford Ave

Former or usual residence 1720 N Montford Ave

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery
DATE OF BURIAL, Sept 21 1916

20-UNDERTAKER John Herring & Co
ADDRESS 2008 Eutaw

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98306

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98306

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED NO. C 180

CITY OF BALTIMORE: (No. 1514 Division ST.) 1 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Eva Clemmer

(Residence in Baltimore: No. 3301 Tait Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. Unknown, 1 (Month) (Day) (Year)

7-AGE. 50 (?) yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. H. Jenkins

(Address) 700 S. Ch St.

15- SEP 20 1916 Filed 191 HENRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. September 18, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 14 1916, to Sept 18 1916, that I saw her alive on Sept 18 1916, and that death occurred, on the date stated above, at 10.20 Pm.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia Pulmonary oedema

(Duration) yrs. mos. 4 ds.

(Signed) H. F. Kieffer M. D.

Sept 18, 1916 (Address) 1514 Division St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 4 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence 3301 Tait Ave Balto.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Sacred Heart Cem.	Sept. 21, 1916
20-UNDERTAKER Tilly & Julen	ADDRESS 403 S. Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98307

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98307

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospt ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Wagner

(Residence in Baltimore: No. 122 N. Streeper St.; —yrs.,—mos.—ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
male	white	single

6-DATE OF BIRTH. Sept. (Month) 12 (Day), 1884 (Year)

7-AGE, 32 yrs. mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Joseph E. Wagner

11-BIRTHPLACE OF FATHER (State or Country). Balto. city.

12-MAIDEN NAME OF MOTHER Ella F. Baker.

13-BIRTHPLACE OF MOTHER (State or Country). Balto city.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella F. Wagner

(Address) 122 N. Streeper St

15- SEP 20 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 14 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 15 1916, to Sept 14 1916, that I saw h— alive on Sept 14 1916, and that death occurred, on the date stated above, at 2.45a m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elmer Newcomer M. D.

9-14-, 191.6 (Address) Md General Hospt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 122 N Streeper

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, Sept. 22, 1916.

20-UNDERTAKER H. Allen Fuller ADDRESS Springfield & Baltimore Co.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98308 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C98308

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 W Hill ST.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nancy Lee

(Residence in Baltimore: No. 125 W. Hill St.; 52 yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, Unknown (Month) (Day) 1854 (Year)

7-AGE, 62 yrs. mos. ds. | **If LESS than 1 day,** hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Essex Co. Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos H Lee

(Address) 125 W Hill St

15-

Filed SEP 20 1916, 191 HARRY G ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 27 1916, to Sept 17 1916, that I saw h alive on Sept 17 191, and that death occurred, on the date stated above, at 3.45 m.

The CAUSE OF DEATH* was as follows:

Cardiac Lesion Pulmonary

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) yrs. 1 mos. ds.

(Signed) C N Haven M. D.

Sept 20 1916. (Address) 712 S Stanford

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt Auburn Cem | **DATE OF BURIAL.** Sept 22 1916

20-UNDERTAKER John H Toadvine | **ADDRESS** 142 W Hill St.

Spec.—8-24-14—M. & T.—2000 Bks.

C98309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 C98309

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1103 St Paul ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabel Highlands Sloan

(Residence in Baltimore: No. 1103 St Paul St.; life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word): Single

6-DATE OF BIRTH: November 6, 1860 (Month) (Day) (Year)

7-AGE: 55 yrs. 10 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lady
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. City Md.

PARENTS.

10-NAME OF FATHER: George H. Sloan

11-BIRTHPLACE OF FATHER (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Rebecca E. Watt

13-BIRTHPLACE OF MOTHER (State or Country): Philadelphia Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth B. Sloan

(Address) 1103 St Paul St.

15- SEP 20 1916 ROBERT R. KRAUTER

Filed ..... Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 18th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 12th 1916, to Sept 18th 1916, that I saw her alive on Sept 18th 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Endarteritis

(Duration) yrs. 3 mos. ds.

(Signed) Thomas Wilson M. D.

Sept 18th, 1916. (Address) 705 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In this State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, Sept 21st 1916.

20-UNDERTAKER, 616 Jenkins & Son Co — ADDRESS Mulberry & Arlington

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98310

CERTIFICATE OF DEATH.

151 C98310

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 Upton ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.))

2-FULL NAME Albert Deskins

(Residence in Baltimore: No. 1319 Upton St St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May 30, 1913
(Month) (Day) (Year)

7-AGE, ... yrs. 3 mos. 29 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Deskins

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Hattie Dorsey

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie Deskins

(Address) 1319 Upton St.

15- SEP 20 1916 ROBERT R. KRAUTER

Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 20th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ... 191 , to ... 191 , that I saw h in alive on Sept 19th 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Congenital debility.
(one of twins)
from birth

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Marasmus, Pa
Exhaustion (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Alex Baldwin M. D.

Sept 20 1916 (Address) 700 W. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem't

DATE OF BURIAL, Sept. 23, 1916

20-UNDERTAKER Jos H Smith

ADDRESS 706 W. Lanvale St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98311 150 C98311

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 315 N. Schroeder ST.: 18 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby. Lyels

(Residence in Baltimore: No. 315 N. Schroeder St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Col	

6-DATE OF BIRTH, Sept 3, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 14 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Webb

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sedonia Blackford

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sedonia Lyels

(Address) 315 N Schroeder

15- Filed SEP 20 1916 ROBERT R. KRAUTER Registrar.

Burial Permit [illegible]

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Cardiac Malformation

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Albert L Driscoll M. D.
(Coroner.)

Sept 19 1916 (Address) 312 N Carrollton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ..., 19....

20-UNDERTAKER ADDRESS

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

151

C98312

CERTIFICATE OF DEATH

STATE FILE NO. C98321

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ~~8~~ 816 Willow ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Not Named Infant of Wilhelmina Burns

(Residence in Baltimore: No. 816 Willow St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Sept. (Month) 17th (Day), 1916 (Year)

7-AGE: ..... yrs. — mos. 2 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto City

PARENTS

10-NAME OF FATHER: John T. Burns

11-BIRTHPLACE OF FATHER (State or country): Balto City

12-MAIDEN NAME OF MOTHER: Wilhelmina A Link

13-BIRTHPLACE OF MOTHER (State or country): Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John T. Burns

(Address) 816 Willow st

15- Filed SEP 20 1916, 191— ROBERT R. KRAUTER, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept. (Month) 19th (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1916, to, Sept 19th 1916, that I saw h[illegible] alive on Sept 19 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Non viable, Premature birth
6 1/2 months, foetus.

(Duration) ..... yrs ..... mos. 2 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. B. Ziegler M. D.

Sept 19, 1916 [Address] 1830 Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL ..... 191....

20-UNDERTAKER | ADDRESS

Commissioner Health

I. S. — Every item must be answered, or satisfactory reason given for omission. Write plainly with pen and ink. Use no abbreviations. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B 098313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 108 C98313

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marion Louise Campbell

(Residence in Baltimore: No. Hebrew Hospital St.; ..... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Child

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1911. (Year)

7-AGE.	If LESS than 1 day,
5 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Robert Campbell

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Clara Campbell

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W Dean

(Address) Bel Air Md

15-SEP 20 1916 ROBERT R. KRAUTER

Filed....., 191..... Registrar

Burial Permit .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 19, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 18 1916, to Sept 19 1916, that I saw h.. alive on Sept 19 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Acute Hemorrhagic Pancreatitis

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Acute peritonitis

(Duration) ..... yrs. 1 mos. 2 ds.

(Signed) Howard S Jacobson M. D.

Sept 20, 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State 5 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Vale, Md.

19-PLACE OF BURIAL OR REMOVAL. Bel Air Md

DATE OF BURIAL. 9/24, 1916

20-UNDERTAKER Howard E Gulley

ADDRESS 452 Monroe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C98314

CERTIFICATE OF DEATH.

28 C98314

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1008 N. Wolfe St ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lee Harris

(Residence in Baltimore: No. 1008 N. Wolfe St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black U. S.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE, 24 yrs....mos....ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, William Harris

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Julia Emels

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Pritchard

(Address) 1008 N. Wolfe St

15-

SEP 20 1916 ROBERT R. KRAETZER

Filed....., 191..... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 19 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 19 1916, to Sept. 19 1916, that I saw h[illegible] alive on Sept. 19 1916, and that death occurred, on the date stated above, at 7 p.m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) yrs. 3 mos....ds.

CONTRIBUTORY (Secondary) Bronchial asthma

(Duration) 1 yrs....mos....ds.

(Signed) [illegible] M. D.

Sept. 20 191 6 (Address) 1307 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetery — DATE OF BURIAL, Sept 21 191[illegible]

20-UNDERTAKER Chas H. Bailey — ADDRESS [illegible] Monument St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B C98315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C98315

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 Ashland Ave St.; 10 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachael Carter

(Residence in Baltimore: No. 820 Ashland ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. ..... (Month) ....., 1 (Day) ..... (Year)

7-AGE. 56 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laundress
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Maryland.

PARENTS.

10-NAME OF FATHER. unknown

11-BIRTHPLACE OF FATHER (State or Country). unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Carter

(Address) 820 Ashland Ave

15-

Filed SEP 20 1916, 191.....

ROBERT P. KRAUTH, Registrar.

Burial Permit Blank

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept (Month) 19th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 7 1916, to Sept 19 1916, that I saw h er alive on Sept 17 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

.....1.....

..... Chronic Nephritis .....

..... (Duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. Walter H. Wastcott M.D.

Sept 19, 1916. (Address) 1101 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Murlelark Md

DATE OF BURIAL. Sept 21, 1916.

20-UNDERTAKER Charles B. Jones

ADDRESS 1356 N. Pine St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98316 C98316

CERTIFICATE OF DEATH.

119

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 Orchard St.; ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Randolph Johnson

(Residence in Baltimore: No. 1715 Orchard St.; St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. C

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, ... (Month) ..... (Day) ..... (Year)

7-AGE, 44 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer) Hardware

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Edward Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Morgan

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Johnson

(Address) 1715 Orchard St.

15-

Filed SEP 20 1916, 19.. ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

(Over)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 18th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1916, to Sept. 18th 1916, that I saw ... alive on Sept 18th 1916, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ... yrs. 3 mos. ... ds.

CONTRIBUTORY (Secondary) Heart Disease

(Duration) ... yrs. 4 mos. ... ds.

(Signed) A. Lee Ellis M. D.

9/19, 1916. (Address) A. Lee Ellis

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery DATE OF BURIAL, Sept. 21 1916.

20-UNDERTAKER Charles B. Jones ADDRESS 2306 E. Pine St.

B C98317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150 C98317

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 225 N Arlington ave ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leon Spriggs

(Residence in Baltimore: No. 225 N Arlington ave St.; yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: June (Month) 28 (Day), 1916 (Year)

7-AGE: ....yrs. 2 mos. 20 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Clarance Spriggs

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Louise Fields

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise Spriggs

(Address) 225 Arlington

15- Filed SEP 20 1916, 191.. ROBERT R. KRAUTH Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Sept (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to HIS death on the day stated above.

The CAUSE OF DEATH was as follows:

Congenital Endocarditis (Malformation)

(Duration) yrs. 2 mos. 20 ds.

CONTRIBUTORY (Secondary): none

(Duration) yrs. mos. ds.

(Signed) James M. Fenton (Coroner) M. D.

Sept 20, 191.. (Address) 700 E Chase St

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: Sept 21 1916

20-UNDERTAKER: Charles B. Jones ADDRESS 235 Pine St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98318

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98318

CERTIFICATE OF DEATH.

REGISTERED No. C 98318

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital St. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thos T Ross

(Residence in Baltimore: No. 2010 Mace st St.) yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Blk

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Not Known, (Month) (Day) 1 (Year)

7-AGE, 56 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laberor
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rachel Ross

(Address) 546 Robert st

15-FILED SEP 21 1916 HARRY C. ANDREES Burial Permit Clerk... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 18 1916, (Month) (Day) (Year) 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Toburculosis Pulmonary Hemorhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] (Coroner) M. D.

Sept 20 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State 56 yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2010 Mace St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Sept 20 1916

20-UNDERTAKER John H Owen — ADDRESS 1222 Penn

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98319

CERTIFICATE OF DEATH.

104 C98319

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 N Chapel ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Douglass

(Residence in Baltimore: No. 1504 N. Chapel St.: yrs. 4 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 24 (Month) (Day), 1916 (Year)

7-AGE, yrs. 4 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Robert F Douglas

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Caroline Hunter

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert F Douglass

(Address) 1504 N Chapell st

15- SEP 21 1916 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 20 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7 1916, to Sept 20 1916, that I saw him alive on Sept 20 1916, and that death occurred, on the date stated above, at 2.15 pm.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jno. Finkes M. D.

Sept 20 1916 (Address) 1523 N. Mast St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St. Marys, Hampden DATE OF BURIAL. Sept. 21., 1916

20-UNDERTAKER Clemens the Son ADDRESS 347 Eastland Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

098320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 098320

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irwin Hoffman

(Residence in Baltimore: No. 3019 Fait Ave. St.; — yrs., 6 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	Sing

6-DATE OF BIRTH, March 17, 1916
(Month) (Day) (Year)

7-AGE, 6 yrs. mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None,
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Irwin Hoffman

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie Rothen

13-BIRTHPLACE OF MOTHER (State or Country), W. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Rhett

(Address) Johns Hopkins Hosp.

15- SEP 21 1916 HARRY C. ANDREWS
Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. September 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 20 1916, to Sept. 21 1916, that I saw h— alive on Sept. 21 1916, and that death occurred, on the date stated above, at 5 22 a. m.

The CAUSE OF DEATH* was as follows:

Pandigestion, Acute Intestinal

(Duration) yrs. mos. 36 ds.

CONTRIBUTORY (Secondary)

(Duration) 1 yrs. mos. ds.

(Signed) [illegible] M. D.

Sept. 21, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence 3019 Fait Ave.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Sacred Heart	Sept. 22, 1916
20-UNDERTAKER Wendell Bissel & Son	ADDRESS 37 S. Ann St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B C98321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 C98321

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 Darley ave. ST.; 8 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and add out No. 18.)

2-FULL NAME Mary E Talley

(Residence in Baltimore: No. 1613 Darley ave. St.; 73 yrs., 7 mos. 0 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Feb (Month) 14 (Day), 1843 (Year)

7-AGE, 73 yrs. 7 mos. 5 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, William Lambdin

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Bowling

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John B. Talley

(Address) 1613 Darley ave.

15-

Filed SEP 1 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 4 1916, to Sept 19 1916, that I saw h[illegible] alive on Sept 19 1916, and that death occurred, on the date stated above, at 2.50 P m.

The CAUSE OF DEATH* was as follows:

(a) Carcinoma and Gastritis

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Louis Frahm M. D.

Sept 20, 1916 (Address) 1823 N. Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross | DATE OF BURIAL, Sept 23, 1916

20-UNDERTAKER Wendell Dysel & Son | ADDRESS 378 Mon d

Spec.—8-24-14—M. & T.—2000 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98322 — 40 C98322

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2324 Mc Elderry ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Feuchter

(Residence in Baltimore: No. 2324 Mc Elderry St.; 26 yrs. .. mos. .. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widowed

6-DATE OF BIRTH: July (Month) 2nd (Day), 1840 (Year)

7-AGE: 76 yrs. 2 mos. 17 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Christian Scheuerle

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Carrie Kriamus

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Pauline Weber

(Address) 2324 Mc Elderry st

15- Filed SEP 21 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 19th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 12 1916, to Sept 19 1916, that I saw h[illegible] alive on Sept 18 1916, and that death occurred, on the date stated above, at 8 30 A.M.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(Duration) .... yrs. .... mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis + Asthma (Duration) 3 yrs. .... mos. .... ds.

(Signed) Alois B Lessner M. D.

Sept 20, 191.6 (Address) 718 N Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cem. DATE OF BURIAL, Sept 21st 1916

20-UNDERTAKER H. Sander Sons ADDRESS 1710 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98323 37 C98323

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 592 Union St.) 13 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Parker

(Residence in Baltimore: No. 592 Union St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept 19, 1916. (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 14 hrs. or 45 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Samuel Parker

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ida Parker

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Parker

(Address) 592 Union St

15- SEP 21 1916 HARRY C. ANDREWS Registrar.

Filed ..... D., 191.. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 21, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 19 1916, to Sept 21 1916, that I saw h... alive on Sept 21 1916, and that death occurred, on the date stated above, at 1100 m.

The CAUSE OF DEATH* was as follows:

(a) Congenital Syphilis

(b) .....

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Irvin Mayer M. D.

9/20, 1916. (Address) Med. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Sept 21 1916.

20-UNDERTAKER David Easter ADDRESS 916 Pennsylvania Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98324 C98324

CERTIFICATE OF DEATH.

REGISTERED NO. C 74

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 23 E. Baltr ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm A. Johnson

(Residence in Baltimore: No. 1229 Division St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1879 (Year)

7-AGE 37 yrs. mos. ds.

If LESS than 1 day, hrs. or min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Anne Arundel Co. Md.

PARENTS.

10-NAME OF FATHER, ~~J. Smith~~ Joseph Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Collman

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H Bell

(Address) 229 Division St

15- SEP 21 1916 HARRY C. ANDREWS

Filed ....., 191.... Registrar.

Burial Permit Filed

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 19 (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary)

Duration yrs. mos. ds.

(Signed) Wm H Bell (Coroner.) M. D.

Sept 19, 1916 (Address) 1627 Bandy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem Md (DATE OF BURIAL, Sept 21 1916)

20-UNDERTAKER, Samuel S Handley ADDRESS 578 Park Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 C98325

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 203 Arch St. ST.: 4 WARD)
REGISTERED NO. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas H. Jones

(Residence in Baltimore: No. 203 Arch St St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Col.	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1871 (Year)

7-AGE, 45 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thos. H. Jones

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Sruggo Diggo
(Address) 594 Preston St

15- Filed SEP 21 1916 HARRY C. APPLEMAN Burial Permit Clerk
16- Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy of inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:
Chronic Valvular heart trouble
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.
(Signed) A. Lovell L. Gorsuch M. D.
(Coroner)
Sept 20 1916 (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Nat Auburn Cem. DATE OF BURIAL, Sept 21 1916.
20-UNDERTAKER Samuel Stansbury ADDRESS 515 Read

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98326

HEALTH DEPARTMENT--CITY OF BALTIMORE

C98326

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C 98326

CITY OF BALTIMORE (No. 1520 School St. 15 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mluscious Bain

(Residence in Baltimore: No. 1520 School St.: 1 yrs. 8 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Child

6 DATE OF BIRTH: Sept 12, 1915 (Month) (Day) (Year)

7 AGE: 1 yrs. mos. 8 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): Child

9 BIRTHPLACE (State or Country): Baltimore

PARENTS

10 NAME OF FATHER: Frank Bain

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Bain

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry Bain

(Address) 1520 School St

SEP 21 1916 Filed ..191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept 20, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1916 to Sept 20 1916, that I saw him alive on Sept 19, 1916, and that death occurred, on the date stated above, at 10 1 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) 9 yrs. mos. ds.

Contributory (SECONDARY) Bronchitis

(Duration) yrs. mos. ds.

(Signed) J. E. Stewart M. D.

..., 191... (Address) 1003 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Sept 21 1916

20 UNDERTAKER: James H Dennis — ADDRESS: 1303 Eastern

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B 098327

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 098327

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 N Schroeder St. 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Priscilla Simpson

(Residence in Baltimore: No. 116 N Schroeder St.; 35 yrs., mos., ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Mar

6-DATE OF BIRTH, Unknown (Month) (Day), 1867 (Year)

7-AGE 49 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Howard Co Md

PARENTS.

10-NAME OF FATHER, Jack Hammond

11-BIRTHPLACE OF FATHER (State or Country), Howard Co Md

12-MAIDEN NAME OF MOTHER Mathews

13-BIRTHPLACE OF MOTHER (State or Country), do.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edw Simpson

(Address) 116 N Schroeder St

15- SEP 21 1916, 191... HARRY S. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 18 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 18 191 6, to Sept 18 191 6, that I saw h-r alive on Sept 18 191 6, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) J. Morrow M. D.

Sept 20 191... (Address) 1 Bank Pl Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Sept 21, 1916.

20-UNDERTAKER Alfred J. Freeland — ADDRESS 114 N Schroeder

Spec.—8-24-14—M. & T.—2000 Bks.

C98328 *108 C98328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 4th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Adams

(Residence in Baltimore: No. University Hospital St.: — yrs. — mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. March 29, 1909. (Month) (Day) (Year)

7-AGE. 7 yrs. — mos. — ds. If LESS than 1 day, — hrs. or — min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Scholar
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Isaac Adams

11-BIRTHPLACE OF FATHER (State or Country). Unknown.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isaac Adams

(Address) 220 First St. Brooklyn

15-

Filed SEP 21 1916 HARRY C. ANDREWS BUREAU FUNERAL DIRECTOR Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. September 20, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1916, to Sept 20 1916, that I saw h— alive on Sept 20 1916, and that death occurred, on the date stated above, at 4.20 p.m.

The CAUSE OF DEATH* was as follows:

Suppuration Appendicitis
(Operated)

(Duration) — yrs. — mos. 2 1. ds.

CONTRIBUTORY (Secondary) —

(Duration) — yrs. — mos. — ds.

(Signed) C. C. Hotle M. D.

Sept. 21, 1916 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 16 ds. In the State 7 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Brooklyn md

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer — DATE OF BURIAL. Sept. 22 1916.

20-UNDERTAKER John Gebhauer's — ADDRESS 500 S. Read

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98329 HEALTH DEPARTMENT—CITY OF BALTIMORE C98329

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 1st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Warren Kloth

(Residence in Baltimore: No. 141 S. Ellwood St.: ..yrs.. 3 mos. ..ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov. 1 (Month) (Day) (Year)

7-AGE, 1 yrs. mos. ds.

If LESS than 1 day, ..hrs. or ..min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Penn

PARENTS.

10-NAME OF FATHER, C. H. Kloth

11-BIRTHPLACE OF FATHER (State or Country), Ger.

12-MAIDEN NAME OF MOTHER Lentzmann

13-BIRTHPLACE OF MOTHER (State or Country), Ger.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phillips

(Address) Johns Hopkins Hosp.

15- HARRY C. ANDERS

Filed SEP 21 1916 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 20, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 20 1916, to Sept. 20 1916, that I saw h.. alive on ..191.., and that death occurred, on the date stated above, at ..m.

The CAUSE OF DEATH* was as follows:

Perforated fever C. perforation of intestines

(Duration) 2 yrs. 1 mos. ..ds.

CONTRIBUTORY (Secondary)

(Duration) ..yrs. ..mos. ..ds.

(Signed) Henry M. Thomas M. D.

Sept 20, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. 1 ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 141 South Ellwood Ave

19-PLACE OF BURIAL OR REMOVAL, Jamestown, Penn — DATE OF BURIAL, Sept 21, 1916

20-UNDERTAKER Edward Moran — ADDRESS Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 C98330

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 109 Welcome Alley. ST.: 32 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Ward. (C)

(Residence in Baltimore: No. 109 Welcome Alley St. 17 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	Colored	Single.

6-DATE OF BIRTH, February 7th. 1878., / (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
38 yrs. 7 mos. 13 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Kent Co. Md.

PARENTS.

10-NAME OF FATHER, Henry Ward (C)

11-BIRTHPLACE OF FATHER (State or Country), Kent Co. Md.

12-MAIDEN NAME OF MOTHER Mary Tilghman (C)

13-BIRTHPLACE OF MOTHER (State or Country), Kent Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Clark (C) (Sister)

(Address) 107 Welcome Alley.

15- Filed SEP 21 1916, 191. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 20th. 1916., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of the Heart.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt (Coroner) M. D.

Sept 20, 1916 (Address) 1017 St Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn Ct — DATE OF BURIAL, Sept 22 1916

20-UNDERTAKER J. H. Brown & Son — ADDRESS 708 Wilmot St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

098331

HEALTH DEPARTMENT—CITY OF BALTIMORE

098331

CERTIFICATE OF DEATH.

100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hosp. St.; 23 Ward)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nathan Berkowitz

(Residence in Baltimore: No. 1223 E. Baltimore St.; ..... yrs., ... mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) ..... (Day) 1857 (Year)

7-AGE, 59 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Physician.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Roumania

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Levin

(Address) 1411 E. Baltimore St.

15-

Filed SEP 21 1916, 191... HARRY C. ARENDS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 16 1916, to Sept 20 1916, that I saw h[illegible] alive on Sept 20 1916, and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Retro-pharyngeal abscess

Following Influenza

..... (Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Septic Pneumonia

..... (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Benjamin M. Spitz M. D.

Sept ..., 191... (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. 14 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Hartford Conn.

19-PLACE OF BURIAL OR REMOVAL, Hartford Conn

DATE OF BURIAL, Sept. ..., 191. 6

20-UNDERTAKER Jack Levin

ADDRESS 1411 E. Baltimore St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98332

HEALTH DEPARTMENT—CITY OF BALTIMORE

63 X C98332

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Childrens Hosp School

REGISTERED NO. C

CITY OF BALTIMORE: (No. ..... ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William B Walker

(Residence in Baltimore: No. 1359 W Lemmon Street St.; Life yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	single

6-DATE OF BIRTH, May 25th, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 4 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work child Tone
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore md

PARENTS.

10-NAME OF FATHER, Bartlett F Walker.

11-BIRTHPLACE OF FATHER (State or Country), Bato Md

12-MAIDEN NAME OF MOTHER, Sarah M Mc Clure

13-BIRTHPLACE OF MOTHER (State or Country), Pittsburgh Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bartlett F Walker

(Address) 1359 W Lemmon St.

15- SEP 21 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 17 1916, to Sept 20 1916, that I saw him alive on Sept 20 1916, and that death occurred, on the date stated above, at 6.40 P m.

The CAUSE OF DEATH* was as follows:

acute ant poliomyelitis

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

....., 191... (Address) Childrens Hosp School

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State 1 yrs. 3 mos. 25 ds.

Where was disease contracted, if not at place of death? 1359 gilmor st

Former or usual residence ditto

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL.
Mt Olivet Cemt	Sept 21, 191 6

20-UNDERTAKER	ADDRESS
Bertram Hall Co	1723 W Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C98333

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98333

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST.; 17 WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Toogood

(Residence in Baltimore: No. 706 W Mulberry St.; ... yrs. ... mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Married

6-DATE OF BIRTH, Unknown (Month), ... (Day), 1889 (Year)

7-AGE, 27 yrs. ... mos. ... ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Laundress

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Daniel Queen

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Holland

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertie Lee

(Address) 706 W. Mulberry St.

15- FILED SEP 21 1916, 191... HARRY C. ANDREWS Clerk.
Burial Permit ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 16, 1916, to Sept. 17 1916, that I saw h[er] alive on Sept 17 1916, and that death occurred, on the date stated above, at 12 35 P. m.

The CAUSE OF DEATH* was as follows:

Infectious Jaundice

(Duration) d[ays] [illegible] hrs. ... mins. ... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) Bernard L. Farr M. D.

..., 191... (Address) Univ. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State Life yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Don't know

Former or usual residence 706 W Mulberry

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery | DATE OF BURIAL, Sept 21, 1916

20-UNDERTAKER Chas. H. Johnson | ADDRESS 416 N. Carolina

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98334 28 C98334

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (NO. 429 Moore ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Irene Owings

(Residence in Baltimore: No. 429 Moore St.: 27 yrs. 6 mos. 17 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May 2nd, 1889
(Month) (Day) (Year)

7-AGE, 27 yrs. 6 mos. 17 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Wm. Thomas

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Eliza Comich

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard T. Owings

(Address) 429 Moore St.

15- SEP 21 1916 Filed ..... 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 19, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 1th 1916, to Sept 19 1916, that I saw h*er* alive on Sept 19 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary
Tuberculosis

(Duration) yrs. 6 mos. 5 ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) yrs. mos. 14 ds.

(Signed) J. P. and Opth M. D.

Sept 20 1916. (Address) 357 N. Bidd st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, Sept 21 191 6

20-UNDERTAKER Geo. A. Harland — ADDRESS 517 Robert St.

Spec.—8-24-14—M. & T.—2000 Bks.

C98335

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98335

CERTIFICATE OF DEATH.

8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 12 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Russell Burrell

(Residence in Baltimore: No. 15 Ware St St.; ..... yrs., 6 mos. 18 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 1, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. 6 mos. 18 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Arthur Burrell

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Bessie Logan

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- SEP 21 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 19 1916, to September 19 1916, that I saw h[illegible] alive on September 19 1916, and that death occurred, on the date stated above, at 12 10 p m.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) 0 yrs. 0 mos. 3 ds.

CONTRIBUTORY (Secondary) Pertussis

..... (Duration) 0 yrs. 0 mos. 21 ds.

(Signed) Henry B. Conrad M. D.

Sept. 20 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 15 Ware Street

19-PLACE OF BURIAL OR REMOVAL, Laurel Miss. DATE OF BURIAL, ..., 191...

20-UNDERTAKER Geo. H. Fast & Co Baltimore ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

C98336

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98336

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 241 S. Castle St. ST.) V WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward C. Customme

(Residence in Baltimore: No. 241 S. Castle St.

St. 2 Life yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Sept. (Month) 29 (Day), 1896 (Year)

7-AGE,	If LESS than 1 day,
19 yrs. 11 mos. 30 da.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, John H Customme

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City.

12-MAIDEN NAME OF MOTHER Elizabeth Horn

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Customme

(Address) 241 S. Castle St.

15- SEP 21 1916

Filed ..... 191.....

HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 17th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 14 1916, to Sept 17 1916, that I saw h[illegible] alive on Sept 16 1916, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Dropsy

(Duration) yrs. 1 mos. da.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (Duration) 1 yrs. mos. da.

(Signed) [illegible] M. D.

Sept 21, 1916 (Address) 2311 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Carmel Cem. DATE OF BURIAL. Sept 21, 1916

20-UNDERTAKER Lilly & Zeile ADDRESS 1103 Druid

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98337 C98337

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Eutaw Place & Druid Hill Park, St.; 13 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Lazarus,

(Residence in Baltimore: No. Esplanade Aprt. Life time, (If less than 1 day, yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White,	Widow,

6-DATE OF BIRTH. Feb. (Month) 16th. (Day), 1853. (Year)

7-AGE. 63 yrs. 7 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None,
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Marcus Rosenthal,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Fannie Hirsch,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Lazarus,

(Address) Esplanade Aprt.

15-Filed SEP 21 1916, 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept. (Month) 20th. (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 11 1916, to Sept 19 1916, that I saw h[illegible] alive on Sept 19 1916, and that death occurred, on the date stated above, at 1215 M.

The CAUSE OF DEATH* was as follows:

Endocarditis & myocarditis

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Embolism

(Duration) yrs. 5 minutes mos. ds.

(Signed) I. Isaacson Lent M. D.

9/20, 1916. (Address) 20 W. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto. Hebrew, DATE OF BURIAL, Sept. 22nd, 1916

20-UNDERTAKER Harris Sondheim ADDRESS 118 N. Howard St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98338 — 120 — C98338

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 W. Hoffman ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Waldron

(Residence in Baltimore: No. 309 W. Hoffman St.; 33 yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: Dec (Month) 27 (Day), 1867 (Year)

7-AGE: 48 yrs. 9 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Broker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): England

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Nellie Waldron

(Address) 309 W. Hoffman St.

15. SEP 21 1916 ROBERT R. KRAUTER

Filed....., 191.... Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Sept (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 3 1916, to Sept 20 1916, that I saw h.. alive on Sept 20 1916, and that death occurred, on the date stated above, at 1945 m.

The CAUSE OF DEATH* was as follows:

Aortic regurgitation

Chronic Interstitial Nephritis

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 1 ds.

(Signed) J. Whitman F. Finnis M. D.

Sept 20 191.6 (Address) 22 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem. DATE OF BURIAL: Sept 23 191 6

20-UNDERTAKER: Chas. F. Evans & Son ADDRESS: 118 East Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98339 28 C98339

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1123 Valley ST.; 10 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas J. Hanrahan

(Residence in Baltimore: No. 1123 Valley St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH Dec 23, 1878 (Month) (Day) (Year)

7-AGE 37 yrs. 8 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Druggist
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Edward Hanrahan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Hanlon

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Hanrahan

(Address) 1123 Valley St.

15-

SEP 21 1916 ROBERT P. KRAUTER

Filed ..... 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 1 1916, to Sept 19 1916, that I saw him alive on Sept 19 1916, and that death occurred, on the date stated above, at 11,35 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) 7 yrs. 7 mos. ds.

(Signed) James M. Fenlon M. D.

Sept 20 1916 (Address) 700 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral DATE OF BURIAL, Sept 22, 1916

20-UNDERTAKER H. C. Wiedefeld ADDRESS 914 Gunmit ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98340

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98340

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 Edward ST.; 5 WARD)

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Wesley Wright

(Residence in Baltimore: No. 1211 Edward St.; ... yrs. ... mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, ... (Month) ... (Day) 1 (Year)

7-AGE, 22 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William Wright

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Henrietta Dunson

13-BIRTHPLACE OF MOTHER (State or Country), Queen Anne Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eugene Nicholas

(Address) 219 Lemmon St

15- SEP 21 1916 Filed ..., 191... ROBERT R. KNAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 17, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1916, to Sept 19 1916, that I saw h alive on Sept 17 1916, and that death occurred, on the date stated above, at 7:45 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Abdominalis

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Peritonitis pneumonalis

(Duration) ... yrs. 1 mos. ... ds.

(Signed) ... M. D.

Sept 21, 1916 (Address) 1520 E Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park | DATE OF BURIAL, Sept 22 1916

20-UNDERTAKER Wm Robert A Elliott | ADDRESS 306 East Pr

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98341 — 91 C98341

CERTIFICATE OF DEATH

REGISTERED NO. C

1-PLACE OF DEATH St. Vincents Infant Asylum

CITY OF BALTIMORE: (No. St. Vincents Infant Asylum ST. 41 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine May Evans

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; yrs. 6 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
female	wh	single

6-DATE OF BIRTH. July (Month) 8 (Day), 1914 (Year)

7-AGE. 2 yrs. 2 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. unknown

11-BIRTHPLACE OF FATHER (State or Country). unknown

12-MAIDEN NAME OF MOTHER. unknown

13-BIRTHPLACE OF MOTHER (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Superior

(Address) 1401 Division St.

15- Filed SEP 21 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 10 1916, to Sept 20 1916, that I saw her alive on Sept 19 1916, and that death occurred, on the date stated above, at 7 m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) F. J. Powers M. D.

, 191... (Address) 2511 Eastern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 6 mos. 4 ds. In the State 2 yrs. 2 mos. 12 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral — DATE OF BURIAL. Sept 22, 1916

20-UNDERTAKER M. Fahey & Sons — ADDRESS 606 Lafayette Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

098342

CERTIFICATE OF DEATH.

64 098342

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1549 N. Gilmor St.; 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and add out No. 18.)

2-FULL NAME Bridget Costello

(Residence in Baltimore: No. 1549 N. Gilmor St.; 45 yrs. — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH Feb 24, 1850 (Month) (Day) (Year)

7-AGE, 66 yrs. 7 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Int Amy
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), County Galway Ireland

PARENTS.

10-NAME OF FATHER, John Hanton

11-BIRTHPLACE OF FATHER (State or Country) County Galway Ireland

12-MAIDEN NAME OF MOTHER Bridget Glenn

13-BIRTHPLACE OF MOTHER (State or Country), Galway Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Costello

(Address) 1549 N. Gilmor St

15- Filed SEP 21 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 19th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1st 1916, to Sept 19th 1916, that I saw h.. alive on Sept 19th 1916, and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) 2 yrs. 6 mos. — ds.

(Signed) William J. Sudsiman M. D.

9/20, 1916 (Address) 1701 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters — DATE OF BURIAL, Oct 2 1916

20-UNDERTAKER M. Fahey & Sons — ADDRESS 616 Lafayette Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98343 103 C98343

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2502 Foster av ST. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Lanfert

(Residence in Baltimore: No. 2502 Foster av St.: 34 yrs. mos. ds)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) (Day), 1875 (Year)

7-AGE, 41 yrs. 5 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bartender
(b) General nature of industry, business, or establishment in which employed (or employer): Saloon

9-BIRTHPLACE, (State or Country), German Poland

PARENTS.

10-NAME OF FATHER, Lanfert

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stanislava Lanfert

(Address) 2502 Foster av

15- Filed SEP 21 1916, 191 ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 10 1916, to Sept 19 1916, that I saw h[im] alive on Sept 19 1916, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Uremia Gastritis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) yrs. mos. 2 ds.

(Signed) H. Leonard Rea M. D.

Sept 19, 1916 (Address) 722 S. Ann St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Sept 22, 1916

20-UNDERTAKER William Fiaciowski ADDRESS 1618 Eastern Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98344 104 C98344

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 833 S Bond ST.; W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Victor Kazmierski (KAZMIERSKI)

(Residence in Baltimore: No. 833 S. Bond St St.: 1 yrs. 4 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 17 (Day), 1915 (Year)

7-AGE, 1 yrs. 4 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, Victor Kazmierski

11-BIRTHPLACE OF FATHER (State or Country). Poland Russia

12-MAIDEN NAME OF MOTHER Fronia Grzyskowska

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Victor Kazmierski

(Address) 833 S Bond St

15-

Filed SEP 21 1916 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 9 1916, to Sept 21 1916, that I saw h in alive on Sept 21 1916, and that death occurred, on the date stated above, at 7.51 A m.

The CAUSE OF DEATH* was as follows:

Gastritis, Toxic colitis,

(Duration) ....yrs. ....mos. 1 2 ds.

CONTRIBUTORY (Secondary) Chronic Pneumonia

(Duration) — yrs. ....mos. 3 ds.

(Signed) Wm A Brady M. D.

Sept 21 191 6 (Address) 1671 N Gilmor

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Sept 23 191 6

20-UNDERTAKER, William Giaskowski — ADDRESS 1618 Eastern ave

important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C98345 — 28 — C98345

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 3819 Chatham Road. ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Elizabeth Yost

(Residence in Baltimore: No. 3819 Chatham Rd. St.: 32 yrs. 11 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH: October (Month) 18 (Day), 1883 (Year)

7-AGE: 32 yrs. 11 mos. 3 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Geo. Yost

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Mary E. Krebs

13-BIRTHPLACE OF MOTHER (State or country): Frederick Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo Yost

(Address) 3819 Chatham Road

15-Filed SEP 21 1916, 191 — ROBERT R. KRAUTER, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: September (Month) 21 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1916, to Sept. 21 1916, that I saw her alive on Sept. 20, 1916, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 6 yrs. — mos. — ds

Contributory (SECONDARY) Pulmonary Oedema

(Duration) — yrs. — mos. 1 ds.

(Signed) J. T. Owens M. D.

Sept 21, 1916 (Address) 1912 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Frederick Md — DATE OF BURIAL: Sept 24, 1916

20-UNDERTAKER: Robt S. Little — ADDRESS: 581 W Fremont Ave

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C98346

CERTIFICATE OF DEATH.

89 C98346

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1301 Lanvale ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Harris

(Residence in Baltimore: No. 1301 N. Calhoun St.; — yrs., 7 mos. 7 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	Col	Single

6-DATE OF BIRTH, Sept. (Month) 19 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
7 yrs. 7 mos. 7 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Jno. Harris

11-BIRTHPLACE OF FATHER (State or Country), St. Mary Co.

12-MAIDEN NAME OF MOTHER Mary Harris

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Harris

(Address) 1301 N. Calhoun

15- Filed SEP 21 1916, 191... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 21 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 18 1916, to Sept 20 1916, that I saw h[er] alive on Sept 20 1916, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(Duration) ...yrs. ...mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Wendel T. Wally M. D.

Sept 21, 1916 (Address) 1953 N. Howard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Md	Sept 22, 1916

20-UNDERTAKER	ADDRESS
Jam's H. Pease & Son	1700 N. Howard

Spec.—8-24-14—M. & T.—2000 Bks.

ADAM LANOWSKI.

LB C98347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C98347

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2108 Alice Anna ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam Lanowski

(Residence in Baltimore: No. 2108 Alice Anna St.: yrs., 4 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 16 (Day), 1912 (Year)

7-AGE, yrs. 4 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Ignatz Lanowski

11-BIRTHPLACE OF FATHER (State or Country), Austria Poland

12-MAIDEN NAME OF MOTHER Lilly Borowski

13-BIRTHPLACE OF MOTHER (State or Country), Russia Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lilly Lanowski

(Address) 2108 Alice Anna St.

15-

FILED SEP 21 1916, 191.. ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 20 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 30 1916, to Sept 20 1916, that I saw h me alive on Sept 20 1916, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis & Flu colitis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(Duration) yrs. mos. 3 ds.

(Signed) Thos A Ruttle M. D.

Sept 21, 191.6 (Address) 1621 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Sept 22, 191.6,

20-UNDERTAKER M. F. Sadowski. ADDRESS 705 S. Ann

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

098348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 098348

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 Rutland Ave St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Augusta

(Residence in Baltimore: No. 907 Rutland Ave St.; Life yrs.. mos.. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Col'd	Single

6-DATE OF BIRTH, April 20, (Month) (Day), 1916 (Year)

7-AGE, ...yrs. 5 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Elmer Augusta

11-BIRTHPLACE OF FATHER (State or Country), Ga.

12-MAIDEN NAME OF MOTHER Julia Kelley

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elmer Augusta

(Address) 907 Rutland Ave

15- Filed SEP 22 1916, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 20, (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 17 1916, to Sept. 1916, that I saw him alive on Sept. 19, 1916, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows: Marasmus + Gastro-enteritis

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Gastro-enteritis

(Duration) ....yrs. ....mos. 4 ds.

(Signed) H. A. Bowers M. D.

Sept 20, 1916 (Address) 1526 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel Cem. DATE OF BURIAL. Sept. 22 1916

20-UNDERTAKER Thos J. G. Locke ADDRESS 1302 Jefferson

C98349

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C98349

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 683 Pierce ST. 17 WARD)

(If death occured in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Johnson

(Residence in Baltimore: No. 683 Pierce St.: 47 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male | 4-COLOR OR RACE Colored | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Married

6-DATE OF BIRTH ..... (Month) Unknown (Day) ....., 1867 (Year)

7-AGE 47 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work White Washer
(b) General nature of industry, business, or establishment in which employed (or employer) Contractor

9-BIRTHPLACE (State or country) Balto. Md

PARENTS

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (State or country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Priscilla Johnson

(Address) 683 Pierce St

15. SEP 22 1916 Filed ..... 191 HARRY G. ANDERSON REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Sept (Month) 17 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 17, 191.. to Sept 17 1916

that I saw h.. alive on Sept 17, 1916

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. 3 ..... ds.

Contributory (SECONDARY) Nephritis

(Duration) 1 yrs. 0 mos. 7 ..... ds.

(Signed) John J. Sheppard M. D.

Sept 21, 1916 (Address) 1023 Cryll Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt Auburn Cem | DATE OF BURIAL Sept 20 1916

20-UNDERTAKER Samuel McNulty | ADDRESS 5 S. Eutaw St.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C98356

HEALTH DEPARTMENT--CITY OF BALTIMORE

104 C98350

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 N. Rose Street, ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Soul

(Residence in Baltimore: No. 823 N. Rose Street St.; yrs. 5 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, May 25, 1916
(Month) (Day) (Year)

7-AGE, yrs. 5 mos. 23 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Infant
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Edward Soul

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Mary Blazek

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Soul

(Address) 823 N. Rose St

15-

Filed SEP 22 1916, 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 21st, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 5th 1916, to Sept. 21st 1916, that I saw her alive on Sept. 20th 1916, and that death occurred, on the date stated above, at 9.50 A. M.

The CAUSE OF DEATH* was as follows:

Enteritis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) – –

(Duration) yrs. mos. ds.

(Signed) Edw. M. Fitzgerald M. D.

Sept. 21 1916. (Address) 5 N. Washington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, Sept 23 1916

20-UNDERTAKER Frank Conchaston

ADDRESS 1904 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98351 154 C98351

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 903 Hollins st St.; 18 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo C Dshriver

(Residence in Baltimore: No. 903 Hollins st St.; 2 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ..., 1 ..... (Month) (Day) (Year)

7-AGE. 76 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work. Farmer (b) General nature of industry, business, or establishment in which employed (or employer). Retired

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Jacob Dshriver

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos Bunton

(Address) 903 Hollins st

15- SEP 22 1916 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. September 21, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 0 1916, to Sept 21 1916 that I saw h[im] alive on Sept 20 1916 and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia 2

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Old age

(Duration) 2 yrs. mos. ds.

(Signed) Geo. Bernheimer M. D.

Sept 22, 1916. (Address) 2 E Madison St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Olive Balto co Md

DATE OF BURIAL. Sept 24, 1916.

20-UNDERTAKER. John J Bowman & Son

ADDRESS 901 Hollins st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98352 C98352

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1025 William ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis H. Burrier

(Residence in Baltimore: No. 1025 William St.; 15 yrs., — mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Oct. 12, 1848 (Month) (Day) (Year)

7-AGE 68 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Watchman
(b) General nature of industry, business, or establishment in which employed (or employer) R.R. Co.

9-BIRTHPLACE, (State or Country), Frederick Co Md

PARENTS.

10-NAME OF FATHER, Phillip Burrier

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Burrier

(Address) 1025 William

15- Filed SEP 22 1916 191 HARRY C ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 20, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1916, to Sept 20 1916, that I saw h alive on Sept 20 1916 and that death occurred, on the date stated above, at 11 00 P.M.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) 3 yrs. mos. ds.

(Signed) J. F. Hollbrook M. D.

Sept 22, 191 (Address) 1B Randall St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill

DATE OF BURIAL, Sept. 22, 1916

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

098353 HEALTH DEPARTMENT—CITY OF BALTIMORE 098353

CERTIFICATE OF DEATH.

50

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. Mercy Hospital ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Hmielewski

(Residence if in Baltimore: No. 1609 Lancaster St. St.; 13 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Unknown, 1 (Month) (Day) (Year)

7-AGE. 19 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work. Housework (b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, John Hontnick

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Leonora A. Polonnia

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Hmielewski

(Address) Fort Howard Md.

15- HENRY C. ANDREWS Burial Permit Clerk

Filed SEP 22 1916 191 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Sept 20, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 14 1916, to Sept 20 1916, that I saw h[er] alive on Sept 20 1916, and that death occurred, on the date stated above, at 12 15a m.

The CAUSE OF DEATH* was as follows:

Diabetic Coma

Acut Pancytonecrosis

Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chron. J. P. Kidney

(Duration) yrs. mos. ds.

(Signed) Emil E. Glaser M. D.

Sept. 20 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 3 yrs. mos. ds.

Where was disease contracted, if not at place of death? 1609 Lancaster St.

Former or usual residence Graystone Md

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus Cemetery — DATE OF BURIAL, Sept 22 1916

20-UNDERTAKER Christian Muller — ADDRESS 2334 Gough St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98354

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98354

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Aged Home St.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chaie Cooper

(Residence in Baltimore: No. 1115 Aisquith St. St.; 11 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1841 (Year)

7-AGE, 76 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Heirs

(Address) 1411 E Balto St

15- Filed SEP 22 1916, 191.. HARRY G ANDREWS Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sep 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sep 5 1916, to Sep 22 1916, that I saw h[illegible] alive on Sep 21 1916, and that death occurred, on the date stated above, at 2 00 p.m.

The CAUSE OF DEATH* was as follows:

a. Myocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Sep 22, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 3 mos. ds. In the State 11 yrs. mos. ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 525 N. Mulberry St

19-PLACE OF BURIAL, OR REMOVAL, Hebrew Washington Co | DATE OF BURIAL, 9/24, 1916

20-UNDERTAKER Jack Lewis | ADDRESS 1411 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C98355 — 170 — C98355

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 823 Cloney St.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Gittings

(Residence in Baltimore: No. 823 Cloney St.: 45 yrs. 11 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX male — 4-COLOR OR RACE White — 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) married

6-DATE OF BIRTH Oct (Month) 1 (Day), 1870 (Year)

7-AGE 45 yrs. 11 mos. 20 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Fish dealer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Balto. Md.

PARENTS

10-NAME OF FATHER Edward Gittings

11-BIRTHPLACE OF FATHER (State or country) Balto Co Md

12-MAIDEN NAME OF MOTHER Eliz. Vickers

13-BIRTHPLACE OF MOTHER (State or country) Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George W. Gittings

(Address) 202 N Fremont Ave

15. SEP 22 1916 '16 — HARRY C. ANDREWS Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Sept (Month) 21 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 30th, 1916, to Sep 21st 1916 that I saw him alive on Sept 21st, 1916, and that death occurred, on the date stated above, at 4.45 p m.

The CAUSE OF DEATH* was as follows:

Intestinal Nephritis

(Duration) ..... yrs. 6 mos. ..... ds

Contributory (SECONDARY) Pericarditis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frederick Williams M. D.

Sep 21, 1916 (Address) 203 N. Fremont Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. — In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Greenmount — DATE OF BURIAL Sept 23, 1916

20-UNDERTAKER George J. Smith — ADDRESS 1908 Fayette St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

098356 HEALTH DEPARTMENT—CITY OF BALTIMORE 74 098356

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 2709 Monroe ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Jane Thomas

(Residence in Baltimore: No. 2709 Monroe St.: 16 Yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: July 31, 1878 (Month) (Day) (Year)

7-AGE: 38 yrs. 1 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Alex. Rutherford

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Ellen Keith

13-BIRTHPLACE OF MOTHER (State or Country): Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. H. Thomas

(Address) 2709 Monroe St.

15- Filed SEP 22 1916 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: September 19, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 11 1916, to Sept 19 1916, that I saw her alive on Sept 19 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Senile Debility
1 to 2 years
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Nervous Prostration

(Duration) ....yrs. 2 mos. ....ds.

(Signed) J. Edmund Cummins M. D.

Sept 21, 1916. (Address) 2109 Harrison Street

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Wm. J. Hackett's Son DATE OF BURIAL: Sept 22, 191..

20-UNDERTAKER: Loudon Park ADDRESS: North & Pa

Cremation 2709 Monroe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98357

CERTIFICATE OF DEATH.

151 C98357

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 n. Carey ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Jones.

(Residence in Baltimore: No. 653 W. Lee St.; yrs. 1 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~, (Write the word.) Single

6-DATE OF BIRTH, July 24, 1916 (Month) (Day) (Year)

7-AGE, yrs. 1 mos. 28 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), 653 Lee St Balto. Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. J. S. Handley

(Address) 27 n. Carey St.

15- Filed SEP 22 1916, 191. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 22nd, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 20th 1916, to Sept 22nd 1916, that I saw her alive on Sept 21st 1916, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Marasmus —
Bronchopneumonia
Childs Premature Infant

(Duration) — yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Walter B. Platt

(Duration) yrs. 1 mos. 3 ds.

(Signed) Walter B. Platt M. D.

, 1916. (Address) 802 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. 1 mos. 28 ds.

Where was disease contracted, if not at place of death? 653 W. Lee St

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL. St Peters Cem DATE OF BURIAL. Sept 23 1916

20-UNDERTAKER. Wm J. Pickard & Sons ADDRESS 425 Cathedral

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98358 C98358

CERTIFICATE OF DEATH.

REGISTERED NO. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2400 Linden Av St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matilda Dalsheimer

(Residence in Baltimore: No. 2400 Linden Av St.: 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 21st 1856 (Month) (Day) (Year)

7-AGE, 60 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Phila, Pa

PARENTS.

10-NAME OF FATHER, Ferdinand Greenwald

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Bertha Liebzyer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Dalsheimer

(Address) 2400 Linden Av

15- SEP 22 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk HCA Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 21st 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from — 1902, to Sept 21 1916, that I saw her alive on Sept 20 1916, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Nephritis, hypertrophy, Cardiac dilatation, fr the mitral insufficiency

(Duration) many yrs. mos. ds.

CONTRIBUTORY (Secondary)

Nephritis (Duration) many 2 yrs. mos. ds.

(Signed) Dr. L. Kettenberg, M. D.

Sept. 21, 1916. (Address) 1937 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Hebrew

DATE OF BURIAL, Sept 24th 1916

20-UNDERTAKER, David Sondheim

ADDRESS 1158 N Mt Royal Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-16—M. & T.—2000 Bks.

C98359

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98359

CERTIFICATE OF DEATH.

151

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 N. Linwood Ave St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Poggie

(Residence in Baltimore: No. 6 N. Linwood Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. (Month) 21st (Day), 1916 (Year)

7-AGE, yrs. mos. ds.

If LESS than 1 day, 3 hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Charles Poggie

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Gertrude Schirmung

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Poggie

(Address) 6 N. Linwood Ave

15- SEP 22 1916 HARRY C. ANDREWS

Filed ..... 191... Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 21st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9/21 1916, to 9/21 1916, that I saw h[illegible] alive on 9/21 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

a. Premature Birth

Lung Hemorrhage

b. Cyanosis (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

9/22, 191... (Address) 2600 E. Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, Sept. 23 191...

20-UNDERTAKER Wendell Dippell — ADDRESS 330 S. Bond St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98360 151 C98360

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH West-End Mty Hospl.

CITY OF BALTIMORE: (No. 112 N. Dallsone St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert-Henry Smith

(Residence in Baltimore: No. 1111 McDonogh St.; ..... yrs. ..... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August 23rd, 1916. (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 28 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Frank Smith

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Daisy —

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) D. B. Baldwin Supt.

(Address) West-End Mty Hospl.

15- FILED SEP 23 1916 ROBERT R. KRAUSE Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept- 21, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept- 6 1916, to Sept 21 1916, that I saw h[illegible] alive on Sept 21 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

a Hemorrhage and
Lung Tuberculosis
(Duration) ..... yrs. ..... mos. 28 ds.

CONTRIBUTORY (Secondary) Nil

(Duration) ..... yrs. ..... mos. 28 ds.

(Signed) D. B. Baldwin M. D.

Sept-21., 1916. (Address) 1239 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death [illegible] yrs. mos. 15 ds. In the State [illegible] yrs. mos. 28 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1111 McDonogh St.

19-PLACE OF BURIAL OR REMOVAL, ... DATE OF BURIAL, ..., 191...

20-UNDERTAKER ..... ADDRESS .....

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 98361 — 170 — C 98361

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1709 Bel — ST.; 24 — WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Byrne

(Residence in Baltimore: No. 1709 Bel St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April 25th, 1878 (Month) (Day) (Year)

7-AGE, 38 yrs. 4 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Michael Byrne

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Kane

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Byrne

(Address) 1709 Bel St

15-SEP 23 1916 ROBERT R. KRAUTH

Filed ....., 191.... Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 20, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7 1916, to Sept 20 1916, that I saw him alive on Sept 19 1916, and that death occurred, on the date stated above, at 1231 m.

The CAUSE OF DEATH* was as follows:

1st Chronic Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jacob Frahm M. D.

Sept 22 1916 (Address) 1923 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Sept 22 191.6

20-UNDERTAKER John J Doran — ADDRESS Bank & Lane Sts

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

098562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 098562

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hosp ST., 12 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Hodgson

(Residence in Baltimore: No. 431 Pinkney St.; — yrs., 8 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... Mar (Month) 23 (Day), 1894 (Year)

7-AGE,	If LESS than 1 day,
22 yrs. 5 mos. 29 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmworker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), W. Va.

PARENTS.

10-NAME OF FATHER, John J. Hodgson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Edith Swallwood

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamye Henry

(Address) Delta Pa

15-

SEP 23 1916 191.... BOBERT R. KRAUTER

Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 22 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 4 1916, to Sept 22 1916, that I saw h[illegible] alive on Sept 22 1916, and that death occurred, on the date stated above, at 1.50 a.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) ..... yrs. ..... mos. 1 3 ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Elmer Yeatrom M. D.

9-22, 1916 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. 1 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 431 Pinkney

19-PLACE OF BURIAL OR REMOVAL, York, York Co Pa

DATE OF BURIAL, Sep 23, 1916

20-UNDERTAKER Wm Cook

ADDRESS 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

098363 108 098363

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hahnemann Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rucker Hospital.

(Residence in Baltimore: No. 2629 E Madison St. St.; 27 yrs., 3 mos. 23 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. May (Month) 29th (Day), 1889 (Year)

7-AGE. 27 yrs. 3 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Duties
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, William Hellman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick J. Dolzke

(Address) 2629 E. Madison St.

15- SEP 23 1916 Filed ROBERT R. KNAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sep (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sep 3 1916, to Sep 21 1916, that I saw her alive on Sep 20 1916, and that death occurred, on the date stated above, at 6.50 a.m.

The CAUSE OF DEATH* was as follows:

Acute appendicitis

Operation on Sep 6/16

(Duration) yrs. 0 mos. 19 ds.

CONTRIBUTORY (Secondary) General Peritonitis

(Duration) yrs. mos. 5 ds.

(Signed) Louis Vogt M. D.

Sep 22, 1916 (Address) 2601 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 18 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 2629 E Madison St

Former or usual residence 2629 E Madison St

19-PLACE OF BURIAL OR REMOVAL. Western Cemetery

DATE OF BURIAL. Sept 25, 1916

20-UNDERTAKER Mr & Mrs John H. Teufel

ADDRESS 801 N. Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 098364 — 24 — 098364

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. Hahnemann Gen'l Hosp. St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joshua Nelson

(Residence in Baltimore: No. 1617 Division St. St.; yrs. 45 mos. 3 ds. 7 days)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 18 (Day), 1871 (Year)

7-AGE, 45 yrs. 3 mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Samuel J. Nelson

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Matilda Myers

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary A. Butler

(Address) 1617 Division St

15- Filed SEP 23 1916, 191.... ROBERT E. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 18 1916, to Sept. 20 1916, that I saw him alive on Sept 20 1916, and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Lockjaw (Tetanus)

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Dying to foot — punctured wound in foot.

(Duration) ....yrs. about mos. 14 ds.

(Signed) M Bowman Lockard M. D.

Sept 21, 1916. (Address) 626 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 2 mos. ....ds. In the State 45 yrs. (mos.) ds.

Where was disease contracted, if not at place of death? 1617 Division St.

Former or usual residence 1617 Division St.

19-PLACE OF BURIAL OR REMOVAL. Lamel Cem DATE OF BURIAL. Sept 23rd, 1916

UNDERTAKER George H. Holland ADDRESS 517 Robert St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C98365

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 Brener ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy R Jones

(Residence in Baltimore: No. 1137 Brenter St.; ..... yrs. 2 mos. 8 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	Colred	Single

6-DATE OF BIRTH, July (Month) 13 (Day), 1916 (Year)

7-AGE, ... yrs. 2 mos. 8 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Carlton Johnson

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Susie Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susie Jackson

(Address) 1308 Argyle ave

15 Filed SEP 23 1916, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 20 1916, to Sept 22 1916, that I saw her alive on Sept 21 1916, and that death occurred, on the date stated above, at 1.15 A m.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) C. Wallace Tyer M. D.

Sept 22, 1916 (Address) 1928 Pennsylvania Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Sept 23 1916

20-UNDERTAKER George M. Holland — ADDRESS 577 Robert St.

Spec.—8-24-14—M. & T.—2000 Bks.

C98366

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98366

CERTIFICATE OF DEATH.

REGISTERED NO. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Robins.

(Residence in Baltimore: No. 1024 Granby St. St. 20 yrs., mos., da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH, Unknown (Month), (Day), 18[illegible] (Year)

7-AGE, 70 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Record

(Address) St. Joseph's Hospital

15- Filed SEP 23 1916, 191... ROBERT R. KRAUTH, Clerk
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 7 1916, to Sept 21 1916, that I saw him alive on Sept 20 1916, and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) 1 yrs. 2 mos. da.

CONTRIBUTORY (Secondary) Chronic Rheumatism

(Duration) 2 yrs. 2 mos. da.

(Signed) Ernest [illegible] M. D.

9/22/16, 191... (Address) St. Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. mos. ds. In the State 70 yrs. mos. ds.

Where was disease contracted, if not at place of death? 1024 Granby St

Former or usual residence 1024 Granby St

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart

DATE OF BURIAL, 9/22, 1916

20-UNDERTAKER Wm. P. Cornetson

ADDRESS 1180 N. Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98367 x 113 C98367

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Stintz

(Residence in Baltimore: No. St. Joseph's Hospital St.; yrs., mos. 2 da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, (MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, November (Month) 7 (Day), 1872 (Year)

7-AGE, 44 yrs. 11 mos. 17 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Maid
(b) General nature of industry, business, or establishment in which employed (or employer): duties

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Louis Lucas

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER —

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Taylor

(Address) 3922 Eastern Ave

15- Filed SEP 23 1916, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 20th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 18 1916, to Sept 20 1916, that I saw her alive on Sept 20 1916, and that death occurred, on the date stated above, at 6.30 A.m.

The CAUSE OF DEATH* was as follows:

Atrophic Cirrhosis of Liver

(Duration) don't know da.

CONTRIBUTORY (Secondary) Acute oedema of Lungs

(Duration) yrs. 1 mos. da.

(Signed) William F. Ouella M. D.

Sept 20, 1916. (Address) St. Jos Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence 3922 Eastern Ave

19-PLACE OF BURIAL OR REMOVAL. Bait Co Cemetery DATE OF BURIAL Sept 23, 191..

20-UNDERTAKER Harry T. Witzke ADDRESS 814 Gough

C98368

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C98368

151

REGISTERED NO. C

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1402 E. Lombard St. 3 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Infant of Ida + Louis Goldstein

(Residence in Baltimore: No. 1402 E. Lombard St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) child

6 DATE OF BIRTH Sept (Month) 22nd (Day), 1916 (Year)

7 AGE ... yrs. ... mos. ... ds. | If LESS than 1 day 11 hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer)

PARENTS

9 BIRTHPLACE (State or country) Baltimore Md

10 NAME OF FATHER Louis Goldstein

11 BIRTHPLACE OF FATHER (State or country) Russia

12 MAIDEN NAME OF MOTHER Ida Platt

13 BIRTHPLACE OF MOTHER (State or country) Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jack Seirs

(Address) 1411 E. Balto.

15 Filed SEP 23 1916, 191 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept. (Month) 22 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept. 22nd, 1916, to Sept 22nd 1916.

that I saw h[illegible] alive on Sept. 22nd, 1916

and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) M. L. Hoffman M. D.

Sept. 22nd, 1916 (Address) 1431 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. | In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Hebrew Mt. Carmel | DATE OF BURIAL 9/24, 1916

20 UNDERTAKER Jack Seirs | ADDRESS E Balto St

HEALTH DEPARTMENT–CITY OF BALTIMORE

CERTIFICATE OF DEATH

B C98369 — 1PLACE OF DEATH — 104 — REGISTERED No. C 98369

CITY OF BALTIMORE (No. 509 W Saratoga St. 4 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Hayes

(Residence in Baltimore: No. 509 W Saratoga St.; yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): infant

6-DATE OF BIRTH: unknown (Month), (Day), 1915 (Year)

7-AGE: about 1 yrs. 6 mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): unknown

PARENTS

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or country): unknown

12-MAIDEN NAME OF MOTHER: Nannie (?)

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Isabelle Jones Lee

(Address) 509 W Saratoga St.

15. Filed SEP 23 1916 — ROBERT R. KRAUTER Registrar — Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: September (Month) 22 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1916, to Sept 18 1916, that I saw him alive on Sept 15, 1916, and that death occurred, on the date stated above, at 8 30 A.M.

The CAUSE OF DEATH* was as follows:

marasmus

(Duration) unknown yrs. mos. ds

Contributory (SECONDARY) Ileo-colitis

(Duration) unknown yrs. mos. ds.

(Signed) Chester Roland, M. D.

9-22-, 1916. (Address) 253 N. Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. — In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: W. M. Auburn Co. — DATE OF BURIAL: Sept 23, 1916

20-UNDERTAKER: Chas. A. Handley — ADDRESS: 5 S. Eutaw

C98370

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 C98370

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 616 E Clement St. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Welt

(Residence in Baltimore: No. 616 E Clement St.; yrs. 4 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: May 6 (Month) (Day), 1916 (Year)

7-AGE: ..... yrs. 4 mos. 15 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Joseph Welt

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Jennie Crooke

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph Welt

(Address) 616 E. Clement

15- SEP 23 1916 Filed ....., 191.....

ROBERT B. KRAUSE

Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept 21 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 11, 1916, to, Sept 21 1916, that I saw h. alive on Sept 21 1916, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) 0 yrs 0 mos 10 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos ..... ds.

(Signed) John H. Buchanan M. D.

Sept 22, 1916 [Address] 2100 Harford Rd

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Holy Cross Cem. a.a. DATE OF BURIAL: Sept 23, 1916

20-UNDERTAKER: H. F. M. D. Flynn ADDRESS: 1422 Light St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98371

C98371

CERTIFICATE OF DEATH.

x30

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. University Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Connor

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. 10 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) ....., 1893 (Day) (Year)

7-AGE, 23 yrs. ..... mos. ..... da.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, William Washington

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Louise Connor

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital Record

(Address).....

15- SEP 23 1916 HARRY C. ANDREWS

Filed....., 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 12 1916, to Sept 22 1916, that I saw her alive on Sept 22 1916, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

1. Basilar Meningitis

.....

.....

..... (Duration) ..... yrs. ..... mos. 10 da.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) ..... M. D.

9/22, 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 10 da. In the State unknown yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? unknown

Former or usual residence Glendening, Md

19-PLACE OF BURIAL OR REMOVAL, Furnace Branch — DATE OF BURIAL, Sept 23, 1916

20-UNDERTAKER J. R. Brown and Son — ADDRESS 1087 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 098372

CERTIFICATE OF DEATH.

C 098372

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1149 Ridgely ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Viola E. D Gardner

(Residence in Baltimore: No. 1149 Ridgely St.; ....yrs., 8 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word) Single

6-DATE OF BIRTH, Dec (Month) 29 (Day), 1915 (Year)

7-AGE, ...yrs. 8 mos. 21 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Frank Gardner

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Blanch East

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Gardner

(Address) 1149 Ridgely st

15- SEP 23 1916 Filed ..... 191.....

HARRY S. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 11 1916, to Sept 22 1916, that I saw h[illegible] alive on Sept 21 1916, and that death occurred, on the date stated above, at 4 0 m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ....yrs. 11 mos. 30 ds.

CONTRIBUTORY (Secondary) Insanity

(Duration) ....yrs. ....mos. 11 ds.

(Signed) L. M. Lemmon M. D.

Sept 22 1916 (Address) 826 W. Currall

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral cemetery

DATE OF BURIAL, Sept 23, 1916

20-UNDERTAKER, James Dryman & Son

ADDRESS 1000 S. Paca St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98373

HEALTH DEPARTMENT---CITY OF BALTIMORE

151 C98373

CERTIFICATE OF DEATH

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1831 Covington ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nettie E. Butts

(Residence in Baltimore: No. 1831 Covington St.; ..... yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female. 4-COLOR OR RACE White 5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

6-DATE OF BIRTH Sept. (Month) 22 (Day), 1916 (Year)

7-AGE 40 minutes yrs. mos. ds. If LESS than 1 day, ... hrs., or 40 min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10-NAME OF FATHER Elton T. Butts

11-BIRTHPLACE OF FATHER (State or country) Leesburg Va

12-MAIDEN NAME OF MOTHER Nettie M Stingray

13-BIRTHPLACE OF MOTHER (State or country) Frederic Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elton T Butts

(Address) 1831 Covington

15- Filed SEP 23 1916, 191 HARRY C. ATTREVS Deputy Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Sept. (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....., 191....., to, ... 191.....,
that I saw h..... alive on ..... 191.....,
and that death occurred, on the date stated above, at 12 Noon m.

The CAUSE OF DEATH* was as follows:

Premature birth

..... (Duration) ..... yrs ..... mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs ..... mos. ..... ds.

(Signed), C. Mann M. D.
Sept. 22 1916. [Address] 1234 Eight St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Cedar Hill Cem. DATE OF BURIAL Sept 23 1916

20-UNDERTAKER Mrs. J. E. Evans & Sons ADDRESS 1428 St. Charles St

Spec.—8-24-14—M. & T.—2000 Bks.

C98374

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98374

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 Cutlander Ave. ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Lee

(Residence in Baltimore: No. 909 Cutlander Ave. St.: ..... yrs. 3 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. June (Month) 3 (Day), 1916 (Year)

7-AGE. ..... yrs. 3 mos. 19 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER. William Lee

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Anna Green

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Lee

(Address) 909 Cutlander Ave

15-

Filed SEP 23 1916, 191..... HARRY C. ANDREWS

Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept. (Month) 22 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept. 19 1916, to Sept 22 1916, that I saw h.r alive on Sept. 21, 1916, and that death occurred, on the date stated above, at 1:30 a. m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Marasmus

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. C. Bowers M. D.

Sept. 23, 1916 (Address) 1520 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel Cemetery

DATE OF BURIAL. Sept 27. 1916

20-UNDERTAKER H. C. Gross

ADDRESS 1405 Mercedes

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 98375 B 98375

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.: 6 WARD)

REGISTERED NO. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mary Hanson

(Residence in Baltimore: No. Church Home & Inf St.: 0 yrs., 0 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, ? (Month) ? (Day) 1848 (Year)

7-AGE, 68 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: house-work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Chestertown Md

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Church Home Infy

(Address) W Baltimore

15- Filed SEP 23 1916 1916 HARRY G. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 30 1916, to Sept 23 1916, that I saw h[illegible] alive on Sept 23 1916, and that death occurred, on the date stated above, at 1a m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) ....yrs. ....mos. 24 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. McHarmon M. D.

Sept 23 1916 (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 24 ds. In the State 68 yrs. ? mos. ? ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence Chestertown Md

19-PLACE OF BURIAL OR REMOVAL, Chestertown Md DATE OF BURIAL, Sept 26 1916

20-UNDERTAKER Stevenson Morris & Co ADDRESS 108 W Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98376 151 C98376

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1826 E. Madison St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert A. Lewis

Residence in Baltimore: No. 1826 E. Madison St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Sept 13th, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. ...mos. 9 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION: Trade, profession, or particular kind of work: None

General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

10-NAME OF FATHER, Henry F. Lewis

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Catherine Calvary

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry F. Lewis

(Address) 1826 E Madison st

SEP 23 1916 HARRY C. ANDREWS

d. ..... 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 22nd, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept 21 191 6, to Sept 22 191 6, that I saw h in alive on Sept. 21 191 6, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Prostration

(Duration) ...yrs. 1 mos. ...ds.

(Signed) Cord Pelnick M. Dr.

Sept 23, 191 6 (Address) 701 W Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, Sept 23 1916

20-UNDERTAKER Geo M. Frick

ADDRESS 811 N Howard

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

698377 55 C98377

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 9 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thos. Silva.

(Residence in Baltimore: No. 2615 Boone St. St.; 2 Yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sing

6-DATE OF BIRTH, June 23, 1913. (Month) (Day) (Year)

7-AGE. 3 yrs. 7 mos. 4 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none,
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country) Balto md.

PARENTS.

10-NAME OF FATHER, P. Silva.

11-BIRTHPLACE OF FATHER (State or Country), mexico.

12-MAIDEN NAME OF MOTHER Blanche Imustall

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) P. Silva.
(Address) Johns Hopkins Hosp.

15- Filed SEP 23 1916, 191.. HARRY C. ANDREWS Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 21, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 20 1916, to Sept. 21 1916, that I saw him alive on Sept. 21 1916, and that death occurred, on the date stated above, at 1.55 a m.

The CAUSE OF DEATH* was as follows:

Acidosis

(Duration) 0 yrs. 0 mos. 2 ds.

CONTRIBUTORY (Secondary) none

(Duration) yrs. mos. ds.

(Signed) D. C. W. Smith M. D.
Sept. 21, 191.. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. 1 mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? —
Former or usual residence 2615 Boone St.

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Sept. 23, 1916.

20-UNDERTAKER Wm. H. A. Elliott — ADDRESS 505 East St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 098378 1 C98378

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Md General Hosp REGISTERED NO. C

CITY OF BALTIMORE: (No. 19 St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Thompson

(Residence in Baltimore: No. 514 N. Bruce St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (*Write* the word.) Widowed

6-DATE OF BIRTH, Unknown (Month) (Day), 1881 (Year)

7-AGE, 35 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laundress
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, William Williams.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie Tripp

13-BIRTHPLACE OF MOTHER (State or Country), Howard County

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs R. Mathews

(Address) 514 N. Bruce St.

SEP 23 1916

Filed ....., 191.... HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 20 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 16 1916, to Sept 20 1916, that I saw her alive on Sept 20 1916, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elmer Wyscarver M. D.

9-20-, 1916 (Address) Md. General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 514 N Bruce

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cem

DATE OF BURIAL. Sept 22, 191...

20-UNDERTAKER Wm. Edward W. Pye

ADDRESS 611 Winters Ave. Eatons.

N. B.—Every item of information should be carefully supplied. Age should be given in every case. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98379 C98379 91

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 837 - Druid Hill Ave St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thelma Harris

(Residence in Baltimore: No. 837 Druid Hill Ave St.; — yrs., — mos. 23 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, ... 8 (Month) — 30 (Day), 1916 (Year)

7-AGE, — yrs. — mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Painton Harris

11-BIRTHPLACE OF FATHER, (State or Country), Va.

12-MAIDEN NAME OF MOTHER Norma Alexander

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph A Farrell

(Address) 1319 Division St.

15-

Filed SEP 23 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 9 (Month) — 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9 — 17 — 1916, to 9 — 21 — 1916, that I saw her alive on 9 — 21 — 1916, and that death occurred, on the date stated above, at 6.15 P m.

The CAUSE OF DEATH* was as follows:

..... Bronchio - Pneumonia

.....

.....

..... (Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) W. T. Cargill M. D.

9/22/, 1916 (Address) 930 W Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL, Sept 25, 1916

20-UNDERTAKER Joseph A. Farrell

ADDRESS, 1319 Division St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98580 + 136 C98580

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C 25

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Joyce Zeller

(Residence in Baltimore: No. 7 Church Home Infirmary St.: yrs., mos. 2 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept (Month) 19 (Day), 1898. (Year)

7-AGE, 17 yrs. 11 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Marlboro Md

PARENTS.

10-NAME OF FATHER, Henry Clay Gooding

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Co

12-MAIDEN NAME OF MOTHER Ella V. Preston

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- DAVID C. ARNOLD

Filed Aug 24, 1916 Chas. J. Wade Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 22 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 21 1916, to Aug 22 1916, that I saw her alive on Aug 22 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Eclampsia

Caesarean section

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) T. Stuart Cullen M. D.

Aug 22, 1916 (Address) Church Home Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Fairfield Md

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem DATE OF BURIAL, Aug 25, 1916

20-UNDERTAKER Fred A Krause ADDRESS 703 Hanover

Spec.—8-24-14—M. & T.—2000 Blks.

C98381 C98381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 S. Castle ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Valentine Baubert

(Residence in Baltimore: No. 113 S. Castle St. St.; 14 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April (Month) 19 (Day), 1915 (Year)

7-AGE, 1 yrs. 5 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George Baubert

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Maud Pedrow

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Baubert.

(Address) 113 S. Castle St.

15- SEP 23 1916 Filed, 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 22 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 17 1916, to Sept 21 1916, that I saw h[im] alive on Sept 21 1916, and that death occurred, on the date stated above, at 8.45 A.m.

The CAUSE OF DEATH* was as follows:

Ileo colitis & Gastro enteritis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY. (Secondary) Toxemia & Heart failure

(Duration) yrs. mos. 2 ds.

(Signed) Thos. A. Burtnett M. D.

10-22, 191 6 (Address) 1621 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Sept. 24, 191 6

20-UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St.

N. B.—Every item of information should be carefully supplied. ADDRESS should be STREET. FITNESS should be stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B 098382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 098382

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 N. Gilmor ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm H Hoch

(Residence in Baltimore: No. 112 N. Gilmor St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, ... (Month) Sept. (Day) 21, (Year) 1916

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 12 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Nicholas Hoch

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Annie Zeiler

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nicholas Hoch

(Address) 112 N. Gilmor

15-

Filed SEP 23 1916, 191.... HARRY C. ANDREWS

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 22, (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 21 191 6, to Sept 22 191 6, that I saw h[illegible] alive on Sept 21 191 6, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows: Premature Birth

Seven months

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

Sept 22 191 6 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Redeemer Cem	Sept 23 1916
20-UNDERTAKER Tully & Zeiler	ADDRESS 4035 W Fay

R. B.—Every item of information should be carefully supplied. Age, month or day if under one year, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

096583 096583

REGISTERED NO. C 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2016 Fleet St ST.: V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julius Will

(Residence in Baltimore: No. 2016 Fleet St St.: 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. W. Fute

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March (Month) 1st (Day) 1849 (Year)

7-AGE, 67 yrs. 5 mos. ? ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Ice Cream
(b) General nature of industry, business, or establishment in which employed (or employer). business

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Will

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Catherine Lauer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Will

(Address) 2016 Fleet St

15- SEP 23 1916 Filed ....., 191.... HARRY C ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 20 (Day) —, 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 5 1916, to Sept 20 1916, that I saw h[illegible] alive on Sept 20 1916, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Colitis

(Duration) yrs. mos. 3 ds.

(Signed) J. C. Slade M. D.

191... (Address) 142 N Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cem. DATE OF BURIAL, Sept 24, 1916

20-UNDERTAKER H. Sinder & Sons ADDRESS 1710 Fleet St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C98584 HEALTH DEPARTMENT—CITY OF BALTIMORE 104 C98584

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 N Vincent ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ellen Watkins

(Residence in Baltimore: No. 929 N Vincent St.: yrs. 1 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Child

6-DATE OF BIRTH, July (Month) 20 (Day), 1915 (Year)

7-AGE, 1 yrs. 2 mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Louis Watkins

11-BIRTHPLACE OF FATHER (State or Country), Howard Co. Md.

12-MAIDEN NAME OF MOTHER Mary Ann Baynor

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo C. Shannon

(Address) 700 Fulton Ave

15- Filed SEP 23 1916 HARRY C ANDREWS Registrar. Burial Permit ...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 14 1916, to Sept 22 1916, that I saw h er alive on Sept 21 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Entero Colitis

(Duration) 1 yrs. 1 mos. 8 ds.

CONTRIBUTORY (Secondary) Dentition

(Duration) 1 yrs. 1 mos. 1 ds.

(Signed) George C. Shannon M. D.

, 191... (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Sept 24 1916

20-UNDERTAKER Hamme & Smyth ADDRESS 1536 Mary

N. B.—Every item of information should be carefully supplied. Age should be given in years, months and days. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98585 HEALTH DEPARTMENT—CITY OF BALTIMORE C98585

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Walker

(Residence in Baltimore: No. 1305 Brent St St.; ..... yrs., 4 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	negro	Single

6-DATE OF BIRTH. May 6, 1916 (Month) (Day) (Year)

7-AGE. ..... yrs. 4 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Henry Walker

11-BIRTHPLACE OF FATHER (State or Country). Penn

12-MAIDEN NAME OF MOTHER Rhoda

13-BIRTHPLACE OF MOTHER (State or Country). Penn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Easton

(Address) 916 Penna ave

15- Filed SEP 23 1916 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Sept 22, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 18 1916, to Sept 22 1916, that I saw her alive on Sept 22 1916, and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edwin E Magruder M. D.

9/23, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. 4 mos. ..... ds.

Where was disease contracted, if not at place of death? 1305 Brent St

Former or usual residence same

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn — DATE OF BURIAL. Sept 23 1916.

20-UNDERTAKER Samuel Easton — ADDRESS 916 Penna ave

N. B.—Every item of information should be carefully supplied. ACCURACY in giving the exact LOCALITY, PHYSICIAN'S name and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98586

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98586

89

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1923 E North Ave St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Edwin Nonemaker

(Residence in Baltimore: No. 1923 E North Ave St.; — yrs., 7 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, February (Month) 7 (Day), 1916 (Year)

7-AGE, — yrs. 7 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Albert E Nonemaker

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Mable Banks Burgan

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert E. Nonemaker

(Address) 1923 E North Ave

15- FILED SEP 23 1916 1916 HARRY C ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 19th 1916, to September 22nd 1916, that I saw him alive on September 22nd 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Empillary Bronchitis

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm Leonard Brooks, M. D.

Sept. 22nd, 1916. (Address) 1900 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green-Mount Cemetery DATE OF BURIAL, Sept 24, 1916

20-UNDERTAKER Wm Cook ADDRESS 502 E North

Dr Brooks 1900 Maryland Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHRASES about CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98587 ● C98587

CERTIFICATE OF DEATH.

42

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 10 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan O'Neil

(Residence in Baltimore: No. 916 E. Biddle St St.; 70 yrs., 10 mos. 6 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated by years, months and days. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November 15th (Month) 15 (Day), 1845 (Year)

7-AGE, 70 yrs. 10 mos. 6 ds.

If LESS than 1 day, ...hrs. or....mts.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Owen O'Neil

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Margaret McGrath

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emory Mullen

(Address) 916 E. Biddle St

15- SEP 23 1916 191 HARRY C. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 20 1916, to Sept 21 1916, that I saw her alive on Sept 21 1916, and that death occurred, on the date stated above, at 11.25 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

Disease (Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 3 yrs. mos. ds.

(Signed) Emma E Yeager M. D.

9/22, 1916. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State 70 yrs. mos. ds.

Where was disease contracted, if not at place of death? 1032 Aliceanna St

Former or usual residence 916 E Biddle St

19-PLACE OF BURIAL OR REMOVAL, Cathedral

DATE OF BURIAL, Sept 25, 1916.

20-UNDERTAKER J. C. Bradfield

ADDRESS 824 Gilmor St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98588 — CERTIFICATE OF DEATH. — 104 — C98588

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 309 W Preston St.; 11 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Howard

(Residence in Baltimore: No. 309 W Preston St. yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. C

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Jan 10th (Month) (Day), 1916 (Year)

7-AGE, ...yrs. 8 mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, James Howard

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Maggie Saunders

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Howard

(Address) 309 W Preston St

15-

Filed....., 191.... NANCY C. ANDREWS Registrar.

SEP 23 1916 Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 22, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 22 191 6 to Sept 22 191 6, that I saw h e alive on Sept 22 191 6, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Gastro-enteritis

8 ds.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

9-22-16, 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Sept. 24, 191..

20-UNDERTAKER Thos F. Elliott — ADDRESS 56 East St

N. B.—Every item of information should be carefully supplied. ACCURACY IN STATING AGE, RACE, AND PLACE OF BIRTH IS VERY IMPORTANT. PHYSICIAN'S CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C98589 C98589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 172

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E. Poole

(Residence in Baltimore: No. 1825 W. Saratoga St.: 34 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. Dont know (Month) (Day), 1841 (Year)

7-AGE. 75 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). At home

9-BIRTHPLACE, (State or Country). Howard Co Maryland.

PARENTS.

10-NAME OF FATHER. Aaron Poole.

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Neale

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Wellington E. Morley

(Address). Washington Park

15-

Filed SEP 23 1916 191

HARRY C. [illegible]
Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. September (Month) 23 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 3 1916 to Sept 23 1916, that I saw her alive on Sept 23 1916, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Fractured neck of left femur [illegible] Md. Gen. Hosp.

(Duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(Duration) yrs. mos. ds.

(Signed) Gal Bauden M. D.

Sept 23, 1916 (Address). Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 20 ds. In the State 75 yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1825 W. Saratoga St.

19-PLACE OF BURIAL OR REMOVAL. Western Cemty

DATE OF BURIAL. Sept 25, 1916

20-UNDERTAKER Williams Cook

ADDRESS 302 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. THIS HEAD should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98590

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98590

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 329 S. Calhoun ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maud Alice Schumacher

(Residence in Baltimore: No. 329 S. Calhoun St.: 40 yrs., 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.): Married

6-DATE OF BIRTH: November 28, 1875
(Month) (Day) (Year)

7-AGE: 40 yrs. 10 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Howard A Knauff

11-BIRTHPLACE OF FATHER (State or Country): Frederick Md

12-MAIDEN NAME OF MOTHER: Alice Dixon

13-BIRTHPLACE OF MOTHER (State or Country): Frederick Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): William F Schumacher

(Address): 329 S. Calhoun St

15- SEP 23 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: September 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25 1916, to Sept 22 1916, that I saw her alive on Sept 21 1916, and that death occurred, on the date stated above, at 12.30 a. m.

The CAUSE OF DEATH* was as follows:

Brights Disease

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Endocarditis

(Duration) yrs. 2 mos. ds.

(Signed) Asa L. Wessels M. D.

Sept 22 1916 (Address) 2545 Frederick Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death: yrs. mos. ds. In the State: yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cemetery

DATE OF BURIAL: Sept 22, 1916

20-UNDERTAKER: F B Wisgert

ADDRESS: 2238 Frederick Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

S 128 C98591

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hahnemann Med Hospital St.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Beard

(Residence in Baltimore: No. 527 N. Mount St. St.; 75 yrs. mos. da.)

N. B.—Every item of information should be carefully supplied. AGE, name of wife or husband, and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Married

6-DATE OF BIRTH, ..., 1841 (Month) (Day) (Year)

7-AGE, 75 yrs. ..... mos. ..... da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Hunterdon Co Md

PARENTS.

10-NAME OF FATHER, Alfred Addison

11-BIRTHPLACE OF FATHER (State or Country), Hunterdon Co Md

12-MAIDEN NAME OF MOTHER Martha Hankins

13-BIRTHPLACE OF MOTHER (State or Country) Prince Georges Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L Beard

(Address) 527 N. Mount St.

15- Filed SEP 23 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 21st, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 17 1916, to Sept 21 1916, that I saw h[illegible] alive on Sept 21 1916, and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Eclampsia

..... (Duration) ... yrs. 5 mos. 5 ds.

CONTRIBUTORY (Secondary) Uraemic Poisoning

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) Dr Chas G McCarthy M. D.

Sept 21, 1916. (Address) 956 N. Arlington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 2 ds. In the State 24 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 527 N Mount St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Sept 24 1916

20-UNDERTAKER Hilbert Brown ADDRESS 306 N. Mount St

Spec.—8-24-14—M. & T.—2000 Bks.

B 098592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

B 098592

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgia Zeiman

(Residence in Baltimore: No. 2221 E Madison St.; yrs. 7 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Single

6-DATE OF BIRTH, Sept 19, 1916
(Month) (Day) (Year)

7-AGE, yrs. 7 mos. 4 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Aulon Zeiman

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Minnie Arden

13-BIRTHPLACE OF MOTHER (State or Country) Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Center Zeiman

(Address) 2221 E Madison St

15 SEP 23 1916 NANCY C ANDREWS

Filed ..... 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 23, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 21 1916, to Sept 23 1916, that I saw h[illegible] alive on Sept 23 1916, and that death occurred, on the date stated above, at 9.05 P.M.

The CAUSE OF DEATH* was as follows:

Acute Laryngitis Edema Glottis

(Duration) yrs. mos. 1½ ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

9/23/, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. 7 mos. ds.

Where was disease contracted, if not at place of death? 2221 E Madison St

Former or usual residence same

19-PLACE OF BURIAL OR REMOVAL, Oak Hill Cem. DATE OF BURIAL, Sept 25, 1916

20-UNDERTAKER Frank Cook & Son ADDRESS 1806 E Monument

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98593 C98593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — CITY OF BALTIMORE: (No.) 718 N. Henry St. (St.) 21 (WARD) — REGISTERED NO. C 170

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Schwinn

(Residence in Baltimore: No.) 718 N. Henry (St.) (59 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, September 27, 1842 (Month) (Day) (Year)

7-AGE, 73 yrs. 9 mos. 26 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): R. A. Klages

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Mrs Brown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma D. Schwinn

(Address) 718 McHenry St

15- Filed SEP 23 1916, 191. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1916, to Sept-22 1916, that I saw h— alive on Sept-22 1916, and that death occurred, on the date stated above, at 9 40 a m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 7 yrs. mos. ds.

(Signed) Stephen A. Dr Amm M. D.

Sept 22, 191.. (Address) 1727 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, Sept 24, 1916

20-UNDERTAKER Joseph B Cook — ADDRESS 1003 N Gilt

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 98394

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucie Breedlove

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..... yrs., ... mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, March 31, 1885.
(Month) (Day) (Year)

7-AGE, 31 yrs. 5 mos. 23 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), West Va.

PARENTS.

10-NAME OF FATHER, Ament Martin

11-BIRTHPLACE OF FATHER (State or Country), W. V.

12-MAIDEN NAME OF MOTHER Rachel Sneider

13-BIRTHPLACE OF MOTHER (State or Country) W. V.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph W. Martin

(Address) Grafton W. Va.

15.. SEP 24 1916 HARRY C. ANDREWS
Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 23, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 19 1916, to Sept 23 1916, that I saw her alive on Sept 23 1916, and that death occurred, on the date stated above, at 1200 m.

The CAUSE OF DEATH* was as follows:

Brain tumor
Cholecystotomy 4 days ago
(Duration) 2 yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Operation
(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) C E Hardy M. D.
....., 191... (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. 4 ds.

Where was disease contracted, if not at place of death? Grafton W. Va

Former or usual residence Grafton W. Va

19-PLACE OF BURIAL OR REMOVAL, Grafton W. Va — DATE OF BURIAL, Sept. 24, 1916

20-UNDERTAKER Albert C Fuller — ADDRESS 220 N Bway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If infants, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C98595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

122

C98595

1-PLACE OF DEATH Baltimore

CITY OF BALTIMORE: (No. 506 N. Gilmor st ST.: 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. John F. McLaughlin

(Residence in Baltimore: No. 506 N. Gilmor St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) — (Day) — 1853 (Year)

7-AGE, 63 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Telegraph Operator
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Daniel [illegible] McLaughlin

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER do not know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lydia Loyles

(Address) 506 N. Gilmor st

15- SEP 24 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 23 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 14 1916, to Sept 22 1916, that I saw h[illegible] alive on Sept 22 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

..... Acute renal insufficiency.

..... (Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Generalized sclerosis

(Central.) (Duration) 3 yrs. ....mos. ....ds.

(Signed) ..... Turner T. Shad M. D.

Sept 23 1916. (Address) 735 N. Dallon Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn

DATE OF BURIAL, 9/25..., 1916

20-UNDERTAKER 6 H McCormick

ADDRESS 1931 N. Fayette st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98596

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1917 N. Calhoun ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Trayton Johnson

(Residence in Baltimore: No. 1019 N. Calhoun St.; 1 yrs., 6 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
male	Colored	single

6-DATE OF BIRTH, March 23, 1915.
(Month) (Day) (Year)

7-AGE, 1 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Arthur Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md. Balto, Md

12-MAIDEN NAME OF MOTHER Mary Briscoe

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur Johnson

(Address) 1017 N. Calhoun

15- SEP 24 1916 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 23, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) H. Whitehead M. D.
(Coroner)

Sept. 23, 1916. (Address) 19 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1017 N. Calhoun

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn	Sept 25, 1916
20-UNDERTAKER Samuel H. Kemp	ADDRESS 5 E. Baltimore

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40

C98397

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 N. Patterson Park Ave 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susanne L. Simmons

(Residence in Baltimore: No. 515 N. Patterson Park Ave St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Widow

6-DATE OF BIRTH, March 15, 1853
(Month) (Day) (Year)

7-AGE, 63 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, Robt Simmons

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alexander Simmons

(Address) 515 N. Patterson Park Ave

15- SEP 24 1916 Filed....., 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 22nd, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 15th 1916, to Sept 22nd 1916, that I saw h alive on Sept 21st 1916, and that death occurred, on the date stated above, at 7 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Hypostatic Congestion of Lungs

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Hypertrophy of Heart

(Duration) yrs. 2 mos. ds.

(Signed) Wilbert F. Templeton M. D.

9/22, 191.6 (Address) 1217 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Farmer or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto. Cem. DATE OF BURIAL, Sept 25, 1916

20-UNDERTAKER Jos. J. Burr 1914 E. Fayette ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98398

HEALTH DEPARTMENT---CITY OF BALTIMORE

C98398

CERTIFICATE OF DEATH

109

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1319 E Eager St. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fred Sorrells

(Residence in Baltimore: No. 1319 E Eager St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE ~~MARRIED~~ ~~WIDOWED~~ ~~DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: Dec 12, 1866 (Month) (Day) (Year)

7-AGE: 49 yrs. 6 mos. 10 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Chas Sorrells

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Catherine Eagle

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Catherine Sorrells

(Address) 1319 E Eager St

15- SEP 4 1916 HARRY C. ANDREWS Burial Permit Clerk

Filed....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept. 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1916, to, Sept 23 1916, that I saw h.....m alive on Sept 23 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Strangulated Hernia

(Duration) ..... yrs History of 4 Days mos. ds.

Contributory (SECONDARY)

(Duration) ..... yrs ..... mos. ..... ds.

(Signed) Emil E Hellwig M. D.

Sept 23, 1916 [Address] 1411 E Eager

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Sept 25, 1916

20-UNDERTAKER: Frank A. Fink — ADDRESS: 415 N Gay St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98399 C98399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1

1-PLACE OF DEATH

REGISTERED NO. C.

CITY OF BALTIMORE: (No. 2923 Pennsylvania Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George LeRoy Bowen

(Residence in Baltimore: No. 2923 Pennsylvania Ave St.; 11 yrs. 7 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feby (Month) 19 (Day), 1905 (Year)

7-AGE, 11 yrs. 7 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work School boy
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Edward L. Bowen

11-BIRTHPLACE OF FATHER (State or Country). Balto Co. Md

12-MAIDEN NAME OF MOTHER Gertrude E. Trager

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward L. Bowen

(Address) 2923 Pennsylvania Ave

15- Filed SEP 24 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 22 (Day), 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 22 1916, to Sept 22 1916, that I saw h[illegible] alive on Sept 22 1916, and that death occurred, on the date stated above, at 1235 P m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever,
Pneumonia

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage Heart Degeneration

(Duration) yrs. 1 mos. ds.

(Signed) E. Miles Wheeler M. D.

Sept 22, 1916 (Address) 2129 North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Woodlawn Cemetery

DATE OF BURIAL. Sept 24, 1916.

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B

C96400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

65

C96400

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 Aisquith ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Ruth Chittenden Norris

(Residence in Baltimore: No. 1302 Aisquith St.; 95 yrs. 5 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, April (Month) 11th (Day) 1821. (Year)

7-AGE, 95 yrs. 5 mos. 12 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Nathaniel Chittenden

11-BIRTHPLACE OF FATHER (State or Country), Massachusetts

12-MAIDEN NAME OF MOTHER Harriett Smith

13-BIRTHPLACE OF MOTHER (State or Country), Harford Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anne A. B. Norris

(Address) 1302 Aisquith st

15- SEP 24 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 23, (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 10, 1916, to Sept. 23, 1916, that I saw h[illegible] alive on Sept. 23, 1916, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral softening

(Duration) ? yrs. 10 mos. 28 ds.

(Signed) See Amos Nelson M. D.

Sept. 23, 1916. (Address) 1306 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Sept. 25th, 1916.

20-UNDERTAKER George Schilling & Sons — ADDRESS 1126 E Monument

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96401

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96401

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 S. Wolfe. St.; 2 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Weber

(Residence in Baltimore: No. 711 S. Wolfe. St.; yrs., 7 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word.)
Female	White	Single.

6-DATE OF BIRTH, July (Month) 3 (Day) 1916 (Year)

7-AGE, yrs. 2 mos. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) Infant.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Weber.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore,

12-MAIDEN NAME OF MOTHER Frances Kolodzeyzka

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Weber,

(Address) 711 S. Wolfe St.

15- SEP 1 1916 HARRY C. ANDREWS Filed ..... 191..... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 22 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 14 191 6, to Aug 22 1916, that I saw h m alive on Aug 22 1916, and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH* was as follows:

Congenital Weakness
(Congenital)
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Enteritis
(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) J. Wiesenfarth M. D.

Aug 22, 1916. (Address) 165 Brady

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Sept 25, 1916

UNDERTAKER Wm Fialkowski ADDRESS 165 Lanvale ave.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

96402

CERTIFICATE OF DEATH.

92 96402

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 S. Ann ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wadyslaw Wozniak.

(Residence in Baltimore: No. 217 S Ann St

St.; 28 yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Sept (Month) 2 (Day), 1887 (Year)

7-AGE, 29 yrs. ... mos. 19 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer). Tin Factory.

9-BIRTHPLACE, (State or Country). Germany.

PARENTS.

10-NAME OF FATHER. John Wozniak

11-BIRTHPLACE OF FATHER (State or Country). Germany.

12-MAIDEN NAME OF MOTHER. Josephine Kowalska

13-BIRTHPLACE OF MOTHER (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Wozniak

(Address) 217 S. Ann St.

15- SEP 24 1916 Filed ..... 191.....

HARRY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept. 21 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 15 1916, to Sept 21 1916, that I saw him alive on Sept 21 1916 and that death occurred, on the date stated above, at 1215 P m.

The CAUSE OF DEATH* was as follows:

Septi Pneumonia

(Duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) ... yrs. ... mos. ... ds.

(Signed) W. J. Kyan M. D.

Sept. 21, 191 6 (Address) 2008 Aliceanna

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Sept. 25 1916

20-UNDERTAKER William Fiaschou & ADDRESS 1618 Eastern ave

Spec.—8-24-14—M. & T.—2000 Bks.

B 98403

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 98403

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 Gough ST.; V WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph J. Vendetta

(Residence in Baltimore: No. 1732 Gough St.: — yrs., 1 mos. 27 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 26 (Day), 1916 (Year)

7-AGE, — yrs. 1 mos. 27 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Marshall Vendetta

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Anastasia Reese

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anastasia Vendetta

(Address) 732 Gough st.

15- Filed SEP 24 1916 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 21st 1916, to Sept 23rd 1916, that I saw him alive on ... 191, and that death occurred, on the date stated above, at 11 45 m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) .... yrs. .... mos. 2 ds.

CONTRIBUTORY (Secondary) —

(Duration) .... yrs. .... mos. .... ds.

(Signed) Jacob L. Levenson M. D.

9-24, 1916 (Address) 308 S. Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Cross	Sept. 25, 191..
20-UNDERTAKER	ADDRESS
Mudell Lyford Bro.	37 S. Ann

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

98404 98404

CERTIFICATE OF DEATH.

1

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Carrie V. Ray

(Residence in Baltimore: No. 518 Park Ave ST.; 5 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Aug (Month) 25 (Day) 1883 (Year)

7-AGE, 33 yrs. — mos. 29 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Secretary
(b) General nature of industry, business, or establishment in which employed (or employer): L. T. League

9-BIRTHPLACE, (State or Country), New Orleans, La.

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Nesbit

(Address) 516 Park Ave

15- Filed SEP 24 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 21 1916, to Sept 23 1916, that I saw h-- alive on Sept 23 1916, and that death occurred, on the date stated above, at 3:45 m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) [illegible] M. D.

Sept 23, 1916. (Address) Md Gen Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State 5 yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 516 Park Ave

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem — DATE OF BURIAL, Sept 25, 1916

20-UNDERTAKER Wm Cook — ADDRESS 502 North Ave

C98405

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

43

C98405

REGISTERED No. C.....

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 W. Lanvale St. St.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E. Reese

(Residence in Baltimore: No. 125 W. Lanvale St. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Nov (Month) 7 (Day) 1855 (Year)

7-AGE: 60 yrs. 10 mos. 16 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: John S. Reese

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Arnoldina O. Focke

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John S. Reese

(Address) 125 W. Lanvale St.

SEP 24 1916

Filed ....., 191

HENRY T. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: September (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....., 1915, to Sept 23, 1916, that I saw h[illegible] alive on Sept 22, 1916, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Mammary Carcinoma, operation - Return, general carcinosis -

(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY) .....

(Duration) 23 mos. ds.

(Signed) Eugene M. Vanty M. D.

Sept 23 1916. [Address] 200 W. Lafayette Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos ..... ds. In the State ..... yrs. ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Green Mound — DATE OF BURIAL: Sept 25 1916

20-UNDERTAKER: E. W. Mitchell & Co. — ADDRESS: 201 W. Lafayette

Spec.—8-24-14—M. & T.—2000 Bks.

C98406 HEALTH DEPARTMENT—CITY OF BALTIMORE C98406

CERTIFICATE OF DEATH.

REGISTERED NO. C 29

1-PLACE OF DEATH 623 E. 24th St.

CITY OF BALTIMORE: (No. Church Home Infirmary ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Mamie Utley

(Residence in Baltimore: No. Church Home & Infirmary St.: — yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, Feb 18, 1870 (Month) (Day) (Year)

7-AGE, 46 yrs. 7 mos. 4 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk in
(b) General nature of industry, business, or establishment in which employed (or employer): Store

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John R. Utley

11-BIRTHPLACE OF FATHER (State or Country), Conn.

12-MAIDEN NAME OF MOTHER Sarah Allison

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank D. Utley

(Address) 623 E. 24th St.

15- SEP 24 1916 HARRY C. ANDREWS

Filed ..... 191.. Burial Permit Clerk.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 22, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 19 1916, to Sept 22 1916, that I saw h en alive on Sept 22 1916, and that death occurred, on the date stated above, at 6 5 m.

The CAUSE OF DEATH* was as follows:

Gastric ulcer

(Duration) .... yrs. 9 mos. .... ds.

CONTRIBUTORY (Secondary) Mitral insufficiency

(Duration) 26 yrs. .... mos. .... ds.

(Signed) E. H. Peeten M. D.

Sept 22, 191.6 (Address) Church Home

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State 46 yrs. 7 mos. 4 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 623 E. 24th St.

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge — DATE OF BURIAL, Sept. 25 1916.

20-UNDERTAKER E. W. Mitchell & Co — ADDRESS 201 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98407 C98407

CERTIFICATE OF DEATH.

61

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 604 Bartlett Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hilbert Melvin Ward

(Residence in Baltimore: No. 604 Bartlett Ave St.; Life yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, July (Month) 28th (Day), 1916 (Year)

7-AGE, 1 yrs. 1 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, David Ward.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margarette Murphy

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David S. Ward

(Address) 604 Bartlett Ave.

15-

Filed SEP 24 1916 HENRY C. ANDREWS

Registrar

Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 23rd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 19th 1916, to Sept 23rd 1916, that I saw h[illegible] alive on Sept 23rd 1916, and that death occurred, on the date stated above, at 6:30 m.

The CAUSE OF DEATH* was as follows:

Lungs Cerebral Hemorrhage

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Sept 23rd, 1916. (Address) 2373 Pennsylvania Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park

DATE OF BURIAL. Sept 25 1916

20-UNDERTAKER Ruth & Turner

ADDRESS 1421 W Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

C98408

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98408

CERTIFICATE OF DEATH.

152

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Shpritz

(Residence in Baltimore: No. Hebrew Hospital St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. Sept 23, 1916 (Month) (Day) (Year)

7-AGE. 4 hrs. ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, 4 hrs. or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Hebrew Hosp. Balto. Md.

PARENTS.

10-NAME OF FATHER. Benjamin Shpritz

11-BIRTHPLACE OF FATHER (State or Country). Minsk, Russia

12-MAIDEN NAME OF MOTHER Diinah Perlman

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) B. Shpritz

(Address) Hebrew Hosp.

15- SEP 24 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 23 1916, to Sept 23, 1916, that I saw him alive on Sept 23 1916, and that death occurred, on the date stated above, at 10:25 P.m.

The CAUSE OF DEATH* was as follows:

Prolapse of Cord

.....

.....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Asphyxia

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) N. W. Voorsanger M. D.

Sept 23, 191.6 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 4 hrs mos. ..... ds. In the State ..... yrs. 4 hrs mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Hebrew Rosedale

DATE OF BURIAL. Sept 24, 1916

20-UNDERTAKER J. Levinson Bro

ADDRESS 1107 E Balto St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

98409 98409

CERTIFICATE OF DEATH.

REGISTERED NO. C 1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Fr Fredk Johnson Hosp ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Henry Dorsey

(Residence in Baltimore: No. 422 Boston St

St., Like mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August (Month) 2 (Day), 1896 (Year)

7-AGE, 20 yrs. 1 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Standard Coal Weigher
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, James McClure Dorsey

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mary Louise Evans

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Paul Fotterhoff

(Address) Baltimore City

15- Filed SEP 24 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 29 1916, to September 23 1916, that I saw him alive on September 23 1916, and that death occurred, on the date stated above, at 3:40 a. m.

The CAUSE OF DEATH* was as follows:

Contusion of Abdomen following

Injured Fall

(Duration) yrs. mos. 24 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Charles De Lee M. D.

Sept 23 1916 (Address) Fredk Johnson Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 24 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 422 Boston St

Former or usual residence Usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, 9.25, 1916

20-UNDERTAKER Harry W. Mason Son

ADDRESS 705 N. Calvert St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98410 C98410

CERTIFICATE OF DEATH.

63

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Children's Hospital School St.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith V. Moore

(Residence in Baltimore: No. 1520 School Street St.; 1 yrs. 6 mos. da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, June (Month) 23 (Day), 1915 (Year)

7-AGE, 1 yrs. 3 mos. 1 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Thomas E Emma

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Emma Moore

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Moore

(Address) 1410 Argyle Ave

15-

Filed SEP 24 1916, 191.... HARRY C. ANDREWS

Burial Permit Issued Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 24 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 22 1916, to September 24 1916, that I saw h[illegible] alive on September 23 1916, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Acute Anterior Poliomyelitis

(Duration) yrs. mos. 2 da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Gilbert C Breathed M. D.

Sept. 24, 191.6. (Address) Children's Hospital School

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 1 yrs. 3 mos. 1 da.

Where was disease contracted, if not at place of death? 1520 School Street

Former or usual residence "

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery DATE OF BURIAL, Sept 24 1916.

20-UNDERTAKER Geo. T. Hoelzel ADDRESS 517 N Bond St.

C98411 C98411 C98411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 104

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1425 Pennsylvania ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Addie Jones

(Residence in Baltimore: No. 1425 Penn. ave St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	Single

6-DATE OF BIRTH, July 5, 1916 (Month) (Day) (Year)

7-AGE, ..yrs. 2 mos. 15 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Nelson

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Ida Jones

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 832 Lanvale St

15- SEP 24 1916 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Bad Care

(Duration) ....yrs. ....mos. ....ds.

(Signed) B Whitehurst M. D.
(Coroner.)

Sept 24 1916 (Address) 819 Mulberry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). 25 yrs

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion — DATE OF BURIAL, Sept 24 1916

20-UNDERTAKER James H Dennis — ADDRESS 1303 Division

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98412 — 63 — C98412

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 2452 Greenmount Ave ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kenneth H Daley

(Residence in Baltimore: No. 2452 Greenmount Ave St.: 1 yrs. — mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug (Month) 3 (Day) 1916 (Year)

7-AGE, 1 yrs. — mos. 21 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work — None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Baltimore MD

PARENTS.

10-NAME OF FATHER, Henry E Daley

11-BIRTHPLACE OF FATHER (State or Country) Baltimore MD

12-MAIDEN NAME OF MOTHER Margaret E Ballew

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H E Daley

(Address) 2452 Greenmount Ave

15-

Filed SEP 25 1916 191 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Sept (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 22 191 6, to Sept 24 191 6, that I saw h[illegible] alive on Sept 23 191 6, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Acute Poliomyelitis

(Duration) yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Paralysis of Respiration

(Duration) yrs. mos. ds.

(Signed) Joseph E. Muse M. D.

Sept 24 191 6 (Address) 1520 Collins Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery — DATE OF BURIAL, Sept 25, 1916

20-UNDERTAKER Wm Cook — ADDRESS 502 E Monument

11 a. m.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98413

CERTIFICATE OF DEATH.

91

C98413

1-PLACE OF DEATH Womans Hospital REGISTERED NO. C

CITY OF BALTIMORE: (No. Johns Hopkins Lafayette Ave ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Margaret Edmonds -

(Residence in Baltimore: No. 1806 N. Calvert Street St.; 87 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, December 20, 1828. (Month) (Day) (Year)

7-AGE, 87 yrs. 9 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, William Shannon

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER not known -

13-BIRTHPLACE OF MOTHER (State or Country), Ireland -

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. L. Silvester

(Address) Womans Hospital

15- Filed SEP 25 1916 191 ROBERT R. KRAUTH. Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 24th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 21 1916, to September 24 1916, that I saw her alive on September 24 1916, and that death occurred, on the date stated above, at 8:20 P m.

The CAUSE OF DEATH* was as follows:

Mucus Colitis

Bronchio-pneumonia (Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchio-pneumonia

Mucus Colitis (Duration) yrs. mos. 3 ds.

(Signed) P. L. Silvester M. D.

, 191... (Address) Womans Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1806 N. Calvert St.

Former or usual residence 1806 N. Calvert St

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Sept 26, 1916.

20-UNDERTAKER Wm Cook — ADDRESS 626 N. Gilmor

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98414 C98414

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Berberich

(Residence in Baltimore: No. 911 or 9 1st Street Highlandtown St.; 40 yrs. mos. da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widowed

6-DATE OF BIRTH, April 9, 1856 (Month) (Day) (Year)

7-AGE, 60 yrs. 5 mos. 14 da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION,
(a) Trade, profession, or particular kind of work: laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Copper works

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER, John Berberich

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Berberich

(Address) 911 S Forest St

15- SEP 25 1916 Filed ... 191... ROBERT R. KRAUTH Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 23, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 4 1916, to Sept 23 1916, that I saw h[illegible] alive on Sept 23 1916, and that death occurred, on the date stated above, at 2308 m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation
X Ray
Chronic Nephritis (Duration) yrs. mos. da.
CONTRIBUTORY Carcinoma of
(Secondary) Stomach (Duration) yrs. 6 mos. da.

(Signed) Willard L Ramsay M. D.

Sept 23, 1916 (Address) St. Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 19 da. In the State 35 yrs. — mos. — da.

Where was disease contracted, if not at place of death? At home

Former or usual residence 911 1st Street

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cem. DATE OF BURIAL, Sept. 27, 1916.

20-UNDERTAKER Lilly & Zirkin ADDRESS 403 S Wolfe St.

Spec.—8-24-14—M. & T.—2000 Bks.

C98415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 61 +

C98415

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Brown

(Residence in Baltimore: No. 411 Highland Ave St.; ....yrs.. ....mos. ....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. October (Month) 1 (Day), 1915 (Year)

7-AGE. ....yrs. 11 mos. 23 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Weslon Brown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margaret Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F. M. Hardy

(Address) Johns Hopkins Hospital

15-

Filed SEP 25 1916 191.... ROBERT R. KRAUTH Registrar, 8th Dist.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 8 1916, to September 24, 1916, that I saw h... alive on September 24 1916, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Epidemic Cerebro Spinal Meningitis

(Duration) ....yrs. ....mos. 4 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Linnia R. Müller M. D.

Sept 24, 1916. (Address) Johns Hopkins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ✓ yrs. 1 mos. 16 ds. In the State ✓ yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 411 Highland Ave

19-PLACE OF BURIAL OR REMOVAL. St. Alphonsus Cem. DATE OF BURIAL. Sept 26, 1916

20-UNDERTAKER Lilly & Zile ADDRESS 403 S Monroe

C98416

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 of C98416

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 206 N. Washington St. 6 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Joseph Dempsey

(Residence in Baltimore: No. 206 N. Washington St.: yrs. 9 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Dec. 22, 1915 (Month) (Day) (Year)

7 AGE: yrs. 8 mos. 30 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Jesse Dempsey

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Catharine Wintering

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jesse Dempsey
(Address) 206 N. Washington St

15 Filed SEP 25 1916, 19[illegible] ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: September 23, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept. 17, 191[illegible], to Sept. 23, 191[illegible], that I saw h[illegible] alive on Sept. 23, 191[illegible], and that death occurred, on the date stated above, at 1 p m.
The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) yrs. mos. 30 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Frank A. Blackburn M. D.

Sept 23, 191[illegible] (Address) 3344 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: Sept 25, 1916

20 UNDERTAKER: Lilly & Son ADDRESS: 433 S. Wolfe St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C98417

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98417

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospital 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Pauline Reuter

(Residence in Baltimore: No. one day St.: yrs., mos. da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Jan. (Month) 2 (Day), 1892 (Year)

7-AGE: 21 yrs. 9 mos. 19 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home work
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: John Wacker

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Margaret Sager

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Wacker

(Address) Knoble's Balto Md.

15-SEP 25 1916 Filed....., 191.....

ROBERT R. KRAUTER Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gunshot wound in left Iliac region Injury Int. Colon Artery Sutured

accidental (Duration) yrs. mos. 1/2 da.

CONTRIBUTORY (Secondary) Peritonitis

Hemorrhage (Duration) yrs. mos. 1/2 da.

(Signed) James M. Fenton M. D. (Coroner.)

Sept 26, 1916. (Address) 710 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place Franklin Square Hospital the of death.....yrs.....mos.1 1/2 da. State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death? Balto Co. Md.

Former or usual residence Balto Co. Md.

19-PLACE OF BURIAL OR REMOVAL, St Johns Cemetery Balto Co. — DATE OF BURIAL, Sept 25, 1916

20-UNDERTAKER John Burns Sons — ADDRESS Towson

Spec.—8-24-14—M. & T.—2000 Bks.

C98418

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98418

CERTIFICATE OF DEATH.

REGISTERED No. C 119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 Lancaster ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Kenney.

(Residence in Baltimore: No. 1524 Lancaster St. St.; 30 yrs., mos., da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH. June (Month) 4 (Day), 1856 (Year)

7-AGE, 60 yrs. 3 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, Daniel Kenney

11-BIRTHPLACE OF FATHER (State or Country). Ireland.

12-MAIDEN NAME OF MOTHER Mary McKay

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Archibald Kenney

(Address) 1524 Lancaster St.

15- Filed SEP 25 1916 ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 22nd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 10 1916, to Sept 21 1916, that I saw h— alive on Sept 21 1916, and that death occurred, on the date stated above, at 1.20 P.M.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) several yrs. mos. da.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) yrs. mos. da.

(Signed) J. Wheeler M. D.

Sept 21, 1916 (Address) 16 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Alphonsus Cem. DATE OF BURIAL, Sept. 25, 1916

20-UNDERTAKER Tilly & Zeiler ADDRESS 403 S. Wolfe

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C98419

C98419

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 - 21½ ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Kent

(Residence in Baltimore: No. 315 - 21½ St.; ....yrs. ....mos. ....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black A. Ai	Single

6-DATE OF BIRTH. ....., 1 .....
(Month) (Day) (Year)

7-AGE, 23 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laundry
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James Kent

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lucy Paris

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Thomas

(Address) 1805 Maryland Ave

15- SEP 25 1916 ROBERT B. KRAUTER
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 23, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1916, to Sept. 23 1916, that I saw h[illegible] alive on Sept. 23, 1916, and that death occurred, on the date stated above, at 11:15 p.m.

The CAUSE OF DEATH* was as follows:

Phthisis pulmonalis

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

..... (Duration) ....yrs. 2 mos. ....ds.

(Signed) D. Pitts M. D.

Sept. 24, 1916. (Address) 1520 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Sept. 25 1916.

20-UNDERTAKER Mrs J. B. Locke ADDRESS 1302 Jefferson

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98420 64 C98420

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1013 S Linwood St.; 1st W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johanna Fitzgerald.

(Residence in Baltimore: No. 1013 S Linwood Ave St. ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May 18 (Month) 76 (Day), 1874 (Year)

7-AGE 42 yrs. 4 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Nicholas Malone

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Johanna Lycett

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Malone

(Address) 1013 S Linwood

15- Filed SEP 25 1916, 191..... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 23 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 31 1916, to Sept 23 1916, that I saw h er alive on Sept 23 1916, and that death occurred, on the date stated above, at 9-30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Jno J. McAvoy M. D.

Sept 24, 1916 (Address) 839 S. Eden st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, Sept 26, 1916

20-UNDERTAKER John C Thomas & Sons — ADDRESS Balto

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98421

CERTIFICATE OF DEATH

REGISTERED NO. C

1-PLACE OF DEATH St. Vincents Infant Asylum

CITY OF BALTIMORE: (No. St Vincents Infant Asylum St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Rita Nichols

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; ... yrs. ... mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female | 4-COLOR OR RACE, white | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, Sept. (Month) 16 (Day), 1916 (Year)

7-AGE, ... yrs. ... mos. 7 ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Vincents

(Address) 1401 Division St

15- Filed SEP 25 1916 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 16 1916, to Sept 23 1916, that I saw her alive on Sept 23 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) H. F. Powers M. D.

..., 191... (Address) 2571 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 7 ds. In the State ... yrs. ... mos. 7 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral | DATE OF BURIAL, Sept 25 191...

20-UNDERTAKER M. Fahey & Sons | ADDRESS 406 Lafayette

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 Aisquith St., 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME William J Graham

(Residence in Baltimore: No. 1218 Aisquith St.; ..... yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, ..., 1835
(Month) (Day) (Year)

7-AGE, 81 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoe Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Ellis L Graham

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Graham

(Address) 1218 Aisquith St

15- Filed SEP 25 1916, 191.....

ROBERT R. KRAUTER
Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 24, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 24 1916, to Sept 24 1916, that I saw him alive on Sept 24 1916, and that death occurred, on the date stated above, at 12 30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Coma

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Hubert A Knapp M. D.

Sept 25, 1916. (Address) 1216 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount	Sept 27, 1916.
20-UNDERTAKER	ADDRESS
H Fahey & Sons	506 Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96423 C96423

CERTIFICATE OF DEATH.

110

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 13 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Smith

(Residence in Baltimore: No. 719 Carwell ave St.; ..... yrs. 6 mos. ..... da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... March ....., 1916
(Month) (Day) (Year)

7-AGE, ... yrs. 6 mos. ..... da.

If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infancy .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Howard Smith

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Edna McCollister

13-BIRTHPLACE OF MOTHER (State or Country), Md. Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edna Smith

(Address) 719 Carwell ave

15-

Filed SEP 25 1916 ROBERT R. KRAUTER Registrar

Burial Permit .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... September 22nd, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 11th 1916, to Sept 22nd 1916, that I saw her alive on Sept 23rd 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Malnutrition

Pneumonia

Prolapsus Recti

(Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) C. C. Hollister, M. D.

Sept 23 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 12 da. In the State ..... yrs. 6 mos. ..... da.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 719 Carwell ave.

19-PLACE OF BURIAL OR REMOVAL, St Mary's Hampden — DATE OF BURIAL, Sept. 25, 1916

20-UNDERTAKER H. Sterr — ADDRESS 367 Chestnut ave

Spec.—8-24 14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98424

CERTIFICATE OF DEATH.

170

C98424

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1527 N Fayette ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen J White

(Residence in Baltimore: No. 1527 N Fayette St.: 14 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED or DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb (Month), (Day), 1853 (Year)

7-AGE, 63 yrs. 7 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), U.S. Maryland

PARENTS.

10-NAME OF FATHER, Patrick McNally

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Brown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J White

(Address) 1527 N. Fayette St

15- SEP 25 1916 Filed, 401 ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1916, to Sept 23 1916, that I saw h— alive on Sept 23 1916, and that death occurred, on the date stated above, at 10 27 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebritis

(Duration) yrs. mos. 10 ds.

(Signed) E. O'Donoghue M. D.

Sept 23, 1916. (Address) 24 N Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, Sept 26, 1916

20-UNDERTAKER Joseph B. Cook

ADDRESS 1003 W Baltimore St

Spec.—8-24-14—M. & T.—2000 Bks.

13 C98425

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98425

CERTIFICATE OF DEATH.

X 1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Parks.

(Residence in Baltimore: No. Muir Hosp St.; ....yrs.....mos.....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ..., (Month) ....., (Day) 1878 (Year)

7-AGE, 38 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Tailor.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Carroll Parks.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER —

13-BIRTHPLACE OF MOTHER (State or Country), —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Parks

(Address) 1 Italian St.

15- SEP 25 1916 ROBERT B. KRAUTH

Filed....., 191..... Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 23, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 20 1916, to Sept 23 1916, that I saw h[illegible] alive on Sept 23 1916, and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

..... (Duration) ...yrs. 1 mos. 11 ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

..... (Duration) ...yrs. ...mos. 5 ds.

(Signed) H. Houston Donlon M. D.

9/23....., 191.6 (Address) Muir Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 24 ds. In the State 38 yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? Winchester Md.

Former or usual residence Winchester Maryland

19-PLACE OF BURIAL OR REMOVAL, Woodlawn

DATE OF BURIAL, ..., 191...

20-UNDERTAKER H. M. Poulton

ADDRESS 1[illegible] Eutaw St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98426

CERTIFICATE OF DEATH.

64 C98426

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2154 Hollins ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Lenger

(Residence in Baltimore: No. 2154 Hollins St.; 3 yrs., 6 mos. ... da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Feb (Month) 9 (Day), 1844 (Year)

7-AGE, 62 yrs. 7 mos. 18 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frederick Sahl

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elz. Chaulnbourn

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ferdinand Lenger

(Address) 2154 Hollins St

15- Filed SEP 25 1916, 191... ROBERT R. KRAUTER Registrar
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 21 1916, to Sept 25 1916, that I saw h er alive on September 25 1916, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

(Duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) 4 yrs. mos. da.

(Signed) H. Stuart Hatch M. D.

Sept. 25, 1916. (Address) Irvington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, Sept 26, 191...

20-UNDERTAKER George J. Smith

ADDRESS, 1000 W. Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

C9842?

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9842?

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 924 Hillman ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Anderson,

(Residence in Baltimore: No. 924 Hillman St.; ....yrs., ...mos. ....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	W.	Sing'l

6-DATE OF BIRTH, Sept 23, 1916
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, 9 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thomas anderson.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Susie Mathews,

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susie Anderson.

(Address) Sept 23 1916 924 Hillman St

15- SEP 25 1916 HARRY C ANDREWS
Filed....., 191.... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 23, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 23 1916, to Sept 23 1916, that I saw h[illegible] alive on Sept 23 1916 and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

(Premature birth

.....(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary).....

.....(Duration)....yrs....mos....ds.

(Signed) John Edward M. D.

9/23, 1916. (Address) Luzerne Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL. ....., 191...
20-UNDERTAKER	ADDRESS

Board of Health.

Spec.—8-24-14—M. & T.—2000 Bks.

098428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 098428

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp ST.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Edward Feiser

(Residence in Baltimore: No. St Josephs Hosp St.; not known yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, not known (Month) (Day) 1 (Year)

7-AGE, 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister in C. St Josephs Hospital

(Address) Caroline & Hoffman Sts.

15- Filed SEP 26 1916 191... ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 24 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 24 1916 to Sept 24 1916, that I saw him alive on Sept 24 1916, and that death occurred, on the date stated above, at 10.30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

last known (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Oedema

(Duration) last known yrs. mos. ds.

(Signed) William F O'Malley M. D.

Sept 25, 1916. (Address) St Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 25 yrs. 1 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? last known.

Former or usual residence St Josephs Hospital

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, Sept 26, 1916

20-UNDERTAKER Henry Houck & Son

ADDRESS 301 E Eager St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98429 64 C98429

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1811 E. Pratt St. ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannah Cantes

(Residence in Baltimore: No. 1811 E Pratt st St.; 18 yrs. ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1853 (Year)

7-AGE, 63 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housemaid
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Russia —

PARENTS.

10-NAME OF FATHER, Solomon Stoll

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Levis

(Address) 1411 E Balto St

15- ROBERT R. KRAUTER

Filed SEP 26 1916 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 26 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 22 1916, to Sept 26 1916, that I saw h[illegible] alive on Sept 26 1916, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ... yrs. unknown mos. ... dd.

(Signed) P Levy M. D.

Sept 26, 191 6 (Address) 1411 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosehill Cem. | DATE OF BURIAL, 9/26 1916

20-UNDERTAKER Jack Levis | ADDRESS 1411 E Balto

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98430 C98430

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 Edmondson Ave ST.; 17 WARD)

REGISTERED NO. C 28

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ada Virginia Sorensen

(Residence in Baltimore: No. 800 Edmondson ave St.; 7 yrs.. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: December (Month) 17 (Day), 1870 (Year)

7-AGE: 45 yrs. 9 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Benjamin Lee

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Catherine Bond.

13-BIRTHPLACE OF MOTHER (State or Country): Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ada Sorensen

(Address) 800 Edmondson ave

15- Filed SEP 26 1916 191... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1916, to Sept. 24 1916, that I saw her alive on Sept. 24 1916, and that death occurred, on the date stated above, at 12-15 A m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Paul S. Bryan M. D.

Sept 24 1916 (Address) 1837 Fenna ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Sep. 26., 1916

20-UNDERTAKER: Wm Cook — ADDRESS: 502 E Northam

Spec.—8-24-14—M. & T.—2000 Bks.

C98431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

C98431

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 N Mount ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John C Stockton

(Residence in Baltimore: No. 716 N Mount St.; 66 yrs., 1 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word): Married

6-DATE OF BIRTH: July 26, 1850. (Month) (Day) (Year)

7-AGE: 66 yrs. 1 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lumberman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Clide N Stockton

11-BIRTHPLACE OF FATHER (State or Country): Md Va

12-MAIDEN NAME OF MOTHER: Sarah Barrow

13-BIRTHPLACE OF MOTHER (State or Country): Md Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Georgia Stockton

(Address): 716 N Mount

15- Filed SEP 26 1916 191.... Registrar ROBERT B. KRAUTER BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Sept. 24, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 24 1916, to Sept 24 1916, that I saw him alive on Sept 24 1916, and that death occurred, on the date stated above, at 1.45 P.M.

The CAUSE OF DEATH* was as follows:

(a) Apoplexy

(b)

(c)

(Duration) yrs. 7 mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thurman Nelson M. D.

Sept 26 1916 (Address) 1103 E Baltimore Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Woodlawn DATE OF BURIAL: Sept 27, 1916

20-UNDERTAKER: William Cook ADDRESS: 503 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks. Amanda E. Wimmer

HEALTH DEPARTMENT—CITY OF BALTIMORE

12 C98432

CERTIFICATE OF DEATH.

28 C98432

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 Crawford St.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda E. Wimmer

(Residence in Baltimore: No. 612 Crawford St. 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb 3 (Month) (Day), 1860 (Year)

7-AGE. 56 yrs. 7 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Co Md

PARENTS.

10-NAME OF FATHER, Abraham C. Tyner

11-BIRTHPLACE OF FATHER (State or Country) Balto Co Md

12-MAIDEN NAME OF MOTHER Sarah A. Scarff

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Wimmer

(Address) 612 Crawford St.

15- ROBERT E. KRAUSE

Filed SEP 20 1916 191.... Burial Permit Clerk

SEP 20 1916 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH September 24th 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 28th 1916, to Sept 24th 1916, that I saw her alive on Sept 24th 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Labor Pneumonia

(Duration) yrs. 7 mos. ds.

(Signed) Geo. H. Krug Jr. M. D.

Sept 24th 1916 (Address) 2537 Jamison St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Loudon Park — DATE OF BURIAL. Sept 27, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

B 098433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C98433

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 431 S. Rubmore ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Dorn

(Residence in Baltimore: No. 431 S. Rubmore St.; ..... yrs., ... mos. 4 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept (Month) 21 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. 4 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Conrad Dorn

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Catherine Schumer

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Conrad Dorn

(Address) 431 S. Rubmore

15-

Filed SEP 26 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit ....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~Sept~~ 21 1916, to Sept 25 1916, that I saw her alive on Sept 23 1916, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H B Tilow M. D.

Sept 25, 1916 (Address) 2035 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart | DATE OF BURIAL, Sept 26, 1916

20-UNDERTAKER Lilly and Zeile | ADDRESS 403 S. Mo[illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

C98434

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C98434

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 709 W Lombard ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Upton

(Residence in Baltimore: No. 709 W Lombard St ST.; 46 yrs., — mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, [illegible], 1868
(Month) (Day) (Year)

7-AGE, 47 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Keeper
(b) General nature of industry, business, or establishment in which employed (or employer). Wife

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John C Schunk

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Caroline Baker

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible]

(Address) 709 W Lombard St

15- Filed SEP 26 1916, 191. ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 25, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 23 1916, to Sept 25 1916, that I saw her alive on Sept 24 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Sept 26, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Sept 27, 1916.

20-UNDERTAKER, John J Cowan & Son — ADDRESS 901 Hollins St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98435 C98435

CERTIFICATE OF DEATH.

169

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Pier 4 Pratt St. ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Hartwell

(Residence in Baltimore: No. S.E. Cor. Fairmount Ave & Dallas St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, ..., 1 (Month) (Day) (Year)

7-AGE, 23 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer):

PARENTS.

9-BIRTHPLACE, (State or Country), Glasgow Va

10-NAME OF FATHER, Joseph Hartwell

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Connell

(Address) 21 N. Dallas St

15- Filed SEP 26 1916 191 ROBERT B. KRAUTH Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 23, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowned,
accidentally fell overboard
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental
(Duration) yrs. mos. ds.

(Signed) W. J. Rubus M. D. (Coroner.)

Sept 26. 1916 (Address) 103 E Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Asbury	Sept 26 1916
20-UNDERTAKER	ADDRESS
Edwin A. Henderson	31 N. Caroline

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C98436

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

80

C98436

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 863 W. North Ave ST.: 17 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza A Haslett

(Residence in Baltimore: No. 863 W. North Ave St.: yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: Jan (Month) 27 (Day), 1843 (Year)

7-AGE: 73 yrs. 7 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Work (Housework)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Louis Hazard

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Emaline Stoops

13-BIRTHPLACE OF MOTHER (State or country): Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Warren W. Haslett

(Address) 863 W North ave

15-Filed SEP 26 1916, 191 . ROBERT R. KRAUTER REGISTRAR

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept (Month) 24th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 29th, 1915, to Sept 24th 1916, that I saw her alive on Sept 24th, 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) 1 yrs. 4 mos. — ds

Contributory (SECONDARY) Arteriosclerosis

(Duration) — yrs. — mos. — ds.

(Signed) Eugene Douglas M. D.

Sept 25th, 1916. (Address) 830 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Sept 27, 1916

20-UNDERTAKER: Chas. E. Franck

ADDRESS: 802 Madison ave.

C98437

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98437

CERTIFICATE OF DEATH.

172

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph L. Klunk

(Residence in Baltimore: No. 2445 Barclay St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, May (Month) 16 (Day), 1866 (Year)

7-AGE, 50 yrs. 6 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Louis Klunk

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Emma B. Klunk

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. L. Klunk

(Address) 2445½ Barclay

15- FILED SEP 26 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Skull

caused by accidentally falling on street

2 days (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....(Duration) ....yrs. ....mos. ....ds.

(Signed) M. Price (Coroner.) M. D.

Sept 25, 1916. (Address) 639 Bunday

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place 2 days In the city of death....yrs....mos....ds. State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Sept 27, 1916

20-UNDERTAKER G. F. Walker ADDRESS 703 W. Lafayette Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C98438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98438

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf. St. 18 WARD)

REGISTERED NO. C 42

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mary M. Brown

(Residence in Baltimore: No. 928 Bennett Place St.; 55 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: February 7, 1861 (Month) (Day) (Year)

7-AGE: 55 yrs. 7 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS:

10-NAME OF FATHER: Geo. Schinen

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Brown

(Address) 928 Bennett Place

15- SEP 26 1916 ROBERT R. KRAUTER
Filed ..., 191... Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Sept 25, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 22 1916, to Sept 25 1916, that I saw her alive on Sept 25 1916 and that death occurred, on the date stated above, at 5.20 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of left Ovary. (Obstruction)

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock

(Duration) yrs. mos. 1 hrs. ds.

(Signed) W H Deeter M. D.

Sept 25, 191 6 (Address) Church Home

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONAL TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State 55 yrs. mos. ds.

Where was disease contracted, if not at place of death? Maryland

Former or usual residence 928 Bennett Place

19-PLACE OF BURIAL OR REMOVAL: Western — DATE OF BURIAL: Sept 28 1916.

20-UNDERTAKER: Geo W Little — ADDRESS: 531 Fremont Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

113

C98439

REGISTERED No. C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Fairmount Ave & Wolfe St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Laura [illegible] Lillington

(Residence in Baltimore: No. 1412 W. Lafayette Ave about St.: 70 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: about (Month) (Day), 1846 (Year)

7 AGE: about 70 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Conrad [illegible] Stack

11 BIRTHPLACE OF FATHER (State or country): Baltimore Co. Md.

12 MAIDEN NAME OF MOTHER: Mary C. Abbott

13 BIRTHPLACE OF MOTHER (State or country): Baltimore Co. Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lydia [illegible] Carter

(Address) 1412 W. Lafayette Ave

15 Filed SEP 26 1916 ROBERT R. KRAUTH Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept (Month) 24 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 30, 1916, to Sept 23 1916, that I saw h[illegible] alive on Sept 23, 1916 and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Sept 24, 1916 (Address) Dispensary Fremont

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence 1412 W. Lafayette Ave

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Sept 26, 1916

20 UNDERTAKER: Harry E. Metzke — ADDRESS: 153 N. Carey St.

B C98440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37 C98440

REGISTERED No. C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1118 N. Carrollton Ave ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME David ~~Supt~~. Bird

(Residence in Baltimore: No. 1118 N. Carrollton Ave St.: 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Cd	Married

6 DATE OF BIRTH June (Month) 10 (Day), 1867 (Year)

7 AGE 49 yrs. 3 mos. 1 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Asylum.

9 BIRTHPLACE (State or country): Virginia

PARENTS

10 NAME OF FATHER: David Bird

11 BIRTHPLACE OF FATHER (State or country): Virginia.

12 MAIDEN NAME OF MOTHER: Mary—

13 BIRTHPLACE OF MOTHER (State or country): Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah Bird,

(Address) 1118 Carrollton Ave.

Filed SEP 26 1916 19..

ROBERT R. KRAUTH
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 9 (Month) 26 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Ace, 1913, to Sept 25 1916, that I saw h[im] alive on Sept 21, 1916, and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows:

Ruptured aortic aneurysm

(Duration) 3 yrs. mos. ds

Contributory (SECONDARY) Syphilis.

(Duration) 7 yrs. mos. ds.

(Signed) Harry S McCarty M. D.

Sept 25, 1916. (Address) 37 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Sept. 27. 1916.

20 UNDERTAKER: Felix B. Pue — ADDRESS: 102 E. Fulton St.

Spec.—8-24-14—M. & T.—2000 Bks.

C98441

HEALTH DEPARTMENT—CITY OF BALTIMORE

66

C98441

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 Parkwyrth St. 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily Colladay Burgess

(Residence in Baltimore: No. 612 Parkwyrth St.: 67 yrs., 9 mos. 11 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, December 14, 1848 (Month) (Day) (Year)

7-AGE, 67 yrs. 9 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Jos. Colladay

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Mary Mason

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm J G Schlosser

(Address) 612 Parkwyrth

15- SEP 26 1916 Filed..... 191.....

ROBERT R. KRAUTH Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 25, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 11 1916, to Sept 25 1916, that I saw h.. alive on Sept 22 1916, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

.....

.....Paralysis.....

.....

..... (Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) H. G. Prentiss M. D.

9-25-, 1916. (Address) 634 Gorsuch Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? — — — —

Former or usual residence — — — —

19-PLACE OF BURIAL OR REMOVAL, St Johns E. Cemetery

DATE OF BURIAL, Sept 27, 1916

20-UNDERTAKER H. H. Rawson

ADDRESS 2307 Gwynns

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98442

CERTIFICATE OF DEATH.

150

REGISTERED NO. C 98442

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 Norwood ave. St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alphonse F Deppish

(Residence in Baltimore: No. 1622 Norwood ave St.; ..yrs.. mos. 6 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH INK.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): \

6-DATE OF BIRTH: Sept (Month) 25 (Day), 1916 (Year)

7-AGE: ..yrs..mos. 4 ds. If LESS than 1 day, 11 hrs. or ..min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Frank M Deppish

11-BIRTHPLACE OF FATHER (State or Country): Balto Md

12-MAIDEN NAME OF MOTHER: Mary S. Hehner

13-BIRTHPLACE OF MOTHER (State or Country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Deppish

(Address) 1622 Norwood ave

15-

Filed SEP 26 1916, 191.. ROBERT B. KRAUTH Registrar.

BURIAL PERMIT

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Sept (Month) 25 (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 25 1916, to Sept 25 1916, that I saw h[illegible] alive on Sept 25 1916, and that death occurred, on the date stated above, at 1.10 m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation

(Duration) ..yrs..mos. 1/2 ds.

CONTRIBUTORY (Secondary) Internal Hemorrhage

(Duration) ..yrs..mos. 1/2 ds.

(Signed) A P Detwiler MD M. D.

Sept 26, 191.. (Address) 1305 N Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: Sept 26 1916

20-UNDERTAKER: George J. Ruth ADDRESS: 1735 Harford ave.

Spec.—8-24-14—M. & T.—2000 Bks.

B C98443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

63 C98443

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Childn's Hospital School St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adriana Druesberg

(Residence in Baltimore: No. Tudor Hall, Guilford St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. September (Month) 13 (Day), 1909 (Year)

7-AGE. 7 yrs. 0 mos. 13 ds. If LESS than 1 day, hrs. or mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Belgium

PARENTS.

10-NAME OF FATHER, Jules Druesberg

11-BIRTHPLACE OF FATHER (State or Country), Belgium

12-MAIDEN NAME OF MOTHER Adrienne De Rouville

13-BIRTHPLACE OF MOTHER (State or Country), Belgium

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jules Druesberg

(Address) Tudor Hall Baltimore Md

15- SEP 26 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 25 1916, to Sept 26 1916, that I saw h[illegible] alive on Sept 26 1916, and that death occurred, on the date stated above, at 1.30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Atrophy Pelvic Colitis

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Gilbert U Bowditch M. D.

Sept 26, 1916. (Address) Childn's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Tudor Hall, Guilford

Former or usual residence "

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, 9.28., 1916.

29-UNDERTAKER Henry A. Davis & Son

ADDRESS 850 N. Calvert St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C98444

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C98444

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 235 W. Biddle ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Hopkins

(Residence in Baltimore: No. 235 W. Biddle St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1861 (Year)

7-AGE, 55 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louisa Hopkins

(Address) 235 W. Biddle St

SEP 26 1916

Filed ....., 191.... HARRY C. ANDREWS Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 25, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9 Sept 1916, to 25-9- 1916, that I saw h alive on 23-9- 1916, and that death occurred, on the date stated above, at 10.20 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.

(Duration) ..... yrs. ..... mos. Indefinite ds.

CONTRIBUTORY (Secondary) Undetermined

(Duration) ..... yrs. ..... mos. does 2 wks ds.

(Signed) Allen Bay M. D.

25/9/, 191.6 (Address) 430 N. Carlton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetery

DATE OF BURIAL, Sept 28, 1916

20-UNDERTAKER Chas G Sidney

ADDRESS 1417 Jefferson St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

98145

HEALTH DEPARTMENT—CITY OF BALTIMORE

98145

CERTIFICATE OF DEATH.

64

REGISTERED No. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1409 Block ST. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME John Doe

(Residence in Baltimore: No. 1704 Madison St

St.; yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Black	Widower

6-DATE OF BIRTH, Unknown

(Month) (Day) (Year)

7-AGE, about- 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Dallas Dorsett

(Address) 1420 Madison Ave

15- SEP 26 1916 HARRY G. LANDREWS Burial Permit Clerk

Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 23, 1916

(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Agnes Tyson Boulden M. D. (Coroner.)

Sept 26, 1916. (Address) 1414 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Sept 27, 1916

20-UNDERTAKER Chas G Bailey

ADDRESS 437 Madison St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98446 C98446

CERTIFICATE OF DEATH.

50

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Gilmore

(Residence in Baltimore: No. 1017 N Wolfe St St.; 60 yrs., 11 mos. 19 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Oct (Month) 7 (Day), 1855 (Year)

7-AGE, 60 yrs. 11 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Roy

(Address) 1017 N. Wolfe St.

15- SEP 26 1916 HARRY C. ANDREWS
Filed.....191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 11— 1916, to Sept 26 1916, that I saw him alive on Sept 26 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Nephritis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Toxemia

as (Duration) yrs. mos. ds.

(Signed) Emma E. Wagner M. D.

9/26/16, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONAL TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. ds. In the State 60 yrs. mos. ds.

Where was disease contracted, if not at place of death? 1017 N Wolfe St

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL, Ashley Cemetery

DATE OF BURIAL, Sept 29, 1916.

20-UNDERTAKER Chas G Bailey

ADDRESS 147 Jefferson st

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98447 80 C98447

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3701 Dorsey Lane ST.: 70 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Ruehle

(Residence in Baltimore: No. 3701 Dorsey Lane St.; yrs., mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Dec. (Month) 23 (Day), 1847 (Year)

7-AGE,	If LESS than 1 day,
68 yrs. 9 mos. 3 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jacob Ruehle Weller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matilda Bold

(Address) 3701 Dorsey Lane

SEP 26 1916

Burial Permit Clerk

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 26 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) Not Known yrs. mos. ds.

CONTRIBUTORY (Secondary) Ruptured Coronary artery (Duration) yrs. mos. Days

(Signed) James M Renton M. D. (Coroner.)

Sept. 26 1916 (Address) 702 E. Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Sept. 28, 1916
20-UNDERTAKER E. W. Dill	ADDRESS 3109 Fredk. ave.

WRITE ... WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98448 C98448

CERTIFICATE OF DEATH.

63+

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. Childrens Hospital School St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Hanson

(Residence in Baltimore: No. 638 Smith St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, ..., 1911.
(Month) (Day) (Year)

7-AGE, 5 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, W. E. Hanson

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

SEP 26 1916

Filed Sept. 25, 1916. HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 25th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 24 1916, to Sept 25 1916, that I saw her alive on Sept 25 1916, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Acute anterior Poliomyelitis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Collamore Bacon M. D.

Sept. 25, 1916. (Address) Childrens Hosp. School

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. PUBLIC CEMETERY

DATE OF BURIAL. SEP 26 1916

20-UNDERTAKER

ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98449 C98449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harris Levy

(Residence in Baltimore: No. Hebrew Asylum—E. Monument St.; — yrs., — mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Aug. 30, 1832 (Month) (Day) (Year)

7-AGE, 84 yrs. — mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Mans Levy

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dorothea

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs M Harris

(Address) Hebrew Hosp

15- SEP 26 1916 Filed....., 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 15, 1916, to Sept 26, 1916, that I saw him alive on Sept 26 1916, and that death occurred, on the date stated above, at 10.10 a.m.

The CAUSE OF DEATH* was as follows:

.....
.....Senility.....
.....
..... (Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) ...Acute Cardiac... Dilatation (Duration) 5 minutes yrs. mos. ds.

(Signed) S. D. Shannon M. D.

Sept. 26, 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? ——

Former or usual residence Hebrew Asylum—E. Monument St.

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Rusted Shiloh Rd	Sept 27 1916
20-UNDERTAKER	ADDRESS
J. Ahrens & Co	[illegible]

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY; with pen and ink.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98450 C98450

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 504 S Regester ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Petronela Portasekowska

(Residence in Baltimore: No. 504 S Regester St St.: 40 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH INK.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: May 23, 1869 (Month) (Day) (Year)

7-AGE: 47 yrs. 4 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: John Kiedbalski

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Mary Zaheski

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Portasekowska

(Address) 504 S Regester St

15- Filed SEP 26 1916 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 24, 1916. (Month) Sept (Day) 24 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 18 191 , to Sept 24 191 6 , that I saw h[illegible] alive on Sept 23 191 6 , and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

1
Lobar Pneumonia
(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Mutual Insurance
(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

24 Sept, 191... (Address) 1726 E Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cem — DATE OF BURIAL, Sept 27, 191 6.

20-UNDERTAKER Stephen J Trallkowski — ADDRESS 1017 S Kenwood Ave

71358

Spec.—8-24-14—M. & T.—2000 Bks.

C98451

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98451

CERTIFICATE OF DEATH.

REGISTERED No. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2301 Aunah Ave St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo W Johnson

(Residence in Baltimore: No. 2301 Aunah Ave St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, April (Month) 14 (Day) 1863 (Year)

7-AGE: 33 yrs. 5 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Conductor
(b) General nature of industry, business, or establishment in which employed (or employer): 3rd & K R

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Geo Johnson

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Charlotte Penn

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia Johnson

(Address) 2301 Aunah Ave

15- Filed SEP 26 1916, 191.. HARRY C ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 24th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 19th 191 5, to Sept 24th 191 6, that I saw h in alive on Sept 24th 191 6, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia

Sept 25th 1916 (Address) 530 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem — DATE OF BURIAL, Sept 27 191 6

20-UNDERTAKER R E Tickner & Son — ADDRESS Remax Md

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS CERTIFICATE MUST NOT BE FOLDED.

C98452

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98452

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 404 W Camden St.; 27 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joy. M. Ryan

(Residence in Baltimore: No. 404 W Camden St.; yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH ONE PEN INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 41 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Erie Pa,

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Swartz

(Address) 404 W Camden

15- SEP 26 1916 Filed ..... 191.....

HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, Inquiry (autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis,

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. D. Driscoll M. D. (Coroner)

Sept 26, 1916 (Address) 312 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL Loudon Park

DATE OF BURIAL, Sept 27 1916

20-UNDERTAKER W. F. Tuckaerwoodworth Sons

ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98453 C98453

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew J. Stuhlmyer

(Residence in Baltimore: No. St. Joseph Hospital St.; ... yrs., ... mos. 1 da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Single

6-DATE OF BIRTH: June 28, 1877 (Month) (Day) (Year)

7-AGE: 39 yrs. 2 mos. 27 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Grocery Store

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Casper Stuhlmyer

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Cathrine Schmidt

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Stuhlmyer

(Address) Middle River, Md.

15- SEP 26 1916 Filed ..., 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 24, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 24 1916, to Sept 24 1916, that I saw h... alive on Sept 24 1916, and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH* was as follows:

General Peritonitis,
Shock

(Duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) Ruptured Ulcer Duodenal Ulcer (Duration) ... yrs. ... mos. ... ds.

(Signed) C. McC. Goodhart M. D.

9/24/16 191... (Address) St. Joseph Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State Life yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Middle River Md.

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, Sept 27, 1916

20-UNDERTAKER Kendall Lipps & Bare — ADDRESS 330 S. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98454

CERTIFICATE OF DEATH.

79 C98454

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1408 N. Lakewood ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Steigerwald

(Residence in Baltimore: No. 1408 N Lakewood Ave St.; Life yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. Do not use pencil.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH, September 25, 1844 (Month) (Day) (Year)

7-AGE, 71 yrs. 11 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Frederick Kirsch

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER — Seitz.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry L Leuschner

(Address) 111 E Wakunow Ave

15-

Filed SEP 26 1916 HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Sept 24, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 14 1914, to Sept 24 1916, that I saw h[er] alive on Sept 24 1916, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Endocarditis

(Duration) 2 yrs. 5 mos. 10 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) yrs. mos. ds.

(Signed) B. Palenzona M. D.

Sept 25, 1916 (Address) 1304 N. Patterson Pk.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery DATE OF BURIAL, Sept 27 1916.

20-UNDERTAKER Hall Cook ADDRESS 1507 E North Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98455

CERTIFICATE OF DEATH.

17 C98455

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 Druid Ave ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachel Spencer

(Residence in Baltimore: No. 1121 Druid Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, May (Month), (Day) 1914 (Year)

7-AGE, 2 yrs. 4 mos. ds. If LESS than 1 day, hrs. or mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Mulberry Md

PARENTS.

10-NAME OF FATHER, Jonah Spencer

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER Ida Neal

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rachel Neal

(Address) 1121 Druid Ave

15-SEP 27 1916 ROBERT R. KRAUTER

Filed....., 191.... Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 24 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 22 191 to Sept 24 191 6, that I saw h[er] alive on Sept 22 191 6, and that death occurred, on the date stated above, at 5P m.

The CAUSE OF DEATH* was as follows:

Probable Bronchial Pneumonia

Of 2 days following Measles

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) yrs. mos. 1 ds.

(Signed) C R Jones M. D.

Sept 26, 191 7 (Address) 922 N Arnold

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	Sept 26 1916
20-UNDERTAKER	ADDRESS
Charles B. Jones	2356 N. Pine

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98456

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98456

CERTIFICATE OF DEATH.

REGISTERED NO. C 119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 N Carey ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myrtle C Gibson

(Residence in Baltimore: No. 218 N Carey St.; — yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan (Month) 11 (Day), 1895 (Year)

7-AGE, 21 yrs. 8 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Samuel R Gibson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Clauss

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie V. Day

(Address) 218 N Carey St

15- Filed SEP 27 1916, 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 22 1916, to Sept 25 1916, that I saw her alive on Sept 25 1916, and that death occurred, on the date stated above, at 4.20 P m.

The CAUSE OF DEATH* was as follows:

a Cerebro Meningitis Hydrocephalus

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Walter A Cot M. D.

9.27..., 1916. (Address) 5 E Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, Sep 28..., 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C98457 — 28 C98457

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 East St ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Kraisser

(Residence in Baltimore: No. 303 East St ST.; 21 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. Sept 24, 1895 (Month) (Day) (Year)

7-AGE, 20 yrs. 11 mos. 4 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Pan Maker
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Fred Kraisser

11-BIRTHPLACE OF FATHER (State or Country). Bald.

12-MAIDEN NAME OF MOTHER. Hannah Schwartz

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Kraisser

(Address) 303 East St

15- Filed SEP 27 1916 191 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept 24, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 7 1916, to Sept 24 1916, that I saw h[er] alive on Sept 24 1916, and that death occurred, on the date stated above, at 11:00 a. m.

THE CAUSE OF DEATH* was as follows:

Acute Tuberculous Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Robt Kraisser M. D.

9/25, 191 6 (Address) 1116 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Western Cem

DATE OF BURIAL. Sep 27 191 6

20-UNDERTAKER Geo M Sinn

ADDRESS 800 N Wolfe

Spec.—8-24-14—M. & T.—2000 Blks.

C98458

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98458

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U.S. Marine Hospital 28 REGISTERED NO. C

CITY OF BALTIMORE: (No. U.S. Marine Hospital ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and add word No. 18.)

2-FULL NAME John Convey.

(Residence in Baltimore: No. 2312 Oliver St. St.; 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Sept (Month) 18 (Day), 1874 (Year)

7-AGE, 42 yrs. mos. 7 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Seaman
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. James Convey

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Mary Dunford

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) his statement on admission to Hospital

(Address)

15. Filed SEP 27 1916 191. ROBERT R. KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 25 (Day), 1916. (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 2 1916, to Sept 25 1916, that I saw him alive on Sept 25 1916, and that death occurred, on the date stated above, at 9.45 P m.

The CAUSE OF DEATH* was as follows:

(a) Tuberele of Lungs

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. Nagel M. D.

Sept. 25, 1916. (Address) U.S. Marine Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 23 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross DATE OF BURIAL, Sept 28 1916.

20-UNDERTAKER Robt J Turner ADDRESS 1422 N. Broadway

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

Spec.—5-19-13—M. & T.—500 Bks.

C98459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 C98459

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 N. Caroline ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Knell

(Residence in Baltimore: No. 818 N. Caroline St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. Feb 26, 1845 (Month) (Day) (Year)

7-AGE. 71 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). New York

PARENTS.

10-NAME OF FATHER. Geo. Knell.

11-BIRTHPLACE OF FATHER (State or Country). Germany.

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sophia Knell

(Address) 818 N. Caroline St.

15-

Filed SEP 27 1916 191

ROBERT R. KRAUTH

Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. September 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1916, to Sept. 26, 1916, that I saw him alive on Sept. 26, 1916, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Brights disease,
Contracted Kidney

(Duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Edwin B. Fenby, M. D.

Sept. 26. 1916. (Address) 1223 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL. Sept. 28., 1916

20-UNDERTAKER Frank A. Fink

ADDRESS 915 N. Gay St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98460 64 C98460

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 N. Rose ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Richnow

(Residence in Baltimore: No. 707 N. Rose St.; 25 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: Sept. 25, (Month) (Day) 1851 (Year)

7-AGE: 65 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Frederick Bernadt

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Zuchman

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Charles Richnow

(Address): 707 N. Rose st

15- SEP 27 1916 Filed ..... 191.... ROBERT R. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 25, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 24 1916, to Sept 24 1916, that I saw her alive on Sept 24 1916 and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John A. Saulsbury M. D.

Sept 25, 191... (Address) 1714 Caroline st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Emmanuel Cem. DATE OF BURIAL, Sept 28, 1916

20-UNDERTAKER Finkler & Finkler ADDRESS 1739 E. Eager

Spec.—8-24-14—M. & T.—2000 Bks.

C98461

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 C98461

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Blanche Donaldson

(Residence in Baltimore: No. St Vincent de Paul St.; yrs., 5½ mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: May (Month) ..., 1911 (Year)

7-AGE: ...yrs. 5½ mos. ...ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) N. Calvert St.

15-

Filed SEP 27 1916 ROBERT R. KRAUT... Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Sept (Month) 26 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 25 1916, to Sept 26 1916, that I saw her alive on Sept 26 1916, and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

Asphyxia, Decomposition

(Duration) ...yrs. 1 mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) [illegible] M. D.

9/26, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State 5½ yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? St Vincent's

Former or usual residence None

19-PLACE OF BURIAL OR REMOVAL: Holy Cross DATE OF BURIAL, Sept 27, 1916

20-UNDERTAKER: W. D. McGaulley ADDRESS 1624 Mc Regal Av

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98462 28 C98462

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 N. Caroline ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Viola Jefferson

(Residence in Baltimore: No. 207 N. Caroline St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 3, (Day) 1895 (Year)

7-AGE, 21 yrs. 3 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James Jefferson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ida Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Jefferson

(Address) 152 E. Monument St.

15- SEP 27 1916

Filed ..... 191.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 25, (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1916, to Sept. 25 1916, that I saw her alive on Sept 24 1916, and that death occurred, on the date stated above, at 11:25 p.m.

The CAUSE OF DEATH* was as follows: Phthisis Pulmonalis

(Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(Duration) ....yrs. 4 mos. ....ds.

(Signed) C. Atkinson M. D.

Sept 25, 1916 (Address) 152 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemitary — DATE OF BURIAL, Sept 27, 1916

20-UNDERTAKER Mr Robert A Elliott — ADDRESS 606 East-St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C98463

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C98463

152

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1757 Homestead ST.: 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Kraft

(Residence in Baltimore: No. 1757 Homestead St.: yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White.

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Sept. (Month) 26 (Day), 1916 (Year)

7-AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or 15 min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Infant.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto.

PARENTS

10 NAME OF FATHER: Walter E Kraft.

11 BIRTHPLACE OF FATHER (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Mary Farrell

13-BIRTHPLACE OF MOTHER (State or country): Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mary Farrell.

(Address) 1757 Hanstead St.

15.

Filed SEP 27 1916 ROBERT R. KRAUTH REGISTRAR

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept. (Month) 26 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1916, to Sept 26 1916, that I saw h— alive on Sept. 26, 1916, and that death occurred, on the date stated above, at 9 30 A.m.

The CAUSE OF DEATH* was as follows:

asphyxiation
from Difficult Birth.

(Duration) ..... yrs. ..... mos. 15 Min. ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Hess M. D.

Sept. 27, 1916 (Address) Govans Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral

DATE OF BURIAL: Sept 27, 1916

20-UNDERTAKER: Wm Cook

ADDRESS: 502 E North

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98464 100 C98464

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; WARD) REGISTERED NO. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Olsen

(Residence in Baltimore: No. 137 N. Caroline St. St.; 5 yrs., mos. da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) child

6-DATE OF BIRTH, Nov (Month) 1 (Day) (Year)

7-AGE, 11 yrs. mos. da. If LESS than 1 day, hrs. or mins.

8-OCCUPATION: (a) Trade, profession, or particular kind of work None (b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Harry Olsen

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Anna Schatz

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Olsen

(Address) 537 Caroline St

15-

Filed SEP 27 1916 191 ROBERT B. KRAUTH Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 27, (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 20 1916, to Sept 27 1916, that I saw h alive on Sept 27 1916, and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Tonsilitis

(Duration) yrs. mos. 1 W. da.

CONTRIBUTORY (Secondary) Acute Endocarditis

(Duration) yrs. mos. da.

(Signed) Jos Rauch M. D.

Sept 27th, 1916 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence 137 Caroline st

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale — DATE OF BURIAL, Sept 27 1916

20-UNDERTAKER S. Levinson & Bro Balto 57

ADDRESS 1057 E

Spec.—8-24-14—M. & T.—2000 Bks.

C98465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

C98465

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1116 S. Kenwood Ave ST.) 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna M. Seamenden

(Residence in Baltimore: No. 1116 S. Kenwood Ave St.) (yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, June 26, 1916 (Month) (Day) (Year)

7-AGE, 3 yrs. mos. da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Thorvald Seamenden

11-BIRTHPLACE OF FATHER (State or Country). Norway

12-MAIDEN NAME OF MOTHER Jennie Samuelson

13-BIRTHPLACE OF MOTHER (State or Country), Norway

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Seamenden

(Address) 1116 S. Kenwood Ave

15-

Filed SEP 27 1916, 191.. ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5 1916, to Sept 26 1916, that I saw h[illegible] alive on Sept 26 1916, and that death occurred, on the date stated above, at 10¼ a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

24

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Gastro Intestinal Intoxication

(Duration) yrs. 24 mos. da.

(Signed) Fred Kaufmann M. D.

191.. (Address) 1116 S. Kenwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cemetery — DATE OF BURIAL, Sept 28, 1916

20-UNDERTAKER Stephen J. Falkowski — ADDRESS 1018 S. Kenwood Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C98466 C98466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U. S. Marine Hosp. ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodore Tatacaia

(Residence in Baltimore: No. ..... St.; ..... yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ..., 1 ..... (Month) (Day) (Year)

7-AGE. 24 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Seaman
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Ocean Steamer

9-BIRTHPLACE, (State or Country). Roumania

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital

(Address) Records

15- Filed SEP 27 1916, 191... HARRY C. ANDREWS Registrar. Registrar's Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 27, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 23 1916, to Sept. 27 1916, that I saw him alive on Sept. 27 1916, and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. S. Chaillé-Long M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 4 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Not Known

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, Sept. 28. 1916.

20-UNDERTAKER Chamberlain & Son ADDRESS 347 Eastern Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

C98467

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98467

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp ST.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sobat Batemian

(Residence in Baltimore: No. 1503 N. Bond St.; 24 yrs. mos. da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Apr 4, 1866 (Month) (Day) (Year)

7-AGE. 50 yrs. 5 mos. 22 da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Jos M Johnston

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Caroline Carlin

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Johnston

(Address) 1503 N. Bond St.

15- Filed SEP 27 1916, 191. HARRY C. ANSELL Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept 26th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 6 1916, to Sept 26 1916, that I saw her alive on Sept 26 1916, and that death occurred, on the date stated above, at 5.30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Mayo Condition

Dont Know (Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Acute pulmonary oedema

one week (Duration) yrs. mos. 7 da.

(Signed) William F. O'Malley M. D.

Sept 27, 1916. (Address) St Josephs Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. 20 da.

Where was disease contracted, if not at place of death? dont know

Former or usual residence 1503 N. Bond St

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cemetery DATE OF BURIAL. Sept 29, 1916.

20-UNDERTAKER Chas. S. Evans & Son ADDRESS 1181 N. Mt Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C98468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

63 C98468

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2714 Montebello Ave (ST.) 9 (WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip McCall

(Residence in Baltimore: No.) 2714 Montebello Ave (St.) Left (yrs.) (mos.) (ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH. April (Month) 25 (Day), 1916 (Year)

7-AGE. 0 yrs. 5 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Michael McCall

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER. Charlotte E Foote

13-BIRTHPLACE OF MOTHER (State or Country). Balto Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charlotte E McCall

(Address) 2714 Montebello Ave

15- SEP 27 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 23rd 1916, to Sept 26 1916, that I saw h— alive on Sept 26 1916, and that death occurred, on the date stated above, at 9.00 m.

The CAUSE OF DEATH* was as follows:

Enteritis Hemorrhagic

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo. A. Thomazotos M.D. M. D.

Sept 26 1916 (Address) 2537 Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park

DATE OF BURIAL. Sept 27, 1916

20-UNDERTAKER Wm Cook

ADDRESS 520 Mosher

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C98469

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98469

CERTIFICATE OF DEATH.

REGISTERED NO. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 838 Aisquith St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Scott

(Residence in Baltimore: No. 830 N Ostend St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1850 (Year)

7-AGE, 65 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). Housework

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Scott

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Harvey

(Address) 838 Aisquith St

15-

Filed SEP 27 1916, 191.. HARRY C. ARENTS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 25 1916, to Sept 26 1916, that I saw him alive on Sept 25 1916, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Asthma

Dilation of Heart

(Duration) yrs. 6 mos. 5 ds.

CONTRIBUTORY (Secondary) Heart

(Duration) yrs. 6 mos. 5 ds.

(Signed) Dr. G. W. Kennard M. D.

Sept 26, 1916 (Address) 708 Eason St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Sept 27 1916

20-UNDERTAKER, Wm. J. Cowan & Son — ADDRESS, 901 Harlem Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

98470 104 98470

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Finecey

(Residence in Baltimore: No. 1630 Ashland Ave St.; — yrs. — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, September (Month) 25 (Day), 1915 (Year)

7-AGE, 1 yrs. mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James Finecey

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margaret Bell

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed SEP 27 1916, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 27 1916, to September 27 1916, that I saw him alive on September 27 1916, and that death occurred, on the date stated above, at 7 40 a.m.

The CAUSE OF DEATH* was as follows:

Alimentary Intoxication

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) K. F. Maxcy M. D.

Sept 27, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1630 Ashland Avenue

19-PLACE OF BURIAL, REMOVAL? DATE OF BURIAL, Sept 28 1916

20-UNDERTAKER Fotche & Cawood ADDRESS Gor Fallsway & Oliver St

C98471 C98471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 26 E. Weber St. ST.: 23 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A. Howard. (C)

(Residence in Baltimore: No. 26 E. Weber St. St.: yrs. 13 mos. 11 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Married.

6-DATE OF BIRTH, Do not know., (Month) / (Day) (Year)

7-AGE, 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Abraham Howard. (C)

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Jane. (C)

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cora Howard. (C) Wife.

(Address) 26 E. Weber St.

15- Filed SEP 27 1916, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 26th. 1916., 191 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Otto M. Lenhardt M. D. (Coroner.)

Sept. 22 1916 (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn. DATE OF BURIAL, Sept 28 1916

20-UNDERTAKER J. L. Broenton ADDRESS 1017 Mongt

098472

HEALTH DEPARTMENT—CITY OF BALTIMORE

098472

CERTIFICATE OF DEATH.

29

REGISTERED NO. C.

PLACE OF DEATH

CITY OF BALTIMORE (No. 36 E. Montgomery St.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME John E. Bailey.

(Residence in Baltimore: No. 36 E. Montgomery St. St.; yrs., 55 mos. 6 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White.	Married.

6-DATE OF BIRTH, Do not know (Month), 1 (Day), ... (Year)

7-AGE, 70 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of Industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Virginia.

PARENTS.

10-NAME OF FATHER, Richard Bailey.

11-BIRTHPLACE OF FATHER (State or Country), Virginia.

12-MAIDEN NAME OF MOTHER Elizabeth Wright.

13-BIRTHPLACE OF MOTHER (State or Country), Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret A. Bailey (Wife)

(Address) 1015 Somerset St.

15- Filed SEP 27 1916, 191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH September 26th. 1916., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart and Kidneys.

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) Geo. M. Remmert M. D.
(Coroner)

Sept. 26. 1916, 191... (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, CEDAR HILL. DATE OF BURIAL, SEP. 28. 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

Spec.—8-24-14—M. & T.—2000 Blks.

C98473 C98473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Penitentiary, ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Blake

(Residence in Baltimore: No. ..... St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single.

6-DATE OF BIRTH, ..., 1 ..... (Month) (Day) (Year)

7-AGE, 29 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Anne Arundel Co.

PARENTS.

10-NAME OF FATHER.

11-BIRTHPLACE OF FATHER (State or Country).

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Leonard

(Address) Maryland Penitentiary

15- SEP 27 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August-25 1916, to September-23 1916, that I saw her alive on September-22 1916, and that death occurred, on the date stated above, at 6.50 A. m.

The CAUSE OF DEATH* was as follows:

.....

Cardiac Failure from Uremia

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration) ..... yrs. ..... mos. 28 ds.

(Signed) William F. Stewart, M. D.

Sept-23, 1916. (Address) Md. Penitentiary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 7 yrs. 10 mos. 12 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL, ..., 191..

20-UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

098474

CERTIFICATE OF DEATH.

15

098474

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1636 Eastern Ave ST.; WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nowicki

(Residence in Baltimore: No. 1636 Eastern Ave St.; ..... yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) —

6-DATE OF BIRTH, Sept 26, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) —

PARENTS.

10-NAME OF FATHER, Conrad Nowicki

11-BIRTHPLACE OF FATHER (State or Country) Russia Pole

12-MAIDEN NAME OF MOTHER Pauline Kile

13-BIRTHPLACE OF MOTHER (State or Country) Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15-
Filed SEP 27 1916 191..
HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 26 191.., to Sept 26 191.., that I saw h— alive on ..... 191.., and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Atelectasis

Congenital

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

..... 191.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, —

DATE OF BURIAL, ..., 191..

20-UNDERTAKER —

ADDRESS —

C98475

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98475

64

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH Baltimore City

CITY OF BALTIMORE (No. [illegible] St.) 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME [illegible]

(Residence in Baltimore: No. [illegible] St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): [illegible]

6-DATE OF BIRTH, [illegible] (Month), 1 (Day), [illegible] (Year)

7-AGE, About 37 yrs. If LESS than 1 day, ...yrs. ....mos. ....ds. ....hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]

9-BIRTHPLACE, (State or Country), [illegible]

PARENTS.

10-NAME OF FATHER, [illegible]

11-BIRTHPLACE OF FATHER (State or Country), [illegible]

12-MAIDEN NAME OF MOTHER [illegible]

13-BIRTHPLACE OF MOTHER (State or Country), [illegible]

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible]

(Address) [illegible]

15- Filed SEP 27 1916 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 22 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest 19 (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

[illegible]

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) yrs. mos. ds.

(Signed) [illegible] (Coroner) M. D.

19 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ..., 19....

20-UNDERTAKER ADDRESS

C98476

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98476

CERTIFICATE OF DEATH.

156

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 328 N. Camden ST.: 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. H. Brooks

(Residence in Baltimore: No. 328 Camden St.

St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Unknown

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 30 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, /

11-BIRTHPLACE OF FATHER (State or Country), /

12-MAIDEN NAME OF MOTHER /

13-BIRTHPLACE OF MOTHER (State or Country), /

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- SEP 27 1916 HARRY C. ANDREWS
Filed ....., 191.. Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gas poison, (suicide)

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert S. Doucall, M. D.
(Coroner)

Sept 26, 1916 (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Body at Morgue	....., 19....
20-UNDERTAKER	ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98477

CERTIFICATE OF DEATH.

REGISTERED NO. C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1616 E Hing St. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Harrison

(Residence in Baltimore: No. 1616 E Hing St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Aug (23) (Month) (Day) 23, 1916 (Year)

7-AGE, ...yrs. 1 mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt., Md

PARENTS.

10-NAME OF FATHER, William Harrison

11-BIRTHPLACE OF FATHER (State or Country), Balt, Md

12-MAIDEN NAME OF MOTHER Agnes Peters

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agnes Peters

(Address) 1616 E Hing St

15- SEP 27 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ....., (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

..... (Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Bad dent in Nervous

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) T. Wheelstraw M. D. (Coroner.)

Sept 26, 1916 (Address) 819 E Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1616 E Hing St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

098178 — 10 — 098178

1-PLACE OF DEATH # — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1005 Sassafrass Court St.) 24 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard T. Slouck.

(Residence in Baltimore: No. # 1005 Sassafrass Court St.; 54 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male. | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 17th, 1916 (Month) (Day) (Year)

7-AGE, yrs. 6 mos. 10 da. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Richard T. Slouck

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md.

12-MAIDEN NAME OF MOTHER Fannie Brown.

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Smith

(Address) # 1129 Dunt Alley

15- SEP 27 1916 Filed, 191. MARY C. ANDREWS DEPUTY CITY Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 27th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 26 1916, to Sept 27 1916, that I saw him alive on Sept 27. 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Intoxication

(Duration) yrs. mos. 3 da.

CONTRIBUTORY (Secondary) Flea Colitis

(Duration) yrs. mos. 10 da.

(Signed) G. H. Buxton M. D.

Sept 27, 1916. (Address) 361 E. Cross St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill | DATE OF BURIAL, Sept. 28, 1916

20-UNDERTAKER E & B Hale ADDRESS 115 E Ross St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C98479 — 91 C98479

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1406 N. Fulton av ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert L Grout Jr

(Residence in Baltimore: No. 1406 N Fulton av St.; yrs. 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male — 4-COLOR OR RACE: White — 5-SINGLE ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: Oct 30 (Day), 1915 (Year); 11 (Month)

7-AGE: yrs. 11 mos. ds. — If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto md

PARENTS

10-NAME OF FATHER: Robert L Grout

11-BIRTHPLACE OF FATHER (State or country): City

12-MAIDEN NAME OF MOTHER: Laura Robinson

13-BIRTHPLACE OF MOTHER (State or country): Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert L. Grout

(Address) 1406 N. Fulton Ave

15- Filed SEP 27 1916, 191 — HARRY G. ANDREWS, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept 26 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 26, 191, to, 191 6, that I saw h im alive on Sept 26 191 6, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia
according to decision
of Health Department
was ailing since Friday Sept 22/16

(Duration) yrs 5 mos ds

Contributory (SECONDARY)

(Duration) mos ds

(Signed) Edward B. Buley M D

27th Sept 191 6 [Address] 1579 N Fulton Av

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore — DATE OF BURIAL: Sept 29, 191 6

20-UNDERTAKER: M Fahey & Sons — ADDRESS: 606 N Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—6-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98480 C98480

CERTIFICATE OF DEATH.

REGISTERED NO. C 16 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1830 W Lanvale ST.: ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Matthew O'Neill

(Residence in Baltimore: No. 1830 W Lanvale St.: —yrs., —mos. —ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWER OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 1853
(Month) (Day) (Year)

7-AGE, 63 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Horse Shoer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, James O'Neill

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret O'Neill

(Address) 1830 Lanvale St

15-

Filed SEP 27 1916, 191 HARRY C. ANDREWS
Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 13 1916, to Sept 26 1916, that I saw him alive on Sept 26 1916, and that death occurred, on the date stated above, at 2.1 m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

..... (Duration) 4 yrs. ..... mos. ..... ds.

(Signed) Homer A. Good M. D.

Sept 26, 1916 (Address) 735 Hamilton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Sept 29 1916

20-UNDERTAKER A. Fader & Sons — ADDRESS 606 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98181

28 C98181

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 Sanford Place ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nicholas Frank Foster

(Residence in Baltimore: No. 527 Sanford Place St.: yrs., mos. da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Oct. (Month) 31 (Day), 1858 (Year)

7-AGE. 57 yrs. 11 mos. da. If LESS than 1 day, hrs. or min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work. Tool Sharpener (b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Wilbur P. Foster

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Mary A. Freeland

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret A. Foster

(Address) 527 Sanford Ave

15- SEP 28 1916 191... ROBERT B. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept. (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch. 1916, to Sept 26 1916, that I saw h[illegible] alive on Sept 24 1916, and that death occurred, on the date stated above, at 12 PM.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pharynx

(Duration) yrs. 7 mos. da.

CONTRIBUTORY (Secondary) Tuberculosis Intestines

(Duration) yrs. mos. 1 da.

(Signed) C. W. Ross M. D.

Sept. 27 1916. (Address) 420 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park Cem. DATE OF BURIAL. Sept 28 191...

20-UNDERTAKER Walter W. Skinner ADDRESS 1018 Edmondson Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98482 28 C98482

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 903 Calvert Court St.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Taylor

(Residence in Baltimore: No. 903 Calvert Court; 28 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Blk

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) married

6-DATE OF BIRTH, ..., (Month) (Day) 1888 (Year)

7-AGE, 28 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Balto City

PARENTS.

10-NAME OF FATHER. Not known

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Not known

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Miller

(Address) 5.66 Calvert St. Court

15- SEP 28 1916 ROBERT R. KRAUT

Filed ..... 191..... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 27, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 25 1916, to Sept 27 1916, that I saw h[illegible] alive on September 26 1916, and that death occurred, on the date stated above, at 10 AM m.

The CAUSE OF DEATH* was as follows:

.....

.....

Tuberculosis of the Lungs (Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Tuberculosis (Duration) yrs. mos. 4 ds.

(Signed) Frank H. Gunn M. D.

Sept 27, 1916 (Address) 2128 E. Madison St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn

DATE OF BURIAL. Sept 28 1916

20-UNDERTAKER Daniel Easter

ADDRESS 916 Penna ave

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C98483 — 91 — C98483

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 6339 N Bisdale ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Green

(Residence in Baltimore: No. 6339 N Bisdale St.; 1 yrs. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Mail

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the Word): Single

6-DATE OF BIRTH: July (Month) 8 (Day) 1915 (Year)

7-AGE: 1 yrs. 2 mos. 19 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country): Balt Md

PARENTS

10-NAME OF FATHER: William Green

11-BIRTHPLACE OF FATHER (State or country): Balt Md

12-MAIDEN NAME OF MOTHER: Mary Saunders

13-BIRTHPLACE OF MOTHER (State or country): Balt Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Green

(Address) 6330 N Bisdale St

SEP 28 1916 Filed 191

ROBERT R. KRAUTH Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: September (Month) 27 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1916, to, Sept 27 1916, that I saw h.. alive on Sept 27 1916, and that death occurred, on the date stated above, at 9.40 a.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

..... (Duration) yrs. mos. 4 ds.

Contributory (SECONDARY) .....

..... (Duration) yrs. mos. ds.

(Signed) J. Thomas Nelson M. D.

Sept 27 1916 [Address] 1103 N Fulton Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery DATE OF BURIAL: Sept 28, 1916

20-UNDERTAKER: Deitz & Hoppe ADDRESS: 601 Pulton Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98484 154 C98484

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2709 Wasker ST.; 16 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry F Thomas

(Residence in Baltimore: No. 2709 Wasker St St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, [illegible] (Month) 1 (Day) (Year)

7-AGE, About 47 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Peter Thomas

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Mundell

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F W G Thomas

(Address) 2709 Wasker st

15- Filed SEP 28 1916 191 ROBERT R. KRAUTER Registrar

Burial Permit Granted

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 26, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 11 1916, to Sept 26 1916, that I saw h[illegible] alive on Sept 24 1916, and that death occurred, on the date stated above, at 1 A, m.

The CAUSE OF DEATH* was as follows:

Senile Debility and Grief
from death of wife
(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Edwin [illegible] M. D.

Sept 26, 1916 (Address) 2109 Harrison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Sept 28, 1916.

20-UNDERTAKER W J Fichtner Sons

ADDRESS Fremont 12th

Millie Dennis

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 098185 '16 C 098185

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1618 Druid Hill St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Millie Dennis

(Residence in Baltimore: No. 1618 Druid Hill St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col.	Widow

6-DATE OF BIRTH, March (Month) 18 (Day) 1856 (Year)

7-AGE, about 60 yrs. 6 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Bal Md

PARENTS.

10-NAME OF FATHER, Louisa Stokley

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Millie Harris

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elie Dennis

(Address) 309 Orleans St

15- SEP 28 1916 Filed....., 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 26 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy
Chronic Nephritis
Malignant Valvular Disease of the Heart
(Duration) 1 yrs. mos. ds.
CONTRIBUTORY (Secondary) Asthma
(Duration) yrs. mos. 14 ds.

(Signed) M. D. (Coroner.)

....., 191.. (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetery; DATE OF BURIAL, Sept 28, 1916

20-UNDERTAKER R. G. Gross; ADDRESS 1405 Mcelderry St

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98486 C98486

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 780 W. Mulberry St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Boldue

(Residence in Baltimore: No. 780 Mulberry St.: 50 yrs., (mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1836 (Year)

7-AGE, 80 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Ford-Carrier
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. L. Price

(Address) 1307 Division

15- Filed SEP 28 1916, 191 ROBERT R. KRAUTH Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 27, (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Trouble

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert L. Driscoll M. D.
(Coroner)

Sept 27, 1916. (Address) 317 N. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, Sept 28 1916

20-UNDERTAKER George H. Holland

ADDRESS 517 Robert St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98487 B 80 C98487

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1504 Thames ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fredericka Jever

(Residence in Baltimore: No. 1504 Thames St.; Lif yrs., mos., ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, May (Month) 13th (Day), 1852 (Year)

7-AGE, 64 yrs. 4 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). At home

9-BIRTHPLACE, (State or Country), Balto City Md.

PARENTS.

10-NAME OF FATHER, Frederick Fryers

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Anna M. Gesang

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary H. Laherty

(Address) 1504 Thames St.

15- SEP 28 1916 ROBERT R. KRAUTER Registrar.

Filed ....., 191.... Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 25th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 7 1916, to Sept 25 1916, that I saw h~~er~~ alive on Sept 25 1916, and that death occurred, on the date stated above, at 8.20 P. m.

The CAUSE OF DEATH* was as follows:

Valvular - Cardiac Dis

(Duration) yrs. 1, mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris -

(Duration) yrs. mos. 1/2 ds.

(Signed) [illegible] M. D.

Sept 26 1916 (Address) 125 S Hilton -

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cem. DATE OF BURIAL. Sept 28. 1916

20-UNDERTAKER H. Sander & Sons ADDRESS 1310 Fleet St.

C98488

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

63+ C98188

REGISTERED NO. C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2444 Oak St. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Spencer B. Nash

(Residence in Baltimore: No. 2444 Oak

Sr.: 1 yrs. 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Dec. (Month) 26 (Day) 1914 (Year)

7 AGE: 1 yrs. 9 mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Spencer Nash

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Maggie Nash

13 BIRTHPLACE OF MOTHER (State or country): Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Spencer Nash

(Address) 2444 Oak St

15. Filed SEP 28 1916, 191 ROBERT R. KRAUT Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: (Month) 9 (Day) 27 (Year) 1916

17. I HEREBY CERTIFY, That I attended deceased from Sept 25 1916 to Sept 27 1916. that I saw h[illegible] alive on Sept 27 1916. and that death occurred on the date stated above. at 10 1/4 m.

The CAUSE OF DEATH* was as follows:

Poliomyelitis

(Duration) yrs. mos. 2 ds

Contributory (SECONDARY) Infection

(Duration) yrs. mos. ds.

(Signed) L. S. Hankins M. D.

Sept 28 1916 (Address) 201 Druid Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: 9 29, 1916

20 UNDERTAKER: Samuel Weinstock — ADDRESS: 515 N Broadway

11 a m.

Spec.—5-19-13—M. & T.—500 Bks. Sadie Miller

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 98189 C98189 28

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 253 S. Dallas ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Sadie miller

(Residence in Baltimore: No. 253 S. Dallas St.; 5 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, November (Month) 8 (Day), 1894 (Year)

7-AGE, 21 yrs. 10 mos. 19 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House Work
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Austria Poland

PARENTS.

10-NAME OF FATHER. Kazmiesz Grzyscik

11-BIRTHPLACE OF FATHER (State or Country). Austria Poland

12-MAIDEN NAME OF MOTHER Karolina name illegible

13-BIRTHPLACE OF MOTHER (State or Country). Austria Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). John Miller

(Address). 253 S. Dallas St.

15. SEP 28 1916 Filed ..... 191.... ROBERT R. KRAUT... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 29 1916 (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 17 1916, to September 23 1916, that I saw h[illegible] alive on September 23 1916, and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. 2 mos. ds.

(Signed) [illegible] M. D.

September 29 1916. (Address) 722 S. Ann St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Sept 29, 1916

20-UNDERTAKER W. F. Sadowski ADDRESS 705 S. Ann

Spec.—8-24-14—M. & T.—2000 Bks.

C98490

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 C98490

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 School St., 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Elwood Simms

(Residence in Baltimore: No. 1410 School St.; yrs. 3 mos. 18 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, June (Month) 8 (Day), 1916 (Year)

7-AGE, yrs. 3 mos. 18 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Charles P. Simms

11-BIRTHPLACE OF FATHER (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER Rachael Watts

13-BIRTHPLACE OF MOTHER (State or Country). West River Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Charles P. Simms

(Address) 1410 School St.

15- Filed SEP 28 1916, 191... ROBERT R. KRAFT... Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 24 1916, to Sept. 27 1916, that I saw h[illegible] alive on Sept. 26 1916, and that death occurred, on the date stated above, at 14 m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Med Institution

(Duration) yrs. mos. ds.

(Signed) J. E. Daugherty M. D.

..., 191... (Address) 602 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Sept. 28 1916

20-UNDERTAKER James H. Dunn — ADDRESS 1305 Pennsylvania Ave

Duplicate original

C98491

C98491

Form.—8-24-16—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hosp St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Sheridan

(Residence in Baltimore: No. 2229 Ething St.; ....yrs., ...mos. ....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Blk.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Aug 25, 1915. (Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Child.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Howard Brooks

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Ellen Sheridan

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ellen Sheridan

(Address) 2229 Ething St.

15-SEP 28 1916 Filed ...SEP...-191... ROBERT R. KRAUT Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 25, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept 21 1916, to Sept 25 1916, that I saw her alive on Sept 25 1916, and that death occurred, on the date stated above, at 1.30 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Elmer Hawkins M. D.

9-29-, 191 6 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2229 Ething

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cemetery

DATE OF BURIAL, Sept 29, 191 6

20-UNDERTAKER Felix B. Pyle

ADDRESS 102 E. Mulberry St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 C98492 152 C98492

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE: (No. 938 Homestead ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME infant of Laurence & Mary Sawyer

(Residence in Baltimore: No. 938 Homestead St.: ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Sept 27, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 8 hrs. & 40 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Laurence Mhe Sawyer

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary Elizabeth Pryor

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H M Freeman

(Address) 1532 Linden Ave

15- SEP 28 1916 ROBERT R. KRAUTH

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 28, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 27 1916, to Sept 28 1916, that I saw h[illegible] alive on Sept 27 1916, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

(Duration) ..... yrs. ..... mos. 8 hrs

CONTRIBUTORY (Secondary) Pneumonia deluxis (7 months)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H M Freeman M. D.

....., 191... (Address) 1532 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge — DATE OF BURIAL, Sept 28, 1916

20-UNDERTAKER A S Marshall — ADDRESS 2539 Pitt Rd.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C98493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C98493

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 10 WARD)

2-FULL NAME Tony Rapisarda

(Residence in Baltimore: No. 915 N. Central Ave St.; ....yrs.. 3 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. June (Month) 18 (Day), 1916 (Year)

7-AGE, 0 yrs. 3 mos. 10 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, Frank Rapisarda

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Vincenzina Rapisarda

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Smith

(Address) Johns Hopkins Hospital

15-SEP 28 1916 ROBERT R. KRAUTH

Filed....., 191.... BURIAL Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. September (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 27 1916, to September 28 1916, that I saw h[illegible] alive on September 28 1916, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Indigestion, Gastro-intestinal acute with acidosis

(Duration) 0 yrs. 3 mos. 10 ds.

CONTRIBUTORY (Secondary) None

(Duration) 0 yrs. 0 mos. 0 ds.

(Signed) A. Smith M. D.

Sept 28 191 6 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ~

Former or usual residence 915 N. Central Ave

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St. Vincents	Sept 28, 1916
20-UNDERTAKER	**ADDRESS**
Lilly & Zeiler	402 S. Mo[illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

78 C98494

REGISTERED No. C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 16 St. Paul St ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jack Elmwsang

(Residence in Baltimore: No. — St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ..., (Month) 1 (Day) ..... (Year)

7-AGE.	If LESS than 1 day,
42 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Unknown
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Siberia Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Fields (undertaker)

(Address) 200 N. Lombard St.

15- Filed SEP 28 1916 ROBERT R. KRAUS Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 27, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Arrest
Sudden
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Kelly (Coroner) M. D.

Sept 28 1916 (Address) 163 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. London Park

DATE OF BURIAL, Sept 28th, 1916.

20-UNDERTAKER John J. Fields

ADDRESS 200 N. Lombard

Spec.—8-24-14—M. & T.—2000 Bks.

C98495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

* 104 C98495

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irving Stern

(Residence in Baltimore: No. Sycamore Ave Sparrows Point St.; ..... yrs., ... mos. 5 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 6, (Month) (Day) 1916 (Year)

7-AGE, ... yrs. 6 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Edward Stern

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Emma Bell

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A Smith

(Address) Johns Hopkins Hospital

15- ROBERT B. KRAUT

FILED SEP 28 1916 Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 26, (Month) (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 21 1916, to September 26 1916, that I saw h[illegible] alive on September 26 1916, and that death occurred, on the date stated above, at 11 p m.

The CAUSE OF DEATH* was as follows:

Meningitis

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Tetanus

(Duration) ..... yrs. 3 mos. ..... ds.

(Signed) Wilbur A. Miller M. D.

Sept. 27 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Sycamore Ave. Sparrows Point

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem. DATE OF BURIAL, Sept 28, 1916

20-UNDERTAKER Jas H. Grace & Son ADDRESS 1100 Madison

C98496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C98496

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 114 Duncan St ST.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Stockham

(Residence in Baltimore: No. 114 Duncan St St.; yrs.. mos. 5 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	white	W

6-DATE OF BIRTH, Sept 25 1916 (Month) (Day) (Year)

7-AGE, ...yrs. ...mos. 3 da. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE. (State or Country), Baltimore md

PARENTS.

10-NAME OF FATHER, Laurence Stockham

11-BIRTHPLACE OF FATHER (State or Country), Baltimore md

12-MAIDEN NAME OF MOTHER Lucy Smith

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucy Stockham

(Address) 114 Duncan St

15- Filed SEP 28 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ...(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ...(Inquest, autopsy or inquiry.) find that said deceased came to ...death on the day stated above.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) ...yrs. ...mos. ...da.

CONTRIBUTORY (Secondary) ...

(Duration) ...yrs. ...mos. ...da.

(Signed) H. Lenox Segar Study M. D.
(Coroner.)

Sept 26, 191. 6 (Address) 1.6.12 E. Fallsway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...da. In the State ...yrs. ...mos. ...da.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Sept 28, 1916

20-UNDERTAKER Wendell & Snyder — ADDRESS 32 E

Spec.—5-19-13—M. & T.—500 Bks.

13 C98197

HEALTH DEPARTMENT—CITY OF BALTIMORE

1 C98197

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 W. 36 St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant boy Louis & Lena Block

(Residence in Baltimore: No. 919 W. 36th St. St.; yrs., mos. 1/2 ds.)

6 hrs

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Infant

6-DATE OF BIRTH, Sept. 27, 1916 (Month) (Day) (Year)

7-AGE, 6 hours 7/24 ds. yrs. mos. ds.

If LESS than 1 day, 6 hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Louis Block

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Lena Cramer

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Block

(Address) 919 W. 36th St.

15- Filed SEP 28 1916 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 27 1916, to Sept 27 1916, that I saw him alive on Sept 27 1916 and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Malformation

(Duration) yrs. mos. ds.

(Signed) A. Hilvany M. D.

Sept 27, 1916 (Address) 845 W. 36

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Sinai Cem. DATE OF BURIAL, Sept 28 1916

20-UNDERTAKER J. Levinson & Bro ADDRESS 1107 E Balto St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98498 15 1 C98498

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No.) 919 N. 36" St. (Ward) 12

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Louis & Lena Block

(Residence in Baltimore: No.) 919 N. 36" St. St.: ...yrs, mos. 3 hrs de)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, Nov. 27, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. ...mos. ...ds. If LESS than 1 day, 3 hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Louis Block

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Lena Cramer

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Block

(Address) 919 N 36th St

15- Filed SEP 28 1916 191... HARRY G. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 27 1916 to Nov 27 1916, that I saw him alive on Nov 27 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Six months Premature

(Premature)

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) L. C. Wantz M. D.

Nov 27, 1916 (Address) 865 N. 36th

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Stevens Hebrew Springs Ben DATE OF BURIAL, Sept 29 1916.

20-UNDERTAKER J. Levinson & Bro ADDRESS 1107 E Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C98499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

C98499

REGISTERED NO. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1216 Linden ave St. 11 WARD)

2-FULL NAME Mary Priscilla Lee

(Residence in Baltimore: No. 1216 Linden ave St.; 4 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Aug (Month) 7 (Day), 1827 (Year)

7-AGE: 89 yrs. 1 mos. 20 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Harford Co Maryland

PARENTS

10-NAME OF FATHER: William Dallam Lee

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Ann Wilson

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harriet P Littig

(Address) 227 W Lafayette Ave

15. Filed SEP 28 1916, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept 27 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1916, to Sept 27 1916, that I saw her alive on Sept 27, 1916, and that death occurred on the date stated above, at 11 20 P m.

The CAUSE OF DEATH* was as follows:

Serous Apoplexy

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) old age

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas E. Sadtler M. D.

Sept 28, 1916 (Address) ~~Chas E. Sadtler~~ 1415 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Thomas Run Harford Co. DATE OF BURIAL: Sept 29. 1916.

20-UNDERTAKER: Ed. W. Mitchell & Co ADDRESS: 1516 W. Lafayette

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96500 C96500

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1301 N. Eden ST.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E. Parlett

(Residence in Baltimore: No. 1301 N. Eden St.: 33 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH. March 28, 1875 (Month) (Day) (Year)

7-AGE, 41 yrs. 6 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Washington, D.C.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Miller

(Address) 1031 Greenmount Ave

15- SEP 28 1916 HARRY C. ANDREWS

191.. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1916, to Sept. 27 1916, that I saw her alive on Sept. 27 1916, and that death occurred, on the date stated above, at 9:30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tubercular peritonitis

(Duration) yrs. ? mos. ? ds.

(Signed) H. Lee Magruder M. D.

Sept. 27, 1916 (Address) 1706 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Olivet

DATE OF BURIAL. Sept. 30, 191.6

20-UNDERTAKER Zickler & Zickler

ADDRESS 1739 E. Eager

Spec.—8-24-14—M. & T.—2000 Blks.

C96501 HEALTH DEPARTMENT—CITY OF BALTIMORE C96501

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. The Cecil Apt. ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Octavia Duvall Howard

(Residence in Baltimore: No. The Cecil apts. St.: — yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, ~~married~~, WIDOWED or ~~divorced~~, (*Write* the word.): Widow

6-DATE OF BIRTH: April (Month) 15 (Day), 1833 (Year)

7-AGE: 83 yrs. 5 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Lady (b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: John H. Duvall

11-BIRTHPLACE OF FATHER (State or Country): Prince Geo. C Md.

12-MAIDEN NAME OF MOTHER: Eliza Ridgely

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): John D. Howard

(Address): 57 W. Lanvale

15- Filed SEP 28 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Sept (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 20 1916, to Sept 27 1916, that I saw h[illegible] alive on Sept 27 1916, and that death occurred, on the date stated above, at 11 30 m.

The CAUSE OF DEATH* was as follows:

Myocarditis (6 mos.)

Hypostatic Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Acute dilatation of Heart

(Duration) yrs. mos. [illegible] ds.

(Signed) [illegible] M. D.

Sept 28, 1916. (Address) 1008 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount

DATE OF BURIAL: Sept 29, 191...

20-UNDERTAKER: Henery W Jenkins Son Co

ADDRESS: McCulloh Orchard

Spec.—5-19-13—M. & T.—500 Bks.

B 98502

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 98502

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1138 Russell St. 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer Andrew Warner.

(Residence in Baltimore: No. 1138 Russell St. St.; 1 yrs., 17 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Aug. (Month) 10, (Day) 1916 (Year)

7-AGE. ....yrs. 1 mos. 17 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) NONE.

9-BIRTHPLACE, (State or Country). Maryland.

PARENTS.

10-NAME OF FATHER. Ernest Warner.

11-BIRTHPLACE OF FATHER (State or Country) Maryland.

12-MAIDEN NAME OF MOTHER Amanda Johns.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernest Warner

(Address) 1138 Russell

15- SEP 28 1916

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 27, (Day) 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Sept. 24 1916, to Sept 27 1916, that I saw h.. live on Sept. 26 1916, and that death occurred, on the date stated above, at 2 A.M.

The CAUSE OF DEATH* was as follows:

(a) Cholera infantum

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) ....yrs. 1 mos. 17 ds.

(Signed) W. H. Williamson M. D.

9-27-, 1916. (Address) 687 Pulaski St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Mt Zion

DATE OF BURIAL. Sept 29 1916

20-UNDERTAKER John H Trodden Hotel

ADDRESS 142

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 95503 63+ C 95503

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 Brunt ST.; 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Earle Lewis

(Residence in Baltimore: No. 1824 Brunt St.; 2 yrs., 6 mos. 26 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March (Month) 3 (Day), 1914 (Year)

7-AGE, 2 yrs. 6 mos. 26 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Chas. A. Lewis

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Charity Schwartz

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas A Lewis

(Address) 1824 Brunt St

15- Filed SEP 28 1916 191... HARRY C. ... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 28 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 26 1916, to Sept 28 1916, that I saw h alive on Sept 28 1916, and that death occurred, on the date stated above, at 2-30 A m.

The CAUSE OF DEATH* was as follows:

Acute Cerebro Spinal Meningitis

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Paul J Brown M. D.

Sept 29 1916 (Address) 1837 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Sept 29, 1916

20-UNDERTAKER James B Hynes — ADDRESS 534 Nelson

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98504 × 43 C98504

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. / WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Calloway.

(Residence in Baltimore: No. Johns Hopkins Hospital St.; yrs., 3 mos. 12 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH April (Month) 27 (Day), 1858 (Year)

7-AGE, 58 yrs. 5 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Conductor.

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thomas Calloway

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Priscilla Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter C. Snyder

(Address) Johns Hopkins Hosp

15- SEP 29 1916 191.... ROBERT R. KRAUTZ

Filed..... Burial Permit Issued.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 16 1916, to Sept. 28 1916, that I saw him alive on Sept. 28 1916, and that death occurred, on the date stated above, at 1 30 p.m.

The CAUSE OF DEATH* was as follows:

Sarcoma of the Thigh - Rt

(Duration) 2 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Post Operative Shock

(Duration) yrs. mos. ds.

(Signed) Mont. R. Kerr M. D.

Sept. 29, 1916. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 3 yrs. 0 mos. 12 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Delmar Delaware

19-PLACE OF BURIAL OR REMOVAL, Delmar Del. DATE OF BURIAL, Sept 29 1916

20-UNDERTAKER Chas. T. Evans & Son ADDRESS 118 W. Mt. Royal

Spec.—8-24-14—M. & T.—2000 Bks.

B 98505 C98505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 642 N Fulton Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Selena Wilbur

(Residence in Baltimore: No. 642 N Fulton Ave St.; ... yrs. ... mos. ... ds.)

MARGIN RESERVED

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, March (Month) 1st (Day) 1832 (Year)

7-AGE 84 yrs. 6 mos. 24 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Joe Robb

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Ryland

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. F. Johnson

(Address) 642 N. Fulton Ave

15- Filed SEP 29 1916, 19... ROBERT R. KRAUTH Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 2nd, 1916, to Sept 27th, 1916, that I saw her alive on Sept 26th, 1916, and that death occurred, on the date stated above, at 5:45 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Senile Decay

(Duration) ... yrs. ... mos. ... ds.

(Signed) Chas. F. Holland M. D.

Sept 29th, 1916 (Address) 642 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Glenwood Cem. DATE OF BURIAL, Sept 30, 1916

20-UNDERTAKER W. F. Tuckerman ADDRESS North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 098506

CERTIFICATE OF DEATH.

151

C98506

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. Maryland Hospital St. 87 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Allen.

(Residence in Baltimore: No. 1606 Latrobe St. St.; Yrs. Life mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Male

4-COLOR OR RACE, Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 9 (Day), 1916 (Year)

7-AGE, ... yrs. 8 mos. 19 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md - City

PARENTS.

10-NAME OF FATHER, John Winston

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Mary Allen.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Allen

(Address) 1606 Latrobe Street

15- Filed SEP 29 1916, 19.... ROBERT R. KRAUT... Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 25 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 22 191 6, to Sept 25 191 6, that I saw h.. alive on Sept 25 191 6, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Meningitis.

(Duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. H. Holland M. D.

Sept 25, 191 6 (Address) Maryland Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1606 Latrobe St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Sept 29 191 6

20-UNDERTAKER George H. Holland

ADDRESS 547 Robert St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98507 — 13 — 5 — 4337 — C98507

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 Brunt St ST.; 14 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew W Spies Jr.

(Residence in Baltimore: No. 1825 Brunt St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: Sept (Month) 28 (Day), 1916. (Year)

7-AGE: ——yrs. ——mos. ——ds.

If LESS than 1 day, ¼ hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Andrew W Spies

11-BIRTHPLACE OF FATHER (State or Country): Balto Md

12-MAIDEN NAME OF MOTHER: Elver L Leamon

13-BIRTHPLACE OF MOTHER (State or Country): Laurel Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew W. Spies

(Address) 1825 Brunt st.

15- SEP 29 1916 HARRY C. ANDREWS

FILED ..... 191... Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Sept (Month) 28 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 28 1916, to Sept 28 1916, that I saw him alive on Sept 28 1916, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edw Leamon M. D.

Sept 28, 1916 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem. DATE OF BURIAL: Sept 29 1916

20-UNDERTAKER Harry W. Eldridge ADDRESS 1944 North Av

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98508

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1613 Light St. ST.: 24 WARD) REGISTERED NO. C

2-FULL NAME Francis E. Runkles.

(Residence in Baltimore: No. 1613 Light St.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.: yrs. 2 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single.

6-DATE OF BIRTH. July 14th. 1916 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
yrs. 2 mos. 14 ds.	hrs. or min.?

8-OCCUPATION.
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Francis Runkles.

11-BIRTHPLACE OF FATHER (State or Country). Frederick Co. Md.

12-MAIDEN NAME OF MOTHER. Leona M. Wright.

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leona M. Wright (Mother.

(Address) 1613 Light St.

15- Filed SEP 29 1916 ROBERT R. KRAUTH Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. September 28th. 1916. (Month) (Day) (Year) 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Inanition.

(Duration) hrs. 2 mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.

(Coroner)

Sept 28th. 1916. (Address) 1617 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Western Cem'y. DATE OF BURIAL. Sept 27 1916

20-UNDERTAKER Wm J. E. Evans Son ADDRESS 1428 S. Chas

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98509 #6 C98509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 36 N. Hare St.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena H. Schiebel

(Residence in Baltimore: No. 36 N. Hare St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Apr. 30 (Month), 1874 (Day) (Year)

7-AGE, 42 yrs. 4 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Carl Schiebel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Augusta Reinhardt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. A. Schiebel

(Address) 36 N. Hare St.

15- SEP 29 1916, 191... ROBERT R. KRAUSE Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 27 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 17 1916, to Sept. 27 1916, that I saw h[illegible] alive on Sept. 26 1916, and that death occurred, on the date stated above, at 5.45 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Primary

Arteriosclerosis

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Cardiac Asthma

(Duration) ...yrs. 6 mos. ...ds.

(Signed) C. R. Button M. D.

Sept. 27, 1916. (Address) 1711 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In this State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westminster — DATE OF BURIAL, Sept. 30 1916

20-UNDERTAKER, M. J. Moran — ADDRESS Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98510

CERTIFICATE OF DEATH.

1

C98510

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2623 E. Monument St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Loeblein

(Residence in Baltimore: No. 2623 E. Monument St.; 35 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April 5th, 1874
(Month) (Day) (Year)

7-AGE, 42 yrs. 5 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Germany

PARENTS.

10-NAME OF FATHER, John Eidmann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Julia

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John B. Loeblein

(Address) 2623 E. Monument

15- SEP 29 1916 ROBERT R. KRAUTH Registrar.
Filed ..... 191.. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 27th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 20 1916, to Sept. 27 1916, that I saw h.. alive on Sept 27 — 1916 and that death occurred, on the date stated above, at 12 30 M.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. 0 mos. 7 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) yrs. mos. 3 — ds.

(Signed) Jno. E. Brown M. D.

Sept 29, 1916. (Address) 125 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem.

DATE OF BURIAL, Sept 29 1916

20-UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15

C98511

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 3933 Roland Ave ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel G. Kilmer

(Residence in Baltimore: No. 3933 Roland Ave St.; yrs. 1 mos. 9 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~OR DIVORCED~~ (Write the word): Infant

6-DATE OF BIRTH: Aug (Month) 19 (Day) 1916 (Year)

7-AGE: ..... yrs. 1 mos. 9 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Samuel Kilmer

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Cora Sampson

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. Sampson

(Address) 3933 Roland Ave

SEP 29 1916 Filed ..... 191.....

ROBERT R. KRAUTH

Burial Permit ~~Registrar~~

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 9 (Month) 28 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9-19, 1916, to, 9-28 1916, that I saw her alive on 9-28 1916, and that death occurred, on the date stated above, at 8.9 m.

The CAUSE OF DEATH* was as follows:

Malnutrition

..... (Duration) ..... yrs 1 mos. ..... ds.

Contributory (SECONDARY) Marasmus

..... (Duration) ..... yrs 1 mos. ..... ds.

(Signed) C. Youngbert M. D.

9/29 1916. [Address] 3701 Roland

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Marys Hampden — DATE OF BURIAL: Sept 29. 1916

20-UNDERTAKER: Leo. G. Cook — ADDRESS: North & Harford

098512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9r

098512

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Marine Hospital ST.: 4 WARD)
REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Johnson
(Residence in Baltimore: No. 601 E. Lombard St.; yrs. 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single
6-DATE OF BIRTH: Unknown ....., 1 ..... (Month) (Day) (Year)
7-AGE: About 52 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?
8-OCCUPATION: (a) Trade, profession, or particular kind of work: Ship Mate (b) General nature of industry, business, or establishment in which employed (or employer):
9-BIRTHPLACE, (State or Country): State of Washington

PARENTS.
10-NAME OF FATHER: Unknown
11-BIRTHPLACE OF FATHER (State or Country): Unknown
12-MAIDEN NAME OF MOTHER: Unknown
13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) H. Starr Smith
(Address) 1710 Eutaw Pl.

15-
FILED SEP 29 1916 191 ROBERT R. KRAUT[illegible]
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Sept 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:
Pneumonia Lobar
(Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) John Morrison (Coroner.) M. D.
Sept 29 1916 (Address) 3632 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death about 2 hours yrs. ..... mos. ..... ds. In the Marine Hospital State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? not at all, to Mate
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, Sept 29 1916
20-UNDERTAKER H. Sander & Sons — ADDRESS 1710 Eutaw Pl.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15 C98513 — 79 C98513

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Children's Hospital School ST.: 3 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophie Carroll

(Residence in Baltimore: No. 1430 Gough Street St.: 2 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH. March 29, 1914 (Month) (Day) (Year)

7-AGE. 2 yrs. 6 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country) Balto Maryland

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Lewis

(Address) 1411 E Baltst

15-SEP 29 1916 ROBERT E. KRAUT

Filed ....., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept 28, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 23 1916, to Sept 28 1916, that I saw h e alive on Sept 28 1916, and that death occurred, on the date stated above, at 2.30 p m.

The CAUSE OF DEATH* was as follows:

Heart trouble of unknown nature: autopsy revealed hypertrophy & dilatation of right ventricle with no explanation; valves normal (Duration) yrs. 6(?) mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency (?) (Duration) yrs. mos. 10 ds.

(Signed) Gilbert J. Rosenthal M. D.

Sept. 29, 1916 (Address) Children's Hospital School

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State 2 yrs. 6 mos. ds.

Where was disease contracted, if not at place of death? 1430 Gough Street

Former or usual residence "

19-PLACE OF BURIAL OR REMOVAL. Hebrew Mt Carmel

DATE OF BURIAL. 9/29, 1916

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Baltst

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98514 109 C98514

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 n Duncan ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Etta O'Connors

(Residence in Baltimore: No. 700 n. Duncan St.; 50 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May 7, 1857 (Month) (Day) (Year)

7-AGE, 59 yrs. 4 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Woman mk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Kelly

(Address) 700 n. Duncan

15- SEP 29 1916 Filed ROBERT R. KRAUSE 191

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH September 27 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 25 1916, to Sept 27 1916, that I saw h er alive on Sept 27 1916, and that death occurred, on the date stated above, at 4:30 p. m.

The CAUSE OF DEATH* was as follows:

Intestinal Intrusion

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(Duration) yrs. 3 mos. dd.

(Signed) G. H. Meyer Jr. M. D.

Sept 27, 1916. (Address) 701 N. Arlington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery DATE OF BURIAL, Sept 30 1916

20-UNDERTAKER Christian Miller ADDRESS 2334 Jefferson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98515 C98515

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 N Streeter St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Rose T. Beetfeet

(Residence in Baltimore: No. 313 N Streeter St.; 71 yrs., 6 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. W Life

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH. Dec 13, 1844 (Month) (Day) (Year)

7-AGE. 71 yrs. 6 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Philip Schaefer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Helen Langi

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs H C Beetfeet

(Address) 313 N Streeter St

15- Filed SEP 29 1916, 191.. ROBERT R. KRAUTER Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1915, to Sept 27 1916, that I saw h.. alive on Sept 27 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. 5 mos. ....ds.

CONTRIBUTORY (Secondary) Organic Dis of Heart

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Mowry M. D.

Sept 28, 191.. (Address) 739 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park. DATE OF BURIAL, Sept 30, 191.6

20-UNDERTAKER Joseph B Cook ADDRESS 1003 W Balto St

N. B.—Every item of information should be given as accurately as possible. CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 C98516

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 210 Laurens ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abraham Eilan

(Residence in Baltimore: No. 210 Laurens St. Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word) Single

6-DATE OF BIRTH May 2, 1844 (Month) (Day) (Year)

7-AGE. 72 yrs. 4 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work. Art Merchant (b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto.

PARENTS.

10-NAME OF FATHER. David Eilan

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Lena Weil

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fannie Eilan

(Address) 210 Laurens St.

15- SEP 29 1916 Filed ..... 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Sept 27th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to Sept 27 1916, that I saw h[illegible] alive on Sept 27 1916, and that death occurred, on the date stated above, at 9 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Clinical (Duration) yrs. 5 mos. — ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. 1 mos. ds.

(Signed) J. Louis Faudenmeyer M. D.

Sept 28, 1916 (Address) 1 E. Chase

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Balto Hebrew

DATE OF BURIAL. Sept 29, 1916

20-UNDERTAKER David Nordheim

ADDRESS 11 E. Mt. Royal Ave

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98517 C98517

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital ST.; 17 WARD) 110

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis L. Lloyd

(Residence in Baltimore: No. 639 W. Franklin St.; 46 yrs., 8 mos. 15 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Jan. (Month) 13 (Day), 1870 (Year)

7-AGE, 46 yrs. 8 mos. 15 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Physician
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Wm. J. Lloyd.

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Helen M. Rutter.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. J. Lloyd.

(Address) 1607 Appleton St.

15-Filed SEP 29 1916, 191.... ROBERT R. KRAUTH Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 28 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept 13 1916, to Sept 28 1916, that I saw h[illegible] alive on Sept 28 1916, and that death occurred, on the date stated above, at 7.50 P.M.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction,
Intra-abdominal adhesions
(Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary) General toxemia
(Duration) ....yrs. ....mos. 15 ds.

(Signed) Elmer L. Hewerner M. D.

9-28, 1916. (Address) Md. General Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 15 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence. 639 W. Franklin

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery. DATE OF BURIAL, Sept. 30, 1916

20-UNDERTAKER Thos. G. Black ADDRESS 1201 E. Madison St.

Spec.—8-24-14—M. & T.—2000 Bks.

B C98518

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98518

CERTIFICATE OF DEATH.

150

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkin Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rafel E. Galilee

(Residence in Baltimore: No. 535 N. Wolfe St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 10, 1916
(Month) (Day) (Year)

7-AGE, yrs. 5 mos. 19 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Non
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Peter Galilee

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Merie Ennis

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Phelps

(Address) Johns Hopkins Hosp.

15- SEP 29 1916 ROBERT R. KRAUT

Filed ....., 191.. Burial Permit Clerk.
Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 29th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 9th 1916, to Sept 29th 1916, that I saw him alive on Sept 29th 1916, and that death occurred, on the date stated above, at 12:50 a m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus (Congenital)

(Duration) 0 yrs. 8 mos. 19 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry B. Conrad M. D.

Sept. 29, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 20 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? "

Former or usual residence 535 N. Wolfe St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Portsmouth Va	Sept 29, 1916.

20-UNDERTAKER Wm. E. Schaffer & Sons

ADDRESS 1816 Monument St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

M. 2752

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98519 45 C98519

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Protestant Infirmary

CITY OF BALTIMORE: (No. 1514 Division ST.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph P Tracey

(Residence in Baltimore: No. 404 E 20th St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. January 15th (Month) (Day), 1853 (Year)

7-AGE. 63 yrs. 9 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Belvidere Hotel
(b) General nature of industry, business, or establishment in which employed (or employer) Master Mechanic

9-BIRTHPLACE. (State or Country). Balto Co. Md

PARENTS.

10-NAME OF FATHER. Mr Aaron Tracey

11-BIRTHPLACE OF FATHER (State or Country). Balto Co. Md.

12-MAIDEN NAME OF MOTHER Anna Tracey

13-BIRTHPLACE OF MOTHER (State or Country). Balto Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Tracy

(Address) 404 E. 20 st

15- Filed SEP 29 1916 ROBERT R. KRAUT Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. September 29 (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 22 1916, to Sept 29 1916, that I saw him alive on Sept 29 1916, and that death occurred, on the date stated above, at 9.05 Am.

The CAUSE OF DEATH* was as follows:

Sarcoma of neck with general metastases

Microscopic Exam (Duration) about 5 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) R. T. Knighton M. D.

Sept. 29 1916. (Address) 1514 Division

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 404 East 20th St. Balto

19-PLACE OF BURIAL OR REMOVAL. Balto Cemetery — DATE OF BURIAL. Oct. 1, 1916

20-UNDERTAKER Wm Cook — ADDRESS 502 North A

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98520 104 C98520

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3125 Elliott St. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonora Malinowska

(Residence in Baltimore: No. 3125 Elliott St.: 1 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. Age must be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Single

6-DATE OF BIRTH: Dec. 11, 1914 (Month) (Day) (Year)

7-AGE: 1 yrs. 9 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Frank Malenowski

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Jadwiga Greba

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Malenowski

(Address) 3125 Elliott St.

15- SEP 30 1916 191.. HARRY G. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Sept. 29th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 13th 1916, to Sept 29 1916, that I saw h[er] alive on Sept 28 1916, and that death occurred, on the date stated above, at 3.30 A. m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

Duration yrs. mos. ds.

(Signed) L. La Motte M. D.

Sept 29, 1916 (Address) 1611 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Stanislaus Cem.

DATE OF BURIAL: Sept. 30, 1916

20-UNDERTAKER: Stephen J. Szalkowski

ADDRESS 1019 Fleet

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98521 C98521

CERTIFICATE OF DEATH.

1-PLACE OF DEATH CITY OF BALTIMORE: (No. St Joseph's Hosp ST.; 8 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Kramer

(Residence in Baltimore: No. 1730 N. Dallas St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jany 21, 1871 (Month) (Day) (Year)

7-AGE, 45 yrs. 8 mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Baker
(b) General nature of industry, business, or establishment in which employed (or employer) BAKERY

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Kramer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Kramer

(Address) 1730 N Dallas

15- SEP 30 1916 HARRY C ANDERSON Filed ..... 191.. Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 28, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 26 1916 to Sept 28 1916, that I saw him alive on Sept 28 1916, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

Clinical Dont Know (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Oedema

(Duration) ... yrs. ... mos. ... ds.

(Signed) William F O'Malley M. D.

Sept 28, 1916. (Address) St Joseph's Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 2 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Dont Know

Former or usual residence 1730 N. Dallas St

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer DATE OF BURIAL. Sept 30, 191.6

20-UNDERTAKER Robt T Turner ADDRESS 1442 N Bond

N.B. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98522 130 C98522

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 E. Madison St. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E. Johnson

(Residence in Baltimore: No. 1810 E Madison St.; Yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED.~~ (*Write* the word.) Married

6-DATE OF BIRTH, Aug. (Month) 26, (Day) 1841 (Year)

7-AGE, 75 yrs. 1 mos. 1 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Paint
(b) General nature of industry, business, or establishment in which employed (or employer): Salesman

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Elijah Johnson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Sarah Jo Rose

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Johnson

(Address) 1734 N. Broadway

15- SEP 30 1916 Filed, 191. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 27 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 5 1916, to Sept 27 1916, that I saw h- alive on Sept. 25 1916, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) General

(Duration) — yrs. 2 mos. — ds.

(Signed) [illegible] M. D.

Sept 28, 1916 (Address) 2625 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Sept. 30, 1916

20-UNDERTAKER Roll & Turner ADDRESS 1442 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

098523 098523

CERTIFICATE OF DEATH.

REGISTERED NO. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 N Bethel St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie A Boxell

(Residence in Baltimore: No. 1422 N Bethel St.; 49 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Sept 4, 1866 (Month) (Day) (Year)

7-AGE. 50 yrs. - mos. 23 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Nurse
(b) General nature of industry, business, or establishment in which employed (or employer). Mrs

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER. Geo H Stadt

11-BIRTHPLACE OF FATHER (State or Country) Balto

12-MAIDEN NAME OF MOTHER Emma Kotz

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie A Boxell

(Address) 1422 N Bethel

15- SEP 30 1916, 191.... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1916, to Sept. 27, 1916, that I saw her alive on Sept. 26, 1916, and that death occurred, on the date stated above, at 12 M. p m.

The CAUSE OF DEATH* was as follows:

Brights disease

(Duration) Uncertain yrs. mos. ds.

CONTRIBUTORY (Secondary) Coma

(Duration) 2 yrs. mos. 2 ds.

(Signed) Edwin B. Fenby, M. D.

Sept. 28, 1916 (Address) 1223 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer — DATE OF BURIAL. Sept 30, 191.6

20-UNDERTAKER Robt J Turner — ADDRESS 1424 Pine

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

98524 79 (98524

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 510 Eisler ST.: 22 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Brown

(Residence in Baltimore: No. 510 Eisler St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col.	Marr.

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
57 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Brown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Josephine Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine Brown

(Address) 510 Eisler

15- SEP 30 1916 HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart trouble,

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. Hurt Doscoll M. D. (Coroner)

Sept 27 1916 (Address) 312 N. Carrollton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, PUBLIC CEMETERY

DATE OF BURIAL, SEP 27 1916, 19....

20-UNDERTAKER

ADDRESS

Health.

Per Dr. E. HOBBALL

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is also important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98525 C98525

CERTIFICATE OF DEATH.

REGISTERED NO. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1915 Herbert ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Birkey

(Residence in Baltimore: No. 1915 Herbert St St.: yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug (Month) 21 (Day), 1836 (Year)

7-AGE, 80 yrs. 0 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter (House)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Thomas H Birkey

11-BIRTHPLACE OF FATHER (State or Country). un known

12-MAIDEN NAME OF MOTHER Mary Carter

13-BIRTHPLACE OF MOTHER (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Snowden

(Address) 2117 St Paul St

15- SEP 30 1916 HARRY C. ... D
Filed....., 191....Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 21 1916, to Sept 28 1916, that I saw him alive on Sept 27 1916, and that death occurred, on the date stated above, at 11:30 a m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

Constantly under (Duration) yrs. 2 mos. 7 ds.

CONTRIBUTORY (Secondary) old age

(Duration) yrs. mos. ds.

(Signed) Geo. T. Kemp M. D.

Sept 29, 1916. (Address) St. James Apartments

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Sept 30 1916

20-UNDERTAKER H. L. Michael & Son — ADDRESS Pimlico Road

B 98526 94 98526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital. ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Roland Sherman.

(Residence in Baltimore: No. 3427 Falls Road St.: — yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH. June 6, 1898
(Month) (Day) (Year)

7-AGE. 18 yrs. 3 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Soldier
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Va

PARENTS.

10-NAME OF FATHER. John Sherman

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER. Katherine Painter

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Sherman

(Address) 3427 Falls Road

15- Filed SEP 30 1916, 191. HARRY C. ANDREWS Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept 28 1916, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Congestion of Lungs.

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. 6 mos. ...ds.

(Signed) [illegible], M. D.
(Coroner)

Sept 28 1916 (Address) N E Dist.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 1 ...ds. In the State 8 yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 3427 Falls Road

19-PLACE OF BURIAL OR REMOVAL. St Mary's Hampden DATE OF BURIAL. Sept 30 1916

20-UNDERTAKER. W S Marshall ADDRESS 3539 Elm Rd

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 098527 — 66 098527

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2026 N. Fulton Av ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Poole Richardson

(Residence in Baltimore: No. 2026 N. Fulton Ave St.; 20 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. Where blanks are left, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Widow

6-DATE OF BIRTH, Aug. (Month) 17 (Day), 1838 (Year)

7-AGE.	If LESS than 1 day,
78 yrs. 1 mos. 11 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, James Richardson

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Ellen Andrew

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Margaret Richardson

(Address) 2026 N. Fulton Ave

15- SEP 30 1916 ROBERT R. KRAUT [redacted] Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 28th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 22nd 1916, to Sept. 28th 1916, that I saw h[illegible] alive on Sept 28th 1916, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) O. H. Harrell M. D.

Sept 29 1916 (Address) 1817 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Greenmount Cem.

DATE OF BURIAL, Oct. 1, 1916.

20-UNDERTAKER Harry W. Ellen

ADDRESS 1911 W. Fulton Ave

Spec.—8-24-14—M. & T.—2C90 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98528 C98528

CERTIFICATE OF DEATH.

+129

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home + Inf ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Anna Rauh

(Residence in Baltimore: No. 601 S. 15th Street. St.; ...yrs., ...mos. ...da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, April (Month) 8 (Day), 1870 (Year)

7-AGE, 46 yrs. 5 mos. 20 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore,

PARENTS.

10-NAME OF FATHER, Geo D. Rahmeier

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Maria Schwab

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Rauh

(Address) 601 S. 15th St

15- SEP 30 1916 Filed ..., 191... ROBERT R. KRAUTH Register

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 6 1916, to Sept 28 1916, that I saw h.r alive on Sept 27 1916, and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Fractured femur,
(Operation)

(Duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Intestinal obstruction

(Duration) ... yrs. ... mos. 3 ds.

(Signed) ... M. D.

Sept 28, 1916. (Address) Church Home

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. 22 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cemetery

DATE OF BURIAL, Oct 1, 1916

20-UNDERTAKER John Herring & Co

ADDRESS 2008 Orleans St

N.B.—Every item of information should be carefully supplied. Age must be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98529 81 C98529

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C

CITY OF BALTIMORE: (NO. ..... ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Cook,

(Residence in Baltimore: No. ..... St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH, June 10, 1839. (Month) (Day) (Year)

7-AGE, 77 yrs. 3 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Edward Cook

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Sester

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- Filed SEP 30 1916, 191.... ROBERT R. KRAUT... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 29th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 26th 191.., to ..... 191.., that I saw him alive on about 3 weeks prior to death 1916, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Unknown (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) F. A. Byrne M. D.

Sept 29, 1916. (Address) 1132 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 11 yrs. 8 mos. ds. In the State ... yrs. ... mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem. DATE OF BURIAL, Sept 30, 1916

20-UNDERTAKER H. C. Wiedefeld ADDRESS 614 Gramm Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C98530

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1431 W Lombard ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mahala Ellen Emmerich

(Residence in Baltimore: No. 1431 W Lombard St.; ... yrs., ... mos., ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH. November 30th, 1823 (Month) (Day) (Year)

7-AGE. 92 yrs. 9 mos. 28 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Virginia

PARENTS.

10-NAME OF FATHER. William Harbert

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER. Ann Grimsley

13-BIRTHPLACE OF MOTHER (State or Country). Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella G. Meade

(Address) 1432 Harlem Ave.

15- Filed SEP 30 1916 ROBERT R. KRAUT[illegible] Registrar

Burial Permit [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. September 28th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1906, to Sept 28th 1916, that I saw her alive on Sept 28th 1916, and that death occurred, on the date stated above, at 8 30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis
& Dilatation

(Duration) 6 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Intestinal Catarrh

(Duration) 2 yrs. 6 mos. ... ds.

(Signed) H. Kenton Hubbard M. D.

Sept. 29, 1916 (Address) 701 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park

DATE OF BURIAL. Sept 30 1916

20-UNDERTAKER E. W. Mitchell & Co

ADDRESS 1201 N. Fayette St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98531 64 C98531

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. 2056 Kennedy ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Silver

(Residence in Baltimore: No. 2056 Kennedy ave St.: 62 yrs. 5 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, April (Month) 18th (Day), 1854 (Year)

7-AGE, 62 yrs. 5 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Charles Rullmann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Hiltz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma V Larkin

(Address) 2056 Kennedy ave

15- SEP 30 1916 191.. Filed. ROBERT R. KRAUT... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 27 1916, to Sept 28 1916, that I saw h er alive on Sept 28 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as followa:

Cerebral Hemorrhage

5 hours (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) Harry C [illegible] M. D.

Sept 29, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, October 1st 1916.

20-UNDERTAKER George Schilling & Sons — ADDRESS 1126 E Monument st

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98532

CERTIFICATE OF DEATH.

64 C98532

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 E. Lexington ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgiana Edwards

(Residence in Baltimore: No. 1102 E. Lexington St.; ....yrs., ...mos. ....da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1867 (Year)

7-AGE, 49 yrs. ....mos. ....da. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Richard Hall

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mutemann

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John E. Edwards

(Address) 1102 Lexington St.

15- Filed SEP 30 1916, 191.. ROBERT R. KRAUT... Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 29, 1916, to Sept 27 1916, that I saw h.r alive on Sept 27 1916, and that death occurred, on the date stated above, at 5.45 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. 1 mos. ....da.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....da.

(Signed) Robert J. Green M. D.

Sept. 28., 191.6 (Address) 120½ Aisquith St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Asbury Cemetery	Oct. 1., 1916.
20-UNDERTAKER Mrs. M. A. Elliott	ADDRESS 506 East St

Spec.—8-24-14—M. & T.—2000 Bks.

Dora Malinowski

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98533

CERTIFICATE OF DEATH.

50

C98533

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Dora Malinow.

(Residence in Baltimore: No. 705 Poplar Grove St.: 8 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. Unknown, (Month) (Day) 186[illegible] (Year)

7-AGE. 52 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Lewis

(Address) 1411 E Balt

15- SEP 30 1916 ROBERT R. KRAUTER

Filed....., 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. September 28, (Month) (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1916, to Sept 28, 1916, that I saw her alive on Sept 28, 1916, and that death occurred, on the date stated above, at 8.30 m.

The CAUSE OF DEATH* was as follows:

Gangrene of Left Hand

unknown.

(Duration)..... yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

unknown.

(Duration)..... yrs.....mos.....ds.

(Signed) S. D. Shannon M. D.

Sept. 28., 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. mos. 6 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 705 Poplar Grove St

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL. Hebrew Washington Blvd DATE OF BURIAL. 10/1/16, 191.

20-UNDERTAKER Jack Lewis ADDRESS 1411 E Balt St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98534 40 C98534

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 156 N Exeter St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertie Shalavitz

(Residence in Baltimore: No. 156 N. Exeter St.; 27 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. May (Month) 6 (Day) 1889 (Year)

7-AGE. 47 yrs. 4 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Wolf Caplan

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Lewis

(Address) 1411 E Baltimore St

15- SEP 30 1916 Filed....., 19.... ROBERT R. KRAUSE Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 28 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Sept 18 1916, to Sept 28 1916, that I saw her alive on Sept 28 1916, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Ascites

(Duration) yrs. 1 mos. 10 ds.

(Signed) Bernard Fantus M. D.

Sept 28, 1916 (Address) 707 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Hebrew Nursery Rest

DATE OF BURIAL. Oct 1, 1916

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Balto St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

63 C98535

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 3 WARD)

REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rubin Goldstein

(Residence in Baltimore: No. 113 Allemande St. St.; yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION necessary important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sing

6-DATE OF BIRTH. August (Month) 1 (Day), 1915 (Year)

7-AGE, 1 yrs. 1 mos. 28 ds. If LESS than 1 day, hrs. or mln.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Louis Goldstein

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rosie —

13-BIRTHPLACE OF MOTHER (State or Country), Russia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15- Filed SEP 30 1916, 191. ROBERT R. KRAUSE Deputy Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 28 1916, to Sept. 28 1916, that I saw h— alive on Sept 28 1916, and that death occurred, on the date stated above, at 10 45 a. m.

The CAUSE OF DEATH* was as follows:

(a) Acute Poliomyelitis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) K. F. Meaney M. D.

Sept. 30, 191. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? ~

Former or usual residence 113 allemande St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel — DATE OF BURIAL, 10/1, 1916

20-UNDERTAKER Jack Levin — ADDRESS 1411 Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98536 C98536

CERTIFICATE OF DEATH.

B 5 108

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morris Meyer Lewis

(Residence in Baltimore: No. 1213 Mc Elderry St.; 41 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Hebrew White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept — 1875
(Month) (Day) (Year)

7-AGE, 41 yrs. — mos. — ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Upholstrer
(b) General nature of Industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE. (State or Country), Baltimd

PARENTS.

10-NAME OF FATHER, Solomon Lewis

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Celia Lederman

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Lewis

(Address) 1411 E Balto St

15- Filed SEP 30 1916, 191 ROBERT R. KRAUTH Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 27 1916, to Sept 28 1916, that I saw h[illegible] alive on Sept. 28 1916, and that death occurred, on the date stated above, at 12.20 m.

The CAUSE OF DEATH* was as follows:

General Peritonitis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Appendicitis

(Duration) yrs. mos. 1 ds.

(Signed) M L Lewis M. D.

9/28/1916 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 1213 Mc Elderry.

19-PLACE OF BURIAL OR REMOVAL Hebrew Washington DATE OF BURIAL 10/1 1916

20-UNDERTAKER Jack Lewis ADDRESS 1411 E Balto St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B 98537

HEALTH DEPARTMENT—CITY OF BALTIMORE

98537

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

BALTIMORE, MD.

REGISTERED NO. C

CITY OF BALTIMORE: (No. U.S. Marine Hospital 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Jennis

(Residence in Baltimore: No. U.S. Marine Hospital St.; ..... yrs. ..... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1856 (Year)

7-AGE, 60 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Seaman
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) From Hospital Record
(Address)

15- SEP 30 1916

Filed ..... 191.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 29, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9-26- 1916, to 9-29 1916, that I saw him alive on 9-29 1916, and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(Duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Acute dilatation, Mitral regurgitation

(Duration) — yrs. — mos. 5 ds.

(Signed) Chas. A. Kegel M. D.

9-30-, 1916. (Address) U.S. Marine Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 4 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Unknown

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Sept. 30, 1916.

20-UNDERTAKER Clements & Son — ADDRESS 367 Chestnut ave

C98538 C98538

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

157

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 640 Barre ST. 27 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Bradunas
(Residence in Baltimore: No. 640 W Barre St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 48 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Rose Bradunas
(Address) 640 W Barre St.

15- SEP 30 1916 ROBERT R. KRAUTER
Registrar.
Burial Permit 61571

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 29, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquiry~~ Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
From Strangulation Caused by hanging (Suicide)
(Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... (mos. ..... ds.

(Signed) Albert D. Driscoll M. D.
(Coroner)
Sep 30 1916 (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Oct 1, 1916

20-UNDERTAKER John Gobliauskas — ADDRESS 200 S Pkwy

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C98539 C98539 91

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2510 Wilkens ave St. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosalie F. Grady

(Residence in Baltimore: No. 2510 Wilkens ave St.; ..... yrs., 8 mos. 7 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~, (*Write* the word.): Single

6-DATE OF BIRTH: January 22, 1916 (Month) (Day) (Year)

7-AGE: ..... yrs. 8 mos. 7 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Charles H Grady

11-BIRTHPLACE OF FATHER (State or Country): Baltimore Md

12-MAIDEN NAME OF MOTHER: amelia auger

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles H Grady

(Address) 2510 Wilkens ave

15-SEP 30 1916 Filed ..... 191.. ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 29 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Sept 28 1916, to Sept 29 1916, that I saw her alive on Sept 29 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) asthenia

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Asa L Wessels M. D.

Sept 30 1916 (Address) 2565 Frederick Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Oct 2, 1916.

20-UNDERTAKER F B Weyant

ADDRESS 233 Fred R Ave

Spec.—8-24-14—M. & T.—2000 Bks.

13

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 C98540

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. St. Elizabeth's Home ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Douglas

(Residence in Baltimore: No. ..... St.; ..... yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M

4-COLOR OR RACE: B

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: July (Month) 19 (Day), 1916. (Year)

7-AGE: ..... yrs. 2 mos. 8 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country): Frederick, Md

PARENTS.

10-NAME OF FATHER: ?

11-BIRTHPLACE OF FATHER (State or Country): ?

12-MAIDEN NAME OF MOTHER: ?

13-BIRTHPLACE OF MOTHER (State or Country): Frederick, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- Filed SEP 30 1916 191... ROBERT R. KRAUT... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 27 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1916, to Sept 27, 1916, that I saw h[im] alive on " 191 6.. and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

..... Alimentary Dec[line]

.....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... J. H. Morrison, M. D.

....., 191... (Address) ..... Mercy Hosp...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 2 mos. [illegible] ds. In the State yrs. 2 mos. 8 ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Frederick, Md.

19-PLACE OF BURIAL OR REMOVAL. | DATE OF BURIAL, ..., 191...

20-UNDERTAKER | ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B (98541) (98541) 151 (98541)

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 W Lexington St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matilda Schmidt

(Residence in Baltimore: No. 1220 W Lexington St.; ..... yrs. ..... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Sept (Month) 28 (Day) 1914 (Year)

7-AGE, ... yrs. ..... mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Henry Schmidt

11-BIRTHPLACE OF FATHER (State or Country): Georgia

12-MAIDEN NAME OF MOTHER: Emma Bowers

13-BIRTHPLACE OF MOTHER (State or Country): North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Schmidt

(Address) 1220 W. Lexington

15-

Filed SEP 30 1916 191.....

ROBERT R. KRAUT[illegible]

Burial Permit Recorded

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Sept (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 28 1916, to Sept 29 1916, that I saw her alive on Sept 29 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia Both

Lungs Influenza

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) Joseph E. Sellers M. D.

Sept 30 1916 (Address) 1520 Bolton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, ... DATE OF BURIAL, ..., 191...

20-UNDERTAKER ..... ADDRESS .....

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 C98542 — 78 C98542

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Wolcott

(Residence in Baltimore: No. 424 E. Balto. St. St.; yrs., mos., da.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Single

6-DATE OF BIRTH. Not Known (Month) 1 (Day) (Year)

7-AGE, 39 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Not Known
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Not Known

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country): Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15-

Filed SEP 30 1916, 191 ROBERT R. KRAUT Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 28, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 25 1916, to Sept. 28 1916, that I saw him alive on Sept. 28 1916, and that death occurred, on the date stated above, at 2.30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) yrs. mos. 3 da.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) 3 yrs. mos. da.

(Signed) F. H. McGillicuddy M. D.

9/28/16 191... (Address) St. Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death? ?

Former or usual residence ?

19-PLACE OF BURIAL OR REMOVAL. Greenmount Cem. DATE OF BURIAL. 9-30, 191 6

20-UNDERTAKER Wm. McGaughey ADDRESS 1624 W. Royal Av.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98543 170 C98548

CERTIFICATE OF DEATH.

1-PLACE OF DEATH REGISTERED NO. C

CITY OF BALTIMORE: (No. Md General Hosp St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Seaton

(Residence in Baltimore: No. 853 Park ave St.; 3 yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec. (Month) 1 (Day), 1848 (Year)

7-AGE, 67 yrs. 9 mos. 29 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Letter-Carrier
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ohio

PARENTS.

10-NAME OF FATHER, Ira Seaton

11-BIRTHPLACE OF FATHER (State or Country), Canada

12-MAIDEN NAME OF MOTHER Esther McBride

13-BIRTHPLACE OF MOTHER (State or Country), Penna.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lucinda Seaton

(Address) 853 Park Ave.

15-SEP 30 1916 ROBERT R. KRAUT

Filed....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 29 (Month) (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept 24 1916, to Sept 29 1916, that I saw h[illegible] alive on Sept 29 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

General Arterio Sclerosis

Chronic Interstitial Nephritis

(Duration) ....yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Elmer Hutchinson M. D.

9-29-, 191..6 (Address) Md General Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 853 Park ave

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, Oct. 2, 191..

20-UNDERTAKER J. B. Cook ADDRESS 1003 W Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98544 105 C98544

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. Hebrew Hospital, St.; 6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hyman Chapel

(Residence in Baltimore: No. 5 Irwin Place St.; ..... yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Unknown ....., 1878
(Month) (Day) (Year)

7-AGE, 38 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Grocery

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Hyman Chapel

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Balto St

15- OCT - 1 1916 191.... ROBERT R. KRAUT[illegible]
Filed ..... Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: September 30, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1916, to Sept. 30 - 1916, that I saw h[illegible] alive on Sept. 30 - 1916, and that death occurred, on the date stated above, at 8.30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Ulcerative Colitis

(Duration) 8 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Toxic Mania

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) S. D. Thomson, M. D.

Sept. 30 191 6. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 48 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 5 Irwin Place

Former or usual residence 5 Irwin Place

19-PLACE OF BURIAL OR REMOVAL, Norfolk Va — DATE OF BURIAL, 10/1., 1916

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E. Balto

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175

REGISTERED No. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gerald Mertenbaum

(Residence in Baltimore: No. 8182 Fayette St.; yrs., mos. da.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH. Unknown (Month) (Day) 1869 (Year)

7-AGE. 47 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Baltimore St.

15- Filed OCT - 1 1916, 191.. ROBERT R. KRAUTH Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 29 (Month) (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq. on Sept 30 (Inquest, ~~autopsy or inquiry.~~) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull
Struck by Automobile
(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. da.

(Signed) W. F. Luby M. D.
(Coroner.)
Sept 30, 1916 (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel

DATE OF BURIAL, 10/1, 1916

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Balto

HEALTH DEPARTMENT—CITY OF BALTIMORE

(98546) (98546)

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 735 Sarah Ann ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Scott

(Residence in Baltimore: No. 735 Sarah Ann St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE, 55 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) William Brown

(Address) 735 Sarah Ann St.

15- Filed OCT - 1 1916 191 ROBERT R. KRAUT Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 27 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart trouble

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert L. Doscall M. D. (Coroner)

Sept 30 1916 (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn DATE OF BURIAL, Oct 1 1916

20-UNDERTAKER Charles B. Jones ADDRESS 232 N. Pine

C98547

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98547

CERTIFICATE OF DEATH.

175

1. PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. On George St. near Boyston. ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Joseph a. Brown

(Residence in Baltimore: No. 754 Bradley St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, April (Month) 5 (Day) 1907 (Year)

7-AGE, 9 yrs. 5 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Brown

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Carrie Sawyer (Sawyer)

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Brown

(Address) 754 Bradley

15- Filed OCT - 1 1916 191.... ROBERT R. KRAUT... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 28 (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Woman ran over from the sidewalk

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Died at home

(Duration) ....yrs. ....mos. ....ds.

(Signed) Phillip Brown M. D. (Coroner)

Sept. 30, 1916. (Address) 8192 Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs. Over mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 754 Bradley

19-PLACE OF BURIAL OR REMOVAL, Mt. Zion Cemetery

DATE OF BURIAL, Oct. 1st, 1916.

20-UNDERTAKER Charles B. Jones

ADDRESS 235 N. Pine St.

M 3546-7

C98548

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

89 C98548

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1127 Shields al St. 17 WARD)

Registered No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Susan Lipscomb

(Residence in Baltimore: No. 1127 Shields Al- St. 27 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fenal

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Singl

6 DATE OF BIRTH: Unknown (Month), 1 (Day) (Year)

7 AGE: 27 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: James Rasly

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Rebecca Jalmes

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Murray

(Address) 1127 Sheilds

15 Filed OCT - 1 1916 ROBERT R. KRAUT[illegible] Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept 27 (Month) (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 11th, 1916, to Sept 27 1916, that I saw h[illegible] alive on Sept 27, 1916, and that death occurred, on the date stated above, at 14 m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(Duration) yrs. mos. 16 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J Tyler Smith M. D.

Sept 27, 1916 (Address) 717 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Oct 1, 1916

20 UNDERTAKER: Charles B. Jones

ADDRESS: 2358 E. Pine

Spec.—8-24-14—M. & T.—2000 Bks.

C98549 63+ C98549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 629 S. Linwood Ave. WARD) 1

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Genevieve Blome

(Residence in Baltimore: No. 629 S. Linwood Ave, St.; 2 yrs., 1 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Sept 1 16 (Month) (Day) 1914 (Year)

7-AGE, 2 yrs. 1 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: George W. Blome

11-BIRTHPLACE OF FATHER (State or Country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Alice Malone

13-BIRTHPLACE OF MOTHER (State or Country): Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George W. Blome

(Address) 629 S. Linwood ave

15- Filed OCT - 1 1916, 191... ROBERT R. KRAUTER Registrar. Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 28 1916, to Sept 30 1916, that I saw h-er alive on Sept 30 1916, and that death occurred, on the date stated above, at 1:30 p. m.

The CAUSE OF DEATH* was as follows:

Poliomyelitis Contra
Autopsy Done — Moved Path.
St. Frederick's Hospital No. 02

(Duration) yrs. 1 mos. 02 ds.

CONTRIBUTORY (Secondary) Paralysis of Respiration

(Duration) yrs. mos. ds.

(Signed) Chas Green M. D.

10/1/16, 191... (Address) Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery — DATE OF BURIAL, Oct. 1 16, 1916

20-UNDERTAKER Lilly Zeller — ADDRESS 403 S. Hoyer

2 P. M.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98550 28 C98550

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1031 Myrtle Ave. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Leathia Griner Bichy

(Residence in Baltimore: No. 1031 Myrtle Ave St.; 22 yrs. 6 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (Write the word.) Married

6-DATE OF BIRTH, March 16, 1894 (Month) (Day) (Year)

7-AGE, 22 yrs. 6 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John G Griner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sophia Bast

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs F M Riebel

(Address) 1031 Myrtle Ave

15- Filed OCT - 1 1916, 191 ROBERT R. KRAUTER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 29, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 26 1916, to Sept 29 1916, that I saw h[er] alive on Sept 26 1916, and that death occurred, on the date stated above, at 6 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Merlin F Bloom M. D.

9-30, 191 6 (Address) Towson Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL London Park Cem DATE OF BURIAL, Oct 2, 191 6

20-UNDERTAKER Mrs. A Rohde Sons ADDRESS 1430 Fulton

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98551 C98551

CERTIFICATE OF DEATH.

REGISTERED NO. C 199

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas. Greenwald

(Residence in Baltimore: No. 1 Day (Johns Hopkins Hosp.) St.: yrs., mos. 1 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sing

6-DATE OF BIRTH, July (Month) 4 (Day), 1869 (Year)

7-AGE, 47 yrs. 2 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), France.

PARENTS.

10-NAME OF FATHER, Lucien Greenwald.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Regina Faretah.

13-BIRTHPLACE OF MOTHER (State or Country), France.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Theil

(Address) Johns Hopkins Hosp.

15- Filed OCT - 1 1916, 191... ROBERT R. KRAUTER Registrar. Burial Permit C.C.B.K.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 29, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 28 1916 to Sept 29 1916, that I saw h[illegible] alive on Sept 29 1916, and that death occurred, on the date stated above, at 7 15 m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insuff.

(Duration) yrs. 1 mos. ds.

(Signed) Arthur Bloomfield M. D.

Sept. 29, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. 5 mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Oregon Hotel Jacksonville Fla.

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Oct. 1, 1916.

20-UNDERTAKER Robert C. Fuller ADDRESS 221 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98552 64 C98552

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 Hollins ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth A. Mantel

(Residence in Baltimore: No. 1604 Hollins St.; ..... yrs., ... mos., ... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Married

6-DATE OF BIRTH: July (Month) ..... (Day), 1844 (Year)

7-AGE: 72 yrs. 2 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Joseph Shane

11-BIRTHPLACE OF FATHER (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Susanna Mack

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward A. Mantel

(Address) 1604 Hollins St

15- OCT - 1 1916 ROBERT R. KRAUTER

Filed ....., 191.....

Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 29th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 31st 1916, to Sept 8 1916, that I saw h[illegible] alive on Sept 8 1916, and that death occurred, on the date stated above, at 12 00 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(Right Hemiplegia)
(Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Mary D. Richardson M. D.

Oct. 1st, 191.6 (Address) 1008 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL: Oct 2nd, 1916.

20-UNDERTAKER: Jos Jourdan's Son — ADDRESS: 207 S. Paca

Spec.—8-24-14—M. & T.—2000 Bks.

C98553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50

C98553

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. Linden & Chauncey Aves ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Theresa L. Mahn

(Residence in Baltimore: No. Linden & Chauncey Aves. St.: 11 yrs., mos., ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, July (Month) 10" (Day), 1866 (Year)

7-AGE, 50 yrs. 3 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) ....M.....

9-BIRTHPLACE, (State or Country) Conn.

PARENTS.

10-NAME OF FATHER, Mayer Kahn

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Jeanette Strouse

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. M. Mayer

(Address) Linden & Chauncey Ave

15- OCT - 1 1916 ROBERT R. KRAUTER

Filed ....., 191... Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 30th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 15 1916, to Sept 30 1916, that I saw h[er] alive on Sept 30 1916, and that death occurred, on the date stated above, at 8.57 A.M.

The CAUSE OF DEATH* was as follows:

Diabetic Coma

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetic Acidosis & Coma

(Duration) 1 yrs. 4 mos. ds.

(Signed) Eugene Lemmon M. D.

....., 191... (Address) 1503 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Haven Conn. DATE OF BURIAL, Oct 2, 1916

20-UNDERTAKER Levi Southern ADDRESS 1180 Dist Royal Ave

Spec.—5-19-13—M. & T.—500 Bks.

C98551 15 C98551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 720 W. Franklin ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mahala Mayfield

(Residence in Baltimore: No. 720 W. Franklin St.; yrs.. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Wid.

6-DATE OF BIRTH, Aug 18 ~~'98~~, 1916
(Month) (Day) (Year)

7-AGE, ✓ yrs. 1 mos. 17 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Henry Mayfield

11-BIRTHPLACE OF FATHER (State or Country), South Carolina

12-MAIDEN NAME OF MOTHER Emilie Hanby

13-BIRTHPLACE OF MOTHER (State or Country), South Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Mayfield

(Address) 720 W. Franklin St

15- Filed OCT - 1 1916 191.. ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 30, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 29 1916, to Sept 30 1916; that I saw h er alive on Sept 29 1916, and that death occurred, on the date stated above, at 4 30 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia -

(Duration) 1 yrs. 1 mos. 17 ds.

CONTRIBUTORY (Secondary) Insufficient Ammunation

(Duration) 1 yrs. 1 mos. 17 ds.

(Signed) George C. Shannon M. D.

Oct 1, 1916. (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery DATE OF BURIAL, OCT 2 1916

20-UNDERTAKER Felix B. Pye ADDRESS 122 E. Baltimore St

Spec.—8-24-14—M. & T.—2000 Bks.

B C98555

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

119 C98555

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 945 N. Dunstan St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Todd

(Residence in Baltimore: No. 945 N. Dunstan St.; 16 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, November 19, 1877
(Month) (Day) (Year)

7-AGE, 38 yrs. 10 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Frank Fiesta

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Emma Koubek

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wilhelmina Todd

(Address) 945 N. Dunstan St.

15-

Filed OCT 1 1916, 191.. Burial Permit Clerk.

ROBERT R. KRAUTER

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 24 191 6, to September 28 191 6, that I saw h.. alive on September 26 191 , and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous Nephritis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Anasarca

(Duration) yrs. mos. ds.

(Signed) Ephraim Rosanes M. D.

191.. (Address) Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, October 191 6.

20-UNDERTAKER Frank Grach & Son — ADDRESS 1916 Eastlund

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C98556

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98556

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH Cecil Apartments

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Holliday ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann D. Crum

(Residence in Baltimore: No. Cecil Apartments St.: 30 yrs., 6 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 12, 1886. (Month) (Day) (Year)

7-AGE, 30 yrs. 6 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER, Edwin Dorsey

11-BIRTHPLACE OF FATHER (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER Margaretta Dungan

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. H. Crum Husband

(Address) Cecil Apartments

15-

OCT - 1 1916

Filed..... 191... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 30th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 26 1916, to Sept 30 1916, that I saw her alive on Sept 27 1916, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Spine

Cancer of Body

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wallace F. Ziegler M. D.

Oct. 1st, 1916 (Address) 22 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Green Mount	Oct. 2, 1916
20-UNDERTAKER	ADDRESS
Armstrong & Comp.	715 E. Fort

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C98557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 C98557

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 236 Colvin St ST.: 5 WARD)

2-FULL NAME Rosa Edwards

(Residence in Baltimore: No. 236 Colvin St St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE,	If LESS than 1 day,
....yrs. 6 mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Clarence Edwards

11-BIRTHPLACE OF FATHER (State or Country), Columbia S. C.

12-MAIDEN NAME OF MOTHER, Rosa Carty

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence Edwards

(Address) 236 Colvin

15- ROBERT A. HAUER

Filed OCT - 1 1916 191... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 1, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

I d Hernia

3 wks (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Gangrene of Int & Wall

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. J. Kelly (Coroner) M. D.

Oct 1, 1916 (Address) 1639 Linden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Oct 2, 1916

20-UNDERTAKER Felix B Doyle — ADDRESS 102 E Baltimore St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98558 — 67X — C98558

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John B. Brenniller

(Residence in Baltimore: No. 4704 Garrison Ave St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, July 28, 1865 (Month) (Day) (Year)

7-AGE, 51 yrs. 2 mos. ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Purchasing agent
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), md

PARENTS.

10-NAME OF FATHER, John Brenniller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Ann Riedel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital Records

(Address) Greene & Lombard Sts.

15- OCT - 1 1916 Filed....., 191.... ROBERT R. KRAUTER Burial Permit Register

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 28, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9/18 1916, to 9/28 1916, that I saw him alive on 9/28 1916, and that death occurred, on the date stated above, at 12 M. p. m.

The CAUSE OF DEATH* was as follows:

General Paresis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) yrs. mos. 1 ds.

(Signed) M D Hyland Jr M. D.

9/28, 191.6 (Address) Univ Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 10 ds. In the State ... yrs. Life ds.

Where was disease contracted, if not at place of death? Same address

Former or usual residence 4704 Garrison Ave

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem DATE OF BURIAL, Oct 1, 1916.

20-UNDERTAKER H. L. Fisher & Sons ADDRESS Lemax Hall

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98559 C98559

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 N. Washington ST.; 6 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alberta Shiver

(Residence in Baltimore: No. 108 N. Washington St.; Life yrs., mos., ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH: Oct (Month) 30 (Day), 1897 (Year)

7-AGE: 18 yrs. 10 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dressmaker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: John W. Thurs

11-BIRTHPLACE OF FATHER (State or Country): Brownsville Germany

12-MAIDEN NAME OF MOTHER: Mathilda Rebbel

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. L. Shivers

(Address) 305 S. Bouldin

15- Filed OCT 2 - 1916, 191... HARRY C. ATTREE Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept. (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 20 1916, to Sept 29 1916, that I saw h[illegible] alive on Sept 28 1916, and that death occurred, on the date stated above, at 7-4 m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Perforation

(Duration) yrs. mos. 2 ds.

(Signed) Edward J. Gorsch M. D.

9/29..., 1916 (Address) 443 N Washington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Sacred Heart Cem DATE OF BURIAL: Oct 2nd, 191...

20-UNDERTAKER: Lilly & Zeiler ADDRESS 403 S Wolfe

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 098560 098560

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2107 Lyndhurst Ave 15 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Hubert Pearson

(Residence in Baltimore: No. 2107 Lyndhurst Ave. St.; 33 yrs. 6 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH. March 21, 1883 (Month) (Day) (Year)

7-AGE. 33 yrs. 6 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work. Buyer & Salesman (b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Jas Pearson

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Maggie E Laughton

13-BIRTHPLACE OF MOTHER (State or Country). Balt, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Maggie Pearson.

(Address) 2107 Lyndhurst Ave

15- Filed OCT 2 - 1916, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept (Month) 29 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Aug 20 1916, to Sept 29 1916, that I saw h[illegible] alive on Sept 29 1916, and that death occurred, on the date stated above, at 2300 m.

The CAUSE OF DEATH* was as follows:

I. Intestinal Fever

Hemorrhage & Stomach Perforation

(Duration) yrs. mos. 9 6 ds.

CONTRIBUTORY (Secondary) T.B. Blood Poison

(Duration) yrs. mos. 4 0 ds.

(Signed) John H Emmert M. D.

....., 191... (Address) 101 N. Gay

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Woodlawn Cem. DATE OF BURIAL. Oct 2, 1916

20-UNDERTAKER Chas E. Brandt & Son ADDRESS Madison Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C98561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98561

B 30

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 n Carey ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Meirin

(Residence in Baltimore: No. 1921 E Baltimore St.; — yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, Unknown (Month), (Day), 1903 (Year)

7-AGE, 13 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Frank Meirin

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Fannie Warchavsky

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Lewis

(Address) 1921 E Baltimore St

15- OCT 2 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 1st (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 19th 1916, to Oct 1st 1916, that I saw him alive on Oct 1st 1916, and that death occurred, on the date stated above, at 12 45 p m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Tuberculous process in hip.

(Duration) yrs. mos. ds.

(Signed) Walter E Platt M. D.

Oct 1, 1916. (Address) 802 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Rd — DATE OF BURIAL, Oct 4, 191...

20-UNDERTAKER Jack Lewis — ADDRESS 1921 E Baltimore St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C98562 C98562

CERTIFICATE OF DEATH.

79

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1465 N Carey St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Hall

(Residence in Baltimore: No. 1465 N Carey St.; 25 yrs., ~ mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	widow

6-DATE OF BIRTH, October 29th, 1871.
(Month) (Day) (Year)

7-AGE, 45 yrs. 11 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Eastern Shore Md

PARENTS.

10-NAME OF FATHER, Thomas Bell

11-BIRTHPLACE OF FATHER (State or Country), Eastern Shore

12-MAIDEN NAME OF MOTHER Mary Bell

13-BIRTHPLACE OF MOTHER (State or Country), Eastern Shore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Bell

(Address) 1465 N Carey St.

15- Filed OCT 2 - 1916, 191.... HARRY C. [illegible] Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 30th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 13th 1916, to Sept 30 1916, that I saw h[illegible] alive on Sept 29th 1916, and that death occurred, on the date stated above, at 5.30 A m.

The CAUSE OF DEATH* was as follows:

Nephritis Complicated with Valvular Heart Disease (Duration) ~ yrs. ~ mos. ds.

CONTRIBUTORY (Secondary) unknown

(Duration) yrs. mos. ds.

(Signed) W. E. Campbell M. D.

Oct 1st, 1916. (Address) 1364 N Carey St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, Oct 4, 1916.

20-UNDERTAKER James H Dennis — ADDRESS 1003 Preston

Spec.—8-24-14—M. & T.—2000 Bks.

C98563

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98563

CERTIFICATE OF DEATH.

B 170

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 W. Mulberry ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Hodges

(Residence in Baltimore: No. 719 W. Mulberry St.; 35 yrs. mos. da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. (Month) ....., 1862 (Day) (Year)

7-AGE, 54 yrs. ..... mos. ..... da.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Georgia

PARENTS.

10-NAME OF FATHER, Mack Jones

11-BIRTHPLACE OF FATHER (State or Country), Georgia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kate Potts

(Address) 719 Mulberry St

15-

OCT 2 - 1916

Filed ..... 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1916, to Sept. 29 1916, that I saw h[illegible] alive on Sept. 29 1916, and that death occurred, on the date stated above, at 11.20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

..... (Duration) 2 yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Oedema of the lungs

ameniting uraemia (Duration) ..... yrs. ..... mos. 1 da.

(Signed) Robert J. Green M. D.

Oct. 1, 1916. (Address) 120½ Asquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn

DATE OF BURIAL. Oct. 2. 1916

20-UNDERTAKER John H. Tradem

ADDRESS 142 North St

Spec.—8-24-14—M. & T.—2000 Bks.

C98564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 41 C98561

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. University Hosp. ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna I Smith

(Residence in Baltimore: No. 1217 Patapsco St.; 28 yrs., mos., ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept. (Month) 29 (Day), 1888 (Year)

7-AGE, 28 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Factory work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John Smith

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Mary Hairtersteen

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. Robinson M.D

(Address) Univ. Hospital

OCT 2 - 1916

Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) 29 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 5 1916, to Sept 29 1916, that I saw h er alive on Sept 29 1916, and that death occurred, on the date stated above, at 2:30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Accidents following Operation

(Duration) — yrs. 3 mos. — ds.

(Signed) H. Robinson M. D.

9/29, 191... (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. mos. 1 da. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1217 Patapsco St.

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Oct 2, 1916

20-UNDERTAKER D. W. & L. Shaw ADDRESS 142 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

B

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98565 105 C98565

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 508 E 28th St ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ottinger Stallman

(Residence in Baltimore: No. 508 E 28th St ST.; 45 yrs., mos. ds.)

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, January 7th, 1823 (Month) (Day) (Year)

7-AGE, 92 yrs. 9 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ga.

PARENTS.

10-NAME OF FATHER, Jack Stallman

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country) Dont know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John S. Andrews

(Address) 508 E. 28th Street

15- OCT 2 - 1916 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 1st 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 30th 1916, to Oct 1st 1916, that I saw h- alive on Oct 1st 1916, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Gastritis

Enteritis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo H. Margaroyd M.D.

Oct 1st 1916. (Address) 2537 Freemont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Oct 3, 1916

20-UNDERTAKER William Cork

ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C98566

HEALTH DEPARTMENT—CITY OF BALTIMORE

1320

C98566

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 929 Forrest ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Noah M. Miller

(Residence in Baltimore: No. 929 Forrest St.; 15 yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 26 (Day), 1880 (Year)

7-AGE, 36 yrs. 3 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Car Cleaner
(b) General nature of industry, business, or establishment in which employed (or employer): W. M. R.R. Co.

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Martin L. Miller

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Elizabeth A Sweitzer

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catharine Miller

(Address) 929 Forrest Street

15-

Filed OCT 2 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 16 1916, to Oct 1 1916, that I saw h[illegible] alive on Oct 1 1916, and that death occurred, on the date stated above, at 6:55 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 8 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Uraemia Coma

(Duration) yrs. mos. 5hs ds.

(Signed) A. L. Hornstein M. D.

10/X, 1916. (Address) 733 Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, Oct 3, 1916

20-UNDERTAKER William Cook

ADDRESS 702 E Nat

Dr Hornstein 733 Aisquith St

B 09856

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED NO. C 2179

CITY OF BALTIMORE: (No. 938 S Paca St.; WARD) — (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie D. Driscoll

(Residence in Baltimore: No. 938 S Paca St.; 35 yrs. 1 mos. 25 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Aug. (Month) 5 (Day), 1881 (Year)

7-AGE: 35 yrs. 1 mos. 25 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto. Md

PARENTS

10-NAME OF FATHER: Dennis M Driscoll

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Annie M. McGovern

13-BIRTHPLACE OF MOTHER (State or country): Phila. Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Annie Driscoll

(Address) 938 S. Paca St.

15- OCT 2 - 1916 Filed ..., 191... HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept. (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 29, 1916, to, Sept 30 1916, that I saw h[illegible] alive on Sept 30 1916, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Mitral (Endocarditis) Chronic Nephritis

(Duration) ... yrs. 1 mos. 2 ds.

Contributory (SECONDARY) Pulmonary Tuberculosis

(Duration) ... yrs. ... mos. ... ds.

(Signed) [illegible] M. D.

Sept 30, 1916 [Address] [illegible]

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Oct 3 1916

20-UNDERTAKER: James Dignan & Son — ADDRESS: 1000 S Paca St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C98568 C98568

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 Mosher St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie M. Davis.

(Residence in Baltimore: No. 1509 Mosher St.; 71 yrs. — mos. 18 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: Sept. (Month) — 12 (Day) — 1845 (Year)

7-AGE: 71 yrs. — mos. 18 ds.

If LESS than 1 day: ....hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework at home
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER: Wm Johnson.

11-BIRTHPLACE OF FATHER (State or Country): Europe.

12-MAIDEN NAME OF MOTHER: Martha Casey.

13-BIRTHPLACE OF MOTHER (State or Country): Europe.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella B. Smith

(Address) 509 Mosher St.

15- Filed OCT 2 - 1916, 191.....

HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. (Month) — 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 22 1916, to Sept 30 1916, that I saw her alive on Sept 30th 1916, and that death occurred, on the date stated above, at 12.34 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) — yrs. — mos. — ds.

(Signed) F. C. Link M. D.

Sept. 30, 1916 (Address) 1313 N. Gath

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Oct 4 1916

20-UNDERTAKER Josiah Lyon ADDRESS 1600 N North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

B 098569 — 64 — C98569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 Millinan, St.; 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Waters

(Residence in Baltimore: No. 1706 Millinan St.; Life yrs., mos., ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored U. S.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, — (Month) — (Day) 1879 (Year)

7-AGE, 37 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Ferguson

(Address) 1509 Mulliken St

15 OCT 2 - 1916 HARRY C. ANDREWS

Filed ....., 191. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 29, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1916, to Sept. 29 1916, that I saw him alive on Sept. 29 1916, and that death occurred, on the date stated above, at 3 1/2 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(Duration) yrs. 2 mos. ds.

(Signed) J. H. D. Robinson M. D.

Sept. 30, 1916 (Address) 1520 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Asbury cemetery — DATE OF BURIAL. Oct 3, 1916

20-UNDERTAKER Milton Davis 16 & Mc Elderry St — ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 98570 104 98570

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1631 Aliceanna ST.; V WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Nadolny.

(Residence in Baltimore: No. 1681 Aliceanna St.; 4 yrs., 11 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, May (Month) 19 (Day); 1916 (Year)

7-AGE, ...yrs. 4 mos. 11 ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Stanislaus Nadolny.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Victoria Wiatrowska

13-BIRTHPLACE OF MOTHER (State or Country), German Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stanislaus Nadolny

(Address) 1631 Aliceanna St.

15- Filed OCT 2 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, OCT 1 - 1916 (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 30 1916, to Oct 1 1916, that I saw h[illegible] alive on Oct 1 1916, and that death occurred, on the date stated above, at 3.30 A m.

The CAUSE OF DEATH* was as follows:

acute Enteritis (Intestinal)

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Wolenberg M. D.

Oct 1, 1916 (Address) 16 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus Cem. | DATE OF BURIAL, Oct 2, 1916.

20-UNDERTAKER W. F. Sadowski | ADDRESS 705 S. Ann St

Spec.—8-24-14—M. & T.—2000 Bks.

B C98571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98571

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 143 N. Linwood Ave ST.; 6 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Bolger

(Residence in Baltimore: No. 143 N. Linwood Ave St.; 40 yrs., mos., ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Unknown (Month), (Day), 1861 (Year)

7-AGE: 55 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work:
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: Daniel Bolger

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Hall

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Bolger

(Address) 143 N. Linwood Ave

15- Filed OCT 2 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 1 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 4 1916, to Oct 1 1916, that I saw h[illegible] alive on Oct 1 1916, and that death occurred, on the date stated above, at 2.15 P.m.

The CAUSE OF DEATH* was as follows:

Mitral - Regurgitation

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coma

(Duration) yrs. mos. ds.

(Signed) John J. Chiera M. D.

Oct 1 1916. (Address) Fairmount Ave & Patterson Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cem DATE OF BURIAL, Oct 4, 1916

20-UNDERTAKER, Chas J. Corus Son ADDRESS 11 S Howard

Spec.—8-24-14—M. & T.—2000 Bks.

B C98572

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C98572

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Buchter

(Residence in Baltimore: No. 26 S. East Ave St.; 14 yrs., 6 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOW or DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Oct 15, 1851 (Month) (Day) (Year)

7-AGE 64 yrs. 11 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Butcher & Runner
(b) General nature of industry, business, or establishment in which employed (or employer) Self

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, James Buchter

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hosp

(Address) Calvert st

15- Filed OCT 2 - 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 1, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 25 1916, to Oct 1 1916, that I saw h[illegible] alive on Oct 1 1916, and that death occurred, on the date stated above, at 1.50 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Gen Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) Edward P. Smith M. D.

Oct 1, 191.. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State 10 yrs. mos. ds.

Where was disease contracted, if not at place of death? 26 S East Ave

Former or usual residence 26 S. East Ave

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem DATE OF BURIAL, Oct 4, 191..

20-UNDERTAKER Chas R. Evans & Son ADDRESS 1180 W. Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

B 98573

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 98573

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland General Hospital REGISTERED NO. C 15-n

CITY OF BALTIMORE: (No. Eastern Avenue & Madison St. ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Knell

(Residence in Baltimore: No. 521 Gorsuch Ave St.; life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept (Month) 30 (Day), 1916 (Year)

7-AGE, — yrs. — mos. — ds.

If LESS than 1 day, — hrs. or 10 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, George Knell

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mildred Wolfskayn

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Knell

(Address) 521 Gorsuch Ave

15- OCT 2 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 30 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Sept 30 191 6, to Sept 30 191 6, that I saw h[illegible] alive on Sept 30 191 6, and that death occurred, on the date stated above, at 7:05 P m.

The CAUSE OF DEATH* was as follows?

Asphyxia Pallida

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edwin Montgomery, M. D.

1004, 191 6 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, Oct 2, 191 6

20-UNDERTAKER Robt Norris

ADDRESS 1424 Pine

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

B 98574

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 98574

CERTIFICATE OF DEATH.

63

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Children's Hospital School St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann Marie Hanafin

(Residence in Baltimore: No. 521 Gorsuch Avenue St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 20 (Day), 1914 (Year)

7-AGE, 2 yrs. 4 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Wm. J. Hanafin

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm J. Hanafin

(Address) 521 Gorsuch Ave

15- Filed OCT 2 - 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, September (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 30 1916, to Sept 30 1916, that I saw her alive on Sept 30 1916, and that death occurred, on the date stated above, at 11.40 p m.

The CAUSE OF DEATH* was as follows:

Acute Enteritis Poliomyelitis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Gilbert W. Forstall M. D.

Oct. 2, 1916 (Address) Children's Hospital School

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. Life mos. ds.

Where was disease contracted, if not at place of death? 521 Gorsuch Ave

Former or usual residence "

19-PLACE OF BURIAL OR REMOVAL, New Cathedral DATE OF BURIAL, Oct. 2, 1916

20-UNDERTAKER Robert J Turner ADDRESS Woodbourne Ave

2 PM

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98575 C98575

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 Cathedral ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A. Tompkins

(Residence in Baltimore: No. 905 Cathedral St.; 79 yrs., 8 mos. 27 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married (Write the word.)

6-DATE OF BIRTH: February 27, 1837 (Month) (Day) (Year)

7-AGE: 79 yrs. 7 mos. 3 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Actuary
(b) General nature of industry, business, or establishment in which employed (or employer): Attorney

9-BIRTHPLACE, (State or Country): Newburgh on the Hudson N.Y.

PARENTS.

10-NAME OF FATHER: John Allen Tompkins

11-BIRTHPLACE OF FATHER (State or Country): Tompkinsville N.Y.

12-MAIDEN NAME OF MOTHER: Anna Russell Dillingham

13-BIRTHPLACE OF MOTHER (State or Country): Rhode Island

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Mrs. John A. Tompkins

(Address): 905 Cathedral St

15- Filed OCT 2 - 1916, 191.... HARRY C. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: September 30th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1915, to Sept 30th 1916, that I saw h~~im~~ alive on Sept 30th 1916, and that death occurred, on the date stated above, at 12 M. P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Cancer of Throat

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary): Intestinal Obstruction

Throat (Duration) 4 yrs. ... mos. ... ds.

(Signed) John A. Tompkins M. D.

9.30, 1916. (Address) 711 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Arlington Va. DATE OF BURIAL: Oct. 2, 1916.

20-UNDERTAKER: Henry W. Jenkins and Son Co. ADDRESS: Mulliken & Richard

(Over)

Spec.—5-19-13—M. & T.—500 Bks.

B C98576

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C98576

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 S. Eden St.; 3 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katharine Bubert

(Residence in Baltimore: No. 426 S. Eden St. St.; 72 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, March 27th, 1822
(Month) (Day) (Year)

7-AGE, 94 yrs. 5 mos. 3 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Lohmen

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Herman Bubert

(Address) 426 N Eden st

15- Filed OCT 2 - 1916, 191 MARY C. MATTHEWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 30, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 9, 1916, to Sept 30, 1916, that I saw her alive on Sept. 29, 1916, and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Respiratory Failure

(Duration) yrs. mos. 1 ds.

(Signed) [illegible] M. D.

Sept. 30 1916 (Address) [illegible] Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cmetery — DATE OF BURIAL, Oct. 4th, 1916

20-UNDERTAKER George Schulinger — ADDRESS No 1126 E Monument st

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 098577 14 C 98577

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2202 Essex ST. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Rosa Schmelter

(Residence in Baltimore: No. 2202 Essex St. 34 yrs.. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Widow

6-DATE OF BIRTH, Nov (Month) 26 (Day), 1838 (Year)

7-AGE, 77 yrs. 10 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housework

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Albert Kriebel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Un Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martin J Blozee

(Address) 2202 Essex St.

15-

Filed OCT 2 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 30 1916, to Sept 30 1916, that I saw h.. alive on Sept 30 1916 and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Diarrhoea and Dysentery unk age

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Senile Dementia

(Duration) yrs. mos. ds.

(Signed) H. A. Culpepper M. D.

Oct 1, 191... (Address) 2202 Essex St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Oct ....., 1916

20-UNDERTAKER A R Cook — ADDRESS 1032 Balto St

4303

B C98578

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

41 C98578

REGISTERED No. C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1924 Wilkens Ave 30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Elizabeth Sipes.

(Residence in Baltimore: No. 1924 Wilkens Ave 4 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (If not one of the words): Widow

6. DATE OF BIRTH: Aug. 17, 1828 (Month) (Day) (Year)

7. AGE: 88 yrs. 1 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
None

9. BIRTHPLACE (State or country): Balto Co. Md.

PARENTS

10. NAME OF FATHER: John Fry Fogle

11. BIRTHPLACE OF FATHER (State or country): Pa.

12. MAIDEN NAME OF MOTHER: Mary Corbin

13. BIRTHPLACE OF MOTHER (State or country): Md.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Mary A. Buck
(Address) 1919 Wilkens Ave

15. OCT 2 - 1916

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Sept. 30, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feby —, 1916, to Sept 30, 1916, that I saw h-e alive on Sept 29, 1916, and that death occurred, on the date stated above, at 5:55 A.m.

The CAUSE OF DEATH* was as follows:

Adenoma Carcinoma of Intestine (Duration) yrs. mos. ds.

Contributory (SECONDARY) Pneumonia Hypostatic (Duration) yrs. mos. ds.

Thomas F. Talbott M.D.
Oct 1, 1916 Marlborough Apt

*State the DISEASE CAUSING DEATH, or, if deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mt Olivet, Frederick Md | DATE OF BURIAL: Oct 2nd, 1916

20. UNDERTAKER: Jos. P. Cook | ADDRESS: 1003 W. Baltimore

B 698579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 241 East St. St.: 5 WARD) REGISTERED NO. C 98579

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie E. Ashworth

(Residence in Baltimore: No. St.: yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE, 52 yrs. 3 mos. ..... ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E. Ashworth

(Address) 241 East

15-

Filed OCT 2 - 1916 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 29, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Duration ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

Duration ..... yrs. ..... mos. ..... ds.

(Signed) W. T. Reilly M. D.
(Coroner.)
Oct 1, 1916. (Address) 1637 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Oct. 2 19.1

20-UNDERTAKER Geo A Gerber

ADDRESS Balto Hay 80

Spec.—3-24-14—M. & T.—2000 Bks.

C98580

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98580

CERTIFICATE OF DEATH.

1

1-PLACE OF DEATH (REGISTERED NO. C .....)

CITY OF BALTIMORE: (No. Mercy Hospital ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Buchner

(Residence in Baltimore: No. 407 So. Paca St. St.; ..... yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Not known (Month) ..... (Day) 1868 (Year)

7-AGE, 48 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Adam Simaitis

11-BIRTHPLACE OF FATHER (State or Country), Lithuania, Russia

12-MAIDEN NAME OF MOTHER Catherine Shumowski

13-BIRTHPLACE OF MOTHER (State or Country), Lithuania, Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A. Burpness

(Address) 407 S. Paca St.

15- Filed OCT 2 - 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 30, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 23 1916, to Sept 30 1916, that I saw her alive on Sept 30 1916, and that death occurred, on the date stated above, at 5:30 P.M.

The CAUSE OF DEATH* was as follows:

(a) Cerebral Hemorrhage

(b) .....

(c) .....

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Myocardial Fibrosis

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Edward L. Duff Smith M. D.

Sept 30, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS):

At place of death ..... yrs. ..... mos. 1 ds. In the State Did not know yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 407 So. Paca St.

Former or usual residence 407 So. Paca St.

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Oct. 3..., 1916

20-UNDERTAKER John Gebliauskas — ADDRESS 500 S. Paca St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 C98581 — C98581 50

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 N Pratt St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julius Ludwig

(Residence in Baltimore: No. 1817 N Pratt St.; 3 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, April (Month) 7th (Day), 1865 (Year)

7-AGE, 51 yrs. 4 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Paperhanger
(b) General nature of industry, business, or establishment in which employed (or employer): Wall Paper Store

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jacob Ludwig

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Annie —

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas F Wasmuth

(Address) 217 N. Fulton Ave

15- Filed OCT 2 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 1st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 2nd 1916, to Oct 1st 1916, that I saw h— alive on Sept 30 1916, and that death occurred, on the date stated above, at 1.30 a. m.

The CAUSE OF DEATH* was as follows:

Starvation

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(Duration) ....yrs. 4 mos. ....ds.

(Signed) James H Carpenter M. D.

Oct 1., 1916. (Address) 28 S. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Oct 4., 1916

20-UNDERTAKER Chas F Wasmuth — ADDRESS 217 N Fulton Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15 98582 — 25 — (98582)

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1310 N. Carey ST.; 15 WARD) REGISTERED NO. C

2-FULL NAME Robert H. Skinner

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1310 N. Carey St. Life yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, March (Month) 20 (Day), 1889 (1889) (Year)

7-AGE, 27 yrs. 6 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Porter (Grocery store)
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John H. Skinner.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Annie Parker.

13-BIRTHPLACE OF MOTHER (State or Country), West River Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo E Shannon

(Address) 700 Fulton Ave

15- Filed OCT 2 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 30 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 30 1916, to Sept 30 1916, that I saw h im alive on Sept 29 1916, and that death occurred, on the date stated above, at 2 30 p m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) ✓ yrs. 3 mos. ✓ ds.

CONTRIBUTORY (Secondary) Tuberculosis (General)

(Duration) 1 yrs. ✓ mos. ✓ ds.

(Signed) Geo E Shannon M. D.

Oct 1, 1916. (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Oct 3rd, 1916

20-UNDERTAKER Barnett & Wright — ADDRESS 624 N Carey

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 98583

CERTIFICATE OF DEATH.

32 C 98583

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Scott

(Residence in Baltimore: No. 626 W Saratoga St.; yrs., mos. 15 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. ~~Female~~ Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1889 (Year)

7-AGE, 27 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Harry Dyer

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) deceased

(Address) above

OCT 2 - 1916

Filed ..... 191.... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 15 1916, to Oct 1 1916, that I saw h[er] alive on Oct 1 1916, and that death occurred, on the date stated above, at 10:30 P m.

The CAUSE OF DEATH* was as follows:

1st. Disease

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Pus Abscess

(Duration) yrs. mos. 15 ds.

(Signed) W F Egan M. D.

Oct., 191.6 (Address) Univ Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 15 ds. In the State yrs. Life ds.

Where was disease contracted, if not at place of death? Md

Former or usual residence 626 W Saratoga St.

19-PLACE OF BURIAL OR REMOVAL, Denton Md. DATE OF BURIAL, October 3, 1916

20-UNDERTAKER E & B Harle ADDRESS 115 E. Mad St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98584 + 129 C98584

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva ~~Mary~~ Christian

(Residence in Baltimore: No. University Hospital St.; yrs. mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1880 (Month) (Day) (Year)

7-AGE, 36 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Solomon William

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Virgie Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Deceased

(Address)

15- OCT 2 - 1916 HARRY C. ANDREWS

Filed ....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 1st, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 23 1916, to Oct. 1st 1916, that I saw h[illegible] alive on Oct. 1st 1916, and that death occurred, on the date stated above, at 3:10 P m.

The CAUSE OF DEATH* was as follows:

Edema of Uterus

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Septic Fever

(Duration) yrs. mos. 5 ds.

(Signed) C. Perry Beck M. D.

Oct 1st, 1916 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State Life mos. ds.

Where was disease contracted, if not at place of death? Life

Former or usual residence Merryman Harford Co. Md

19-PLACE OF BURIAL OR REMOVAL, Edgewood Md — DATE OF BURIAL, Oct 2, 1916

20-UNDERTAKER E V B Hale — ADDRESS 115 E Mosher

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

13 C98585

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98585

CERTIFICATE OF DEATH.

152

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 N. Henry ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Phillips

(Residence in Baltimore: No. 911 N. Henry St.: yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept (Month) 30 (Day), 1916 (Year)

7-AGE, yrs. mos. 1 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) None.

9-BIRTHPLACE, (State or Country), Maryland.

10-NAME OF FATHER, Jesse Phillips

11-BIRTHPLACE OF FATHER (State or Country), New Jersey

12-MAIDEN NAME OF MOTHER Ida Lee

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jesse Phillips

(Address) 911 N. Henry St.

15- Filed OCT 2 - 1916, 191 HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 30 1916, to Oct 1 1916; that I saw h[illegible] alive on Sept 30 1916, and that death occurred, on the date stated above, at 7:30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Oct 2, 191[illegible] (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Leeds Hill

DATE OF BURIAL, Oct. 2, 1916

20-UNDERTAKER John J. Cowan

ADDRESS 701 Collins Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

13 C98586 C98586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

63

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 26 E. 25th St.; 12 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Washington Sadler

(Residence in Baltimore: No. 26 E. 25th St.; 68 yrs., 7 mos. 10 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, February 22nd, 1848 (Month) (Day) (Year)

7-AGE, 68 yrs. 7 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Jewelry

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George T Sadler

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Sarah Reese

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr J Woolner

(Address) Baltimore Md

15- Filed OCT 4 - 1916 ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 2nd, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 5th 1915, to Oct 2nd 1916, that I saw h[illegible] alive on Oct 2nd 1916, and that death occurred, on the date stated above, at 6.45 a.m.

The CAUSE OF DEATH* was as follows:

Paralysis Agitans

(Duration) 1 yrs. 6 mos. 27 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Benj F Phillips M. D.

Oct 3rd, 1916. (Address) 1129 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mt Cemetery

DATE OF BURIAL, Oct 5th, 1916.

20-UNDERTAKER Stewart & Maurer Co

ADDRESS 708 W Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 098587 103 C 98587

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 802 N Fulton Ave ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph F. Warfield

(Residence in Baltimore: No. 802 N Fulton Ave St.; 68 yrs., mos. 1 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) widower

6-DATE OF BIRTH. Sept 30 (Month) (Day), 1848 (Year)

7-AGE. 68 yrs. mos. 1 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Grocery Store
(b) General nature of industry, business, or establishment in which employed (or employer). Keeper.

9-BIRTHPLACE, (State or Country). Maryland.

PARENTS.

10-NAME OF FATHER. Geo F. Warfield

11-BIRTHPLACE OF FATHER (State or Country). Maryland.

12-MAIDEN NAME OF MOTHER. Mary Jacob

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs E. Sheldon

(Address) 1829 W Franklin St

15- Filed OCT 2 - 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct. (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct-1 1916, to Oct-1- 1916, that I saw h[illegible] alive on Oct-1- 1916, and that death occurred, on the date stated above, at 10 45 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. ds.

(Signed) Martin W. Hunt M. D.

Oct 2, 191.. (Address) 816 N Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cem

DATE OF BURIAL. Oct 4, 191.. 1916.

20-UNDERTAKER John F Bowman Son

ADDRESS 901 Hollins St

Spec.--8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 C98588 — 104 C98588

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 2519 Christian ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Aline L. Tiedemann

(Residence in Baltimore: No. 2519 Christian St.; 1 yrs. 4 mos. 27 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Child

6-DATE OF BIRTH, May 4th, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. 4 mos. 27 da. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Louis C. Tiedemann

11-BIRTHPLACE OF FATHER (State or Country): Baltimore Md.

12-MAIDEN NAME OF MOTHER: Queen V. Armsworth

13-BIRTHPLACE OF MOTHER (State or Country): St Marys Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis C. Tiedemann

(Address) 2519 Christian St

15- ROBERT P. KRAUTER

Filed OCT 2 - 1916, 191 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 1st, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 28 1916, to Oct 1 1916, that I saw her alive on Oct 1 1916, and that death occurred, on the date stated above, at 12-31 P.M.

The CAUSE OF DEATH* was as follows:

Acute Fermental Diarrhoea

(Duration) ... yrs. ... mos. 6 da.

CONTRIBUTORY (Secondary) Cardiac Asthenia (Duration) ... yrs. ... mos. 1 da.

(Signed) Dr. Theodore Tolsenberg

Oct 1, 1916. (Address) 34 E. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Oct 3rd, 1916

20-UNDERTAKER, Mr. & Mrs. John H. Tempel — ADDRESS 801 W. Fayette St.

5560

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 C98589 40 C98589

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Mrdyear St.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Disco

(Residence in Baltimore: No. 1105 Mrdyear St.; 35 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Col

5-~~SINGLE~~ MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: ~~January~~ (Month) ~~1~~ (Day) 1861 (Year)

7-AGE: 55 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Wagon Driver
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Va

PARENTS

10-NAME OF FATHER: Daniel Disco

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Rachel Brown

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Disco

(Address) 1105 Woodyear

15- Filed OCT 2 - 1916 ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept. (Month) 30 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 4, 1916, to, Sept. 30 1916, that I saw him alive on Sept. 30 1916, and that death occurred, on the date stated above, at 9 30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pylorus

Duration yrs 3 mos 15 ds.

Contributory (SECONDARY)

Duration yrs mos ds.

(Signed) Edward J. Whalley M. D.

Sept. 30, 1916 (Address) 1230 Druid Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: W. Hillsboro

DATE OF BURIAL: Oct 2, 1916

20-UNDERTAKER: Jam. A. Cleveland

ADDRESS: 1 Mosher St

Chantung This Child [illegible]

B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

C98590

C98590

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1616 Ething ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mariana Harrison

(Residence in Baltimore: No. 1616 Ething St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 13 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William Harrison

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Annie Hudson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 1616 Ething St

15-

FILED OCT 2 - 1916 ROBERT R. KRAUTER

Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept. 29, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Heart Dis

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Mellstrom M. D. (Coroner)

Sept 2, 1916 (Address) 719 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1616 Ething St

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, ..., 19....

20-UNDERTAKER | ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98591

CERTIFICATE OF DEATH.

18 C98591

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. University Hospital 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace Cooper

(Residence in Baltimore: No. 1073 Madison Ave - St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, — (Month) — (Day) 1857 (Year)

7-AGE, 65 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Va

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Mildred Miles

13-BIRTHPLACE OF MOTHER (State or Country), Va -

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A. Bishop

(Address) 1107 N. Stricker St

15- OCT 2 - 1916 ROBERT R. KRAUTER

Filed....., 191.... Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 1, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1916, to Oct 1 1916, that I saw her alive on Oct 1 1916, and that death occurred, on the date stated above, at 6.40 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Interstitial Nephritis

Partially Past 1 year

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy 7 hours

(Duration) yrs. mos. ds.,

(Signed) F. Wash C. Pearman M. D.

Oct 2, 1916. (Address) U of M Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 5 hours yrs. mos. ds. In the State 30 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1073 Madison Ave -

19-PLACE OF BURIAL OR REMOVAL, Culpeper Va — DATE OF BURIAL, Oct 2, 1916

20-UNDERTAKER John A. Bishop — ADDRESS 1107 N Stricker St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98592 — 92 — C98592

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 S. Duncan St. ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Presbury

(Residence in Baltimore: No. 27 S. Duncan St. St.; ...yrs., 3 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Child

6-DATE OF BIRTH: June (Month) 16th (Day), 1916 (Year)

7-AGE: ...yrs. 3 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Wilbert Presbury

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Edna Jones

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edna Presbury

(Address) 27 S. Duncan St

15- OCT 2 - 1916 Filed ....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: October (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1st Oct. 1916, to ..... 191..., that I saw him alive on 1st Oct. 1916, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

a little over 2 days

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary): Premature birth

(Duration) ...yrs. ...mos. ...ds.

(Signed) E. Mayfield Boyd M. D.

2 October, 1916 (Address) 1320 N. Carlton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Hill — DATE OF BURIAL: Oct 3rd, 1916

20-UNDERTAKER: Harry A. Vodery — ADDRESS: 1725 Orleans St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98593 × 104 C98593

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stuart Johnston

(Residence in Baltimore: No. 2 Mos. 12 days St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December 4, 1914 (Month) (Day) (Year)

7-AGE, 1 yrs. 9 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Hubert C. Johnston

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER Emma C. Stevens

13-BIRTHPLACE OF MOTHER (State or Country), N.J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed OCT 2 - 1916, 191 ROBERT R. KRAUTER Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 2, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1916 to October 2 1916, that I saw h m alive on October 2 1916, and that death occurred on the date stated above, at 12 ½ p m.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Indigestion

(Duration) yrs. 2 mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. F. Waller M. D.

Oct 2, 1916. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. 2 mos. 12 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 920 E. 13th St Brooklyn N.Y.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemy

DATE OF BURIAL, Oct 3, 1916

20-UNDERTAKER Hilland E Fuller

ADDRESS 221 N Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C98594

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98594

CERTIFICATE OF DEATH.

104

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 510 Tyson ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Johnson

(Residence in Baltimore: No. 510 Tyson St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	

6-DATE OF BIRTH, Aug (Month) 6 (Day), 1914 (Year)

7-AGE, ...yrs. 1 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Samuel Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Florence Davis

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father

(Address) 510 Tyson St

15- Filed OCT 2 - 1916, 191.... ROBERT R. KRAUTER Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 1 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Bad Air

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D. (Coroner.)

Oct 2, 191.6 (Address) 814 N Gilmor

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State 1 each yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 510 Tyson St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters Cemetery	Oct 3, 1916
20-UNDERTAKER Joseph A Farrell	ADDRESS, 1319 Pennsylvania Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 C98595 64 C98595

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No.) 639 (St.) H Schroder St. (Ward) 16

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Boylan

(Residence in Baltimore: No. 639 H Schroder St.; ....yrs., ...mos., ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widowed

6-DATE OF BIRTH, ..., 1840 (Month) (Day) (Year)

7-AGE, 76 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: Daniel McCoy

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Georgiana McCauley

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Boylan

(Address) 639 H Schroder St

15- OCT 2 - 1916 ROBERT R. EMMONS Permit Clerk

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 29, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 22 1916, to Sept 29 1916, that I saw h[er] alive on Sept 28 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Foley M. D.

Oct 1, 1916 (Address) 110 E. Mulberry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem — DATE OF BURIAL, Oct 3, 1916

20-UNDERTAKER, Jos F Foley & Sons — ADDRESS 510 E Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C98596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98596

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3300 Frederick Road ST.: 70 WARD) REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Gent

(Residence in Baltimore: No. 3113 Sheppard St.: 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, Dec (Month) 6 (Day), 1857 (Year)

7-AGE, 59 yrs. 9 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): London Park Cemetery

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Christian Gent

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Hartman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) August Gilbert

(Address) 3113 Sheppard St

15- OCT 2 - 1916 Filed ....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit 07677

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

about (Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation

of heart (Duration) Sudden mos. ds.

(Signed) James M. Kuehn (Coroner.) M. D.

Oct 2, 1916 (Address) 700 E. Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL,
London Park Cem.	Oct 4th, 1916
20-UNDERTAKER Chas. H. Gill	ADDRESS 3109 Frederick Rd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

98597 — 150 — 98597 C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2740 Fox St ST. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mitchell Reuben Jones

(Residence in Baltimore: No. 2740 Fox St. St.; yrs. mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH Sep 29, 1916 (Month) (Day) (Year)

7-AGE ... yrs. ... mos. 3 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Balto Md

PARENTS

10-NAME OF FATHER Reuben Edwin Jones

11-BIRTHPLACE OF FATHER (State or country) Balto Md

12-MAIDEN NAME OF MOTHER Nellie Elizabeth Jones

13-BIRTHPLACE OF MOTHER (State or country) Edmondsburg Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ruben Jones

(Address) 2740 Fox st.

15 Filed OCT 2 - 1916, 191 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Oct 2, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sep 29, 1916, to Oct 2, 1916, that I saw h... alive on Oct 1, 1916, and that death occurred, on the date stated above, at 3 PM.

The CAUSE OF DEATH* was as follows:

Congenital Cardiac insufficiency

(Duration) ... yrs. ... mos. 3 ds

Contributory (SECONDARY) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) Roscoe Steele M. D.

Oct 2, 1916 (Address) 1128 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL St Marys Hampden — DATE OF BURIAL Oct 3, 1916

20-UNDERTAKER Chenowith & Son — ADDRESS 3617 Chestnut ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C98598 ×126 C98598

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf. ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Edward Teto.

(Residence in Baltimore: No. Brooklyn Md. St.: 20 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	married

6-DATE OF BIRTH, March 8th (Month) (Day), 1853. (Year)

7-AGE, 63 yrs. 7 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): for Mr. Geisler Carpenter

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, John Teto

11-BIRTHPLACE OF FATHER (State or Country). Stanton Va.

12-MAIDEN NAME OF MOTHER Ellen Powell

13-BIRTHPLACE OF MOTHER (State or Country), Richmond Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. A. V. Teto

(Address) Brooklyn Md.

15- Filed OCT 2 - 1916 191 ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 2d (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 25th 1916, to Oct 2 1916, that I saw him alive on Oct 2nd a m 1916, and that death occurred, on the date stated above. at 8.45 a m.

The CAUSE OF DEATH* was as follows:

Hy. pneumonia. Ed. Prostate

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia. post operative

(Duration) yrs. mos. ds.

(Signed) A. M. Harmon M. D.

Oct. 2 1916 (Address) Church Home Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State 20 yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Brooklyn md

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, October 4, 1916

20-UNDERTAKER H. E. Hughes — ADDRESS 17 S. Broadway

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C98599 — 40 — C98599

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 436 E. Biddle St ST. 10 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Marian V. Woods

(Residence in Baltimore: No. 436 E. Biddle St ST.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: March 20, 1854 (Month) (Day) (Year)

7 AGE: 62 yrs. 6 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): York Co. Pa

PARENTS

10 NAME OF FATHER: Francis McCrumer

11 BIRTHPLACE OF FATHER (State or country): Pa

12 MAIDEN NAME OF MOTHER: Margaret Fisher

13 BIRTHPLACE OF MOTHER (State or country): York Pa

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Chas. E. Wood
(Address): 436 E. Biddle St

15 OCT 2 - 1916 ROBERT R. KRAUTER
Filed ..... 191 Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 2, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1916, to Oct 2 1916, that I saw h[illegible] alive on Oct 2, 1916, and that death occurred, on the date stated above, at 12 45 a.m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach
(Duration) yrs. 8 mos. ds

Contributory (SECONDARY) Metastasis to brain & Meningitis
(Duration) yrs. 1 mos. ds.

(Signed) Arthur W Hayward M. D.
Oct 2, 1916. (Address) 1626 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death: yrs. mos. ds. In the State: yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Oct 4 1916

20 UNDERTAKER: Bertram Bros. — ADDRESS: 1725 W Lanvale St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 104 8

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 243 N Arlington Av ST.; 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James L Green

(Residence in Baltimore: No. 243 N Arlington Av St.; — yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) S

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, ...yrs. 7 mos. ...ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), W. Va

PARENTS.

10-NAME OF FATHER. Ino A Green

11-BIRTHPLACE OF FATHER (State or Country), Jamison W. Va

12-MAIDEN NAME OF MOTHER Barbara Tucker

13-BIRTHPLACE OF MOTHER (State or Country), Jamison W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James A. Green

(Address) 243 N. Arlington Ave

15- OCT 3 - 1916 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 2, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 28 191 6, to Oct 2 191 6, that I saw h— alive on Oct 1 191 6, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Enteric Colitis

(Duration) ...yrs. ...mos. 7 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ...yrs. ...mos. 3 ds.

(Signed) O Sherwood M. D.

Oct 3, 191... (Address) 730 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Oct. 3, 191 6

20-UNDERTAKER Charles B. Jones, ADDRESS 235 N Pine St.

C9860 13

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175

C9860

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 420 Grindall ST.: 24 WARD) REGISTERED NO. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard C.Nickel.

(Residence in Baltimore: No. 402 Grindall St. St.: yrs., 2 mos. 11111 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July 26, 1910 (Month) (Day) (Year)

7-AGE, 6 yrs. 2 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Kent Co.Md.

PARENTS.

10-NAME OF FATHER, Christian G.Nickel.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Margaret Hodges.

13-BIRTHPLACE OF MOTHER (State or Country), Kent Co.Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs.Margaret Nickel.

(Address) 402 Grindall St.

15- HARRY C. ANDREWS

Filed OCT 3 - 1916 191 Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 1st. 1916. (Month) (Day) (Year) 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an....inquest.... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed about the head and body by having been run over by an Automobile truck. Accidental death (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

Oct 2, 1916. 1017 S.Charles St (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Kent County Md. DATE OF BURIAL, Oct. 3, 19.16

20-UNDERTAKER Wm Cook ADDRESS 502 Northern

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

15 C98602

HEALTH DEPARTMENT—CITY OF BALTIMORE

130 C98602

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 1110 N. Patterson Pk Ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene D. C. Bond.

(Residence in Baltimore: No. 1110 N. Patterson Pk Ave St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Sept. 23rd, 1856 (Month) (Day) (Year)

7-AGE. 60 yrs. — mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Merchant.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore City.

PARENTS.

10-NAME OF FATHER. William Bond.

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leonora Bond.

(Address) 1110 N. Patterson Pk Ave.

15- Filed OCT 3 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. October 1st, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1916, to Oct. 1st 1916, that I saw h[illegible] alive on Oct 1st 1916, and that death occurred, on the date stated above, at 10 6 m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

Chr. Myocarditis (Valvular)

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Infarction

(Duration) yrs. 5 mos. ds.

(Signed) Michael A. Florence M. D.

Oct. 2, 191 6 (Address) 1604 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cem.

DATE OF BURIAL. Oct. 3rd, 1916

20-UNDERTAKER Lilly and Zeiler

ADDRESS 403 E. Wolfe St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PERMIT, WITH CANADIAN INSPECTOR'S ENDORSEMENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

C98603 X126 C98603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Cavey

(Residence in Baltimore: No. Mercy Hospital St.; yrs., 1 mos. 10 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Feb. (Month) 20 (Day), 1840 (Year)

7-AGE, 76 yrs. 7 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Beal Cavey

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. A. Hillsinger

(Address) Ellicott City

15- OCT 3 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 27 1916, to Oct 2 1916, that I saw him alive on Oct 2 1916 and that death occurred, on the date stated above, at 3.45 p. m.

The CAUSE OF DEATH* was as follows:

Hypertrophied Prostate Gland

Prof Rem

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward D. Smith M. D.

Oct 2, 16 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 10 ds. In the State 25 yrs. 7 mos. ds.

Where was disease contracted, if not at place of death? Woodstock, Md.

Former or usual residence Woodstock, Md.

19-PLACE OF BURIAL OR REMOVAL. St Alphonsus Cemetery Baltimore Co. DATE OF BURIAL. Oct 5, 1916.

20-UNDERTAKER L. Hillsinger & Son ADDRESS Ellicott City

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98604 +64 C98604

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Bleakley

(Residence in Baltimore: No. St Josephs Hospital St.; ~ yrs., ~ mos. ~ ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: Nov 25 (Month) (Day), 1845 (Year)

7-AGE, 70 yrs. 10 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): nne

PARENTS.

9-BIRTHPLACE, (State or Country): Md

10-NAME OF FATHER, John Plepho.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER: dont know

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred Lemke.

(Address) 8 Hamilton ave

15-

Filed OCT 3 - 1916, 191...

HARRY C. ANDREWS
Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 30 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 4 1916, to Sept 30 1916, that I saw her alive on Sept 29th 1916, and that death occurred, on the date stated above, at 4 00 Pm.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

about 1 wk (Duration) ...yrs.....mos.....ds.

CONTRIBUTORY (Secondary) ✓

(Duration) ...yrs.....mos.....ds.

(Signed) William F. O'Malley M. D.

Sept 30, 1916. (Address) St Josephs Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ...yrs. ...mos. 26 ds. In the State Life ...yrs. ...mos. 96 ds.

Where was disease contracted, if not at place of death? St Josephs Hospital

Former or usual residence St. Josephs Hospital

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cem. DATE OF BURIAL. Oct 3rd 16

20-UNDERTAKER George F. Routh ADDRESS 1735 Harford ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98605 C98605

CERTIFICATE OF DEATH.

REGISTERED NO. C 9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 839 S Bond St.; WARD) 12

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stella Smedok

(Residence in Baltimore: No. 839 S. Bond St. St. Life yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sing'l

6-DATE OF BIRTH, Oct (Month) 2 (Day), 1913 (Year)

7-AGE, 3 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Smedok

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Katarzyna Zielinska

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Smedok

(Address) 829 S Bond St.

15- Filed OCT 3 - 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Oct (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 2 1916, to Oct 2 1916, that I saw h[illegible] alive on Oct 2 1916, and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH* was as follows:

Cephalic Tetanus

(Duration) yrs. mos. 2 da.

CONTRIBUTORY (Secondary) Cardiac Dilated

(Duration) yrs. mos. da.

(Signed) W. J. Reamy M. D.

Oct 2, 1916 (Address) 201 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rozary Cem — DATE OF BURIAL, Oct 3, 1916

20-UNDERTAKER Jacob Trakowski — ADDRESS 428 S Bond St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS CERTIFICATE, WITH GRADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 98606

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 C 98606

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1804 Eagle St ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Baby Hepfel

(Residence in Baltimore: No. 1804 Eagle St. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Singa

6 DATE OF BIRTH: Sept 30, 1916 (Month) (Day) (Year)

7 AGE: yrs. mos. 2 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): 1804 Eagle St

PARENTS

10 NAME OF FATHER: Nicholas Hepfel

11 BIRTHPLACE OF FATHER (State or country): Hungary

12 MAIDEN NAME OF MOTHER: Catherine Burk

13 BIRTHPLACE OF MOTHER (State or country): Hungary

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nicholas Hepfel

(Address) 1804 Eagle St

OCT 3 - 1916 Filed ... 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 2, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 30, 1916, to Oct 2 1916, that I saw h er alive on Sept 1, 1916, and that death occurred, on the date stated above, at 9 A.m.

The CAUSE OF DEATH* was as follows:

Premature birth
6 mos. focus

(Duration) yrs. mos. 2 ds

Contributory (SECONDARY): Lack of nursing

(Duration) yrs. mos. 2 ds.

(Signed) Fennady King Nicholas M. D.

Oct 2, 1916 (Address) 533 N. Carroll Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Peters

DATE OF BURIAL: Oct 2nd 1916

20 UNDERTAKER: H. S. Bentz

ADDRESS: 1921 N. Rose St

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 9860

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 915 Pierce St. 18 WARD)

REGISTERED No. C 9860

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Alonzo Pollock

(Residence in Baltimore: No. 915 Pierce St.: 4 yrs. 4 mos. da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): single

6-DATE OF BIRTH: May (Month) 20 (Day), 1912 (Year)

7-AGE: 4 yrs. 4 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Wm Pollock

11-BIRTHPLACE OF FATHER (State or Country): North Carolina

12-MAIDEN NAME OF MOTHER: Sarah Spivey.

13-BIRTHPLACE OF MOTHER (State or Country): North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Pollock.

(Address) 915 Pierce

OCT 3 - 1916

Filed ....., 191.... HARRY C. ANDREWS

Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Marasmus

Malnutrition (Duration yrs. 4 mos. ds.)

CONTRIBUTORY (Secondary) Cardiac Weakness

(Duration) yrs. mos. 2 ds.

(Signed) A. Wirt S. Bowcock M. D.

Oct 2 1916 (Coroner) (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Oct. 3 1916

20-UNDERTAKER: Charles B. Jones

ADDRESS: 2357 N. Pine St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C98608 — C98608

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 6 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Dora Sobelman

(Residence in Baltimore: No. 225 N. Luzerne Ave St.: 30 yrs., — mos., — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Unknown (Month), 1 (Day) (Year)

7-AGE: 35 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Russia

PARENTS.

10-NAME OF FATHER: Max Bourd

11-BIRTHPLACE OF FATHER (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Bailey Hoffman

13-BIRTHPLACE OF MOTHER (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Mr Sobelman

(Address): 225 N Luzerne St

15- Filed OCT 3 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: October (Month) 2. (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 1916, to Oct 2 1916, that I saw h er alive on Oct 2 1916, and that death occurred, on the date stated above, at 12.40 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism, Hemiplegia

Chronic Endocarditis

(Duration) ...yrs. ...mos. 29 ds.

CONTRIBUTORY (Secondary) Acute Myocardial Dilatation (Duration) ...yrs. ...mos. 2 ds.

(Signed) B. Branch S. Freedman M. D.

Oct 2, 191. 6 (Address) 1711 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. mos. 29 ds. In the State 30 yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 225 N Luzerne Ave

19-PLACE OF BURIAL OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: Oct 3, 191.6

20-UNDERTAKER: L. Levinson & Bro. — ADDRESS 1407 E Balto St

B 98609 C98609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 716 N Bradford ST. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Heck

(Residence in Baltimore: No. 716 N Bradford st St.: yrs., — mos. 19 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Baby

6-DATE OF BIRTH, Sept 12 1916 (Month) (Day) 1 (Year)

7-AGE, ...yrs. 19 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baby
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER Nicholas Heck

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Nellie Baker

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie Heck

(Address) 716 N Bradford st

15- Filed OCT 3 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 2 1916 (Month) (Day) (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

Nonclosure Foramen ovale

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) J. Wm. Smelser M. D. (Coroner.)

(Address) N. B. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery DATE OF BURIAL, Oct 3, 1916

20-UNDERTAKER Christian Miller ADDRESS 1334 Jefferson

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98610 C98610

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 Aisquith St. 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jeremiah Noonan

(Residence in Baltimore: No. 800 Aisquith St.; 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 79 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Meat packer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Noonan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Noonan

(Address) 800 Aisquith St.

15- OCT 3 - 1916 Filed, 191. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 1, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 20 1916, to Oct 1 1916, that I saw her alive on Oct 1916, and that death occurred, on the date stated above, at 6:30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) yrs. 2 mos. ds.

(Signed) Wm. L. Donaldson M. D.

Oct. 2, 1916. (Address) 1021 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery DATE OF BURIAL, Oct 4, 1916

20-UNDERTAKER Christian Miller ADDRESS 233 E. Fayette St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C98611 104 C98611

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1371 Mordyear ST.; 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Contee

(Residence in Baltimore: No. 1371 Mordyear St.; yrs. 2 mos. 7 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, July (Month) 24 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
yrs. 2 mos. 7 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Spencer Contee

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Rosie Snell

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Spencer Snell

(Address) 1371 Mordyear

15- Filed OCT 3 - 1916, 191.... HARRY C. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 1st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 28 1916, to Oct - 1 1916, that I saw him alive on Oct - 1 1916, and that death occurred, on the date stated above, at 5.20 P m.

The CAUSE OF DEATH* was as follows:

Gastric Enteritis

Toxemia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) yrs. mos. 1 ds.

(Signed) T. E. Daneybank M. D.

Oct. 1, 1916. (Address) 160 2 Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Auburn	Oct 3, 1916
20-UNDERTAKER	ADDRESS
James H Dennis	1302 Baltimore

Spec.—8-24-14—M. & T.—2000 Blks.

C98612

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98612

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C

CITY OF BALTIMORE: (No. ..... ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Gibney

(Residence in Baltimore: No. Little Sisters St.: 50 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Widower

6-DATE OF BIRTH, Don't Know ..... (Month) ..... (Day) ..... (Year)

7-AGE, about 75 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Laurence Gibney

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Walsh

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- OCT 3 - 1916

Filed ..... 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 2, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~May 1st~~ 191 , to 191 , that I saw h[illegible] alive on ~~no record~~ 191 , and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Epithelioma of face

Mouth

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Oct 3, 191.. (Address) 1133 Walbrook

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 16 yrs. 5 mos. ..... ds. In the State 50 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Little Sisters of the Poor

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL Cathedral Cemetery

DATE OF BURIAL, Oct 4, 1916.

20-UNDERTAKER H & M H Flynn

ADDRESS 1432 Light St

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98613 C98613

CERTIFICATE OF DEATH.

REGISTERED NO. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3231 N Gilmor ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cora Simmons

(Residence in Baltimore: No. 323 N Gilmor St.; 30 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Mar

6-DATE OF BIRTH, Aug 29, 1873 (Month) (Day) (Year)

7-AGE, 43 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Washington DC

PARENTS.

10-NAME OF FATHER, Jos Mackall

11-BIRTHPLACE OF FATHER (State or Country), D.C.

12-MAIDEN NAME OF MOTHER, Cath Crowder

13-BIRTHPLACE OF MOTHER (State or Country), At Marlboro Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daisy Simmons

(Address) 323 N Gilmor

15-

Filed OCT 3 - 1916 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 30, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept 18 1916, to Sept 30 1916, that I saw h[illegible] alive on Sept 30 1916, and that death occurred, on the date stated above, at 11 45 P.M.

The CAUSE OF DEATH* was as follows:

Organic Disease of Liver

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. 2 mos. ds.

(Signed) H. Norwood M. D.

Oct 2, 1916. (Address) 139 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Oct 4, 1916

20-UNDERTAKER Wm. B. Elliott — ADDRESS 500 East St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 C98614 — 40 C98614

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2418 Mace ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cornelius Parham

(Residence in Baltimore: No. 2418 Mace St.: ....yrs., ...mos. ....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month), ... (Day), 1872 (Year)

7-AGE, 44 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Rastus Parham

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Parham

(Address) 2418 Mace St.

15- Filed OCT 3 - 1916 191.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1916, to Oct 1 1916, that I saw ... alive on Oct 1 1916, and that death occurred, on the date stated above, at 5h m.

The CAUSE OF DEATH* was as follows:

Cancer of stomach

Tuberculosis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

..... (Duration) 1 yrs. ....mos. ....ds.

(Signed) F. Garland Churchill M. D.

Oct 2, 1916 (Address) 1534 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Paul Cemetery — DATE OF BURIAL, Oct. 5, 1916

20-UNDERTAKER Mrs. R. A. Elliott — ADDRESS 506 East 25

Spec.—8-24-14—M. & T.—2000 Bks.

C98615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

18

REGISTERED NO. C 98615

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beatrice Jackson

(Residence in Baltimore: No. 1408 E. Madison St St.; ..... yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Sept. 28, 1915 (Month) (Day) (Year)

7-AGE, 1 yrs. mos. 4 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Monroe Jackson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Estelle Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15-

Filed OCT 3 1916, 191.....

ROBERT B. KRAUTER
Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 2, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 18 1916, to October 2 1916, that I saw her alive on October 2 1916, and that death occurred, on the date stated above, at 3 45 a m.

The CAUSE OF DEATH* was as follows:

Acute edema of the Larynx

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Empiphelas

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) Wilbur B. Miller M. D.

Oct. 2, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 14 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1408 E. Madison St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Oct. 3, 1916

20-UNDERTAKER Wm. H. A. Elliott — ADDRESS 502 East St.

Spec.—8-24-14—M. & T.—2000 Bks.

B98616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C98616

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 N. Stricker ST.; 7 WARD)

REGISTERED No. C

2-FULL NAME Mary Evans

(Residence in Baltimore: No. 805 N Stricker St.; yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH. Feb (Month) 24 (Day), 1861 (Year)

7-AGE. 54 yrs. 7 mos. 9 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Robert Ferguson

11-BIRTHPLACE OF FATHER (State or Country) Richmond Va

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Evans

(Address) 805 N. Stricker St

15-

Filed OCT 3 - 1916, 191.... ROBERT R. KRAUTER Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Oct 2 (Month) (Day), 191 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept 28 191.., to Oct 2 191.., that I saw h.. alive on Oct 2 191.., and that death occurred, on the date stated above, at 1020 m.

The CAUSE OF DEATH* was as follows:

Chronic Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. H. Sawtell M. D.

Oct 2, 191.., (Address) 2008 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Oct 5, 1916

20-UNDERTAKER Wm Cook — ADDRESS 502 Park

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B98617 126

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. Mercy Hospital St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Gilmor Hoffman

(Residence in Baltimore: No. 20 W. Preston St St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Nov. 1, 1859 (Month) (Day) (Year)

7-AGE, 56 yrs. 10 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ——

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Charles L. Hoffman

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Susan S. Gilmor

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Supt. Mercy Hosp.

(Address) Calvert St.

15- Filed OCT 3 - 1916 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 2, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 6 1916, to Oct 2 1916, that I saw h m alive on Oct 2 1916, and that death occurred, on the date stated above, at 6½ P m.

The CAUSE OF DEATH* was as follows:

Hypertrophied Prostate Gland

(Duration) Great Part yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) 3 yrs. 2 mos. ds.

(Signed) Edward L. Smith M. D.

Oct 3, 191.. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 24 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 20 W. Preston St

Former or usual residence 20 W. Preston St

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Oct. 4th, 1916.

20-UNDERTAKER Henry H. Jenkins & Sons Co. — ADDRESS Orchard & Sts

William West.

13

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98618

CERTIFICATE OF DEATH.

104

C 98618

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 812 N. Vincent St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William West

(Residence in Baltimore: No. 812 N. Vincent St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	Col	Single

6-DATE OF BIRTH, July (Month) 29 (Day), 1914 (Year)

7-AGE, ... yrs. 2 mos. 1 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, William West

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father

(Address) 812 N. Vincent St

15-

FILED OCT 3 - 1916 191.. ROBERT P. KRAUTER Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 30 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bowel trouble

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

Odo, 1Dt. (Address) 815 N. Carey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State None yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 812 N Vincent St

19-PLACE OF BURIAL OR REMOVAL, St Peters Cem DATE OF BURIAL, ..., 19....

20-UNDERTAKER Hilbert & Brown ADDRESS 306 N Mount St.

B C98619

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C98619

REGISTERED No. C:

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1423 Mulliken St. 5 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William May

(Residence in Baltimore: No. 1420 Mulliken St.: yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: May 8 (Month) (Day), 1871 (Year)

7 AGE: 45 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Chas. May

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Martha Brown

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Simon May

(Address) 1423 Mulliken St.

15 OCT 3 - 1916 Filed ..... 191 ROBERT P. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 1 (Month) (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 19, 1916, to Oct 1 1916, that I saw h[illegible] alive on Sept 27 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Indefinite (Duration) yrs. mos. ds.

Contributory (SECONDARY) Toxemia

Smallpox (Duration) 1 yrs. mos. ds.

(Signed) Edward Fisher M. D.

Oct 1st, 1916 (Address) 161 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Asbury Cemetery

DATE OF BURIAL: Oct 5 ..... 191 ....

20 UNDERTAKER: Chas. H. Johnson

ADDRESS: 411 N. Carlton St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98620 C98620

REGISTERED NO. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2552 Druid Hill St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Raymond Carter

(Residence in Baltimore: No. 2552 Druid Hill Ave. St.; yrs., mos. da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, November 24, 1911 (Month) (Day) (Year)

7-AGE, 4 yrs. 10 mos. 12 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Child

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS:

10-NAME OF FATHER, L. L. Carter

11-BIRTHPLACE OF FATHER (State or Country), Kent Co Md

12-MAIDEN NAME OF MOTHER Elvira B. Wright

13-BIRTHPLACE OF MOTHER (State or Country), Caroline Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. L. Carter

(Address) 2552 Druid Hill Ave

15- ROBERT R. FRANTZ

Filed OCT 3 - 1916 Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 2, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 2 1916, to Oct 2 1916, that I saw him alive on Oct 2 1916, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 3 da.

CONTRIBUTORY (Secondary) Colds & Croup

(Duration) yrs. mos. 2 da.

(Signed) R. G. Coplin M. D.

....., 191... (Address) 2552 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Chestertown Md | DATE OF BURIAL, Oct 4, 1916

20-UNDERTAKER Wm. J. Eckenrode Sons | ADDRESS Mort & Fu

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 C98621 37 C98621

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 5 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emmanuel Alves

(Residence in Baltimore: No. 614 Sterling St St.; 4 yrs.. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sing

6-DATE OF BIRTH. June (Month) 15 (Day), 1878 (Year)

7-AGE. 38 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Longshoreman
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Portugal

PARENTS.

10-NAME OF FATHER. Venician Alves

11-BIRTHPLACE OF FATHER (State or Country). Portugal

12-MAIDEN NAME OF MOTHER. Mary Lindsay

13-BIRTHPLACE OF MOTHER (State or Country). Portugal

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Phelps

(Address) Johns Hopkins Hosp.

15- OCT 3 1916

Filed ..... 191.....

ROBERT [illegible]
Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. October (Month) 2 (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from May 29 1916, to Oct 2 1916, that I saw him alive on Oct 2 1916, and that death occurred, on the date stated above, at 8 15 P. m.

The CAUSE OF DEATH* was as follows:

Syphilis Dorsalis with myocardial weakness

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary infarctions

(Duration) yrs. 1 mos. ds.

(Signed) Alan G. Hutton M. D.

Oct 3, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. 4 mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 614 Sterling St.

19-PLACE OF BURIAL OR REMOVAL. Laurel Cemetery

DATE OF BURIAL. Oct 4 1916

20-UNDERTAKER W. E. Groob & Son

ADDRESS 1706 McElderry St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13 C98622

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C98622

1-PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 515 n Bethel ST.: T WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alverta Frances

(Residence in Baltimore: No. 515 n Bethel St.: ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: Dec. 26 (Month) (Day), 1863 (Year)

7-AGE: 52 yrs. 9 mos. 5 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto, Md

PARENTS

10-NAME OF FATHER: Andrew Bond

11-BIRTHPLACE OF FATHER (State or country): Balto.

12-MAIDEN NAME OF MOTHER: Rebecca Lake

13-BIRTHPLACE OF MOTHER (State or country): Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edna E. Locke

(Address) 1302 Jefferson.

15- Filed OCT 3 - 1916, 19.. ROBERT R. KRAUTER REGISTRAR

Burial Permit Oct

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 12, 1916, to Oct 1 1916 that I saw h.. alive on Sept 30, 1916, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

IV Mitral Insufficiency

Indefinite (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Gastric & Intestinal disorder

3 weeks (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Edward Dietz M. D.

Oct 2, 1916 (Address) 1615 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Cemetery — DATE OF BURIAL: OCT 4 ..., 191..

20-UNDERTAKER: A. E. Bull & Son — ADDRESS: Belmont

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98623 31 C98623

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 136 W. Fort ave ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leona G. Norton

(Residence in Baltimore: No. 136 W. Fort ave St.; ....yrs. ....mos. ....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April (Month) 18 (Day), 1898 (Year)

7-AGE, 18 yrs. 5 mos. 13 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Balto, Md.

PARENTS.

10-NAME OF FATHER, Thomas Norton

11-BIRTHPLACE OF FATHER (State or Country). Balto, Md.

12-MAIDEN NAME OF MOTHER Anna Graham

13-BIRTHPLACE OF MOTHER (State or Country). Balto, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Norton (mother)

(Address) 136 W. Fort ave

15- Filed OCT 3 - 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 20 1916, to Oct 1 1916, that I saw h[illegible] alive on Oct 1/16 1916, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Peritonitis

(Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) ....yrs. ....mos. 4 ds.

(Signed) J. H. Downes M. D.

Oct 2, 191.. (Address) 101 E. Mount

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cem

DATE OF BURIAL, Oct 4, 191.6

20-UNDERTAKER [illegible]

ADDRESS 1422 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98624 138 C98624

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 Wilcox ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella V. Hines

(Residence in Baltimore: No. 1218 Wilcox St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, September (Month) 1 (Day) (Year)

7-AGE 33 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Charles E. Hubbard

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Laura V. Hahn

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Hubbard

(Address) 1921 Oak Hill Ave

15. OCT 3 - 1916 Filed ...; 191... ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 3 (Day), 1916 (Year).

17. I HEREBY CERTIFY, That I attended deceased from Sept 28 1916, to Oct 3 1916, that I saw h[illegible] alive on Oct 3 1916, and that death occurred, on the date stated above, at 1400 m.

The CAUSE OF DEATH* was as follows:

Toxemia of Pregnancy

(Duration) ... yrs. 5 mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) 0 yrs. ... mos. ... ds.

(Signed) Richard Wells M. D.

10/3, 1916 (Address) 904 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore City — DATE OF BURIAL, Oct 3, 1916

20-UNDERTAKER Williams Cook — ADDRESS 502 E North Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 98625 — 167 — C 98625

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (N) Hopkins Hospital ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Wilkinson

(Residence in Baltimore: No. 237 N Durham st St.; yrs. 6/ mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.): Baby

6-DATE OF BIRTH: Dec 9 1914 (Month) (Day), 1 (Year)

7-AGE: 1 yrs. 9 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: Robert Wilkenson

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Helem Moore

13-BIRTHPLACE OF MOTHER (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Wilkinson

(Address) 237 N Durham

15- Filed OCT 4 - 1916 - 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Sept 30 1916 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns accidental
Fell in bucket of hot water
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) [signature] M. D. (Coroner.)

Oct 1 1916 191. (Address) N E Dist

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 237 N. Durham st

Former or usual residence 237 N Durham st

19-PLACE OF BURIAL OR REMOVAL: Asbury cemetery — DATE OF BURIAL: Oct 4 1916

20-UNDERTAKER: Milton Davis — ADDRESS: 1608 McElderry St

98626

HEALTH DEPARTMENT---CITY OF BALTIMORE

98626

CERTIFICATE OF DEATH

81 x

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME John Edgeworth Beattie

(Residence in Baltimore: No. Johns Hopkins Hospital. St.; yrs. 4 mos. 11 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Nov 27 (Month) (Day), 1848 (Year)

7-AGE: 67 yrs. 10 mos. 6 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Banker
(b) General nature of industry, business, or establishment in which employed (or employer): Bank President

9-BIRTHPLACE (State or country): South Carolina

PARENTS

10-NAME OF FATHER: Fountain Fox Beattie

11-BIRTHPLACE OF FATHER (State or country): Va.

12-MAIDEN NAME OF MOTHER: Emily Hamm

13-BIRTHPLACE OF MOTHER (State or country): S. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fountain F. Beattie

(Address) Greenville S C.

15- Filed OCT 4 - 1916 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 23, 1916, to, October 3 1916, that I saw h.im alive on October 3 1916, and that death occurred, on the date stated above, at 4.30 P.m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis. Hypertension
Arterio Sclerotic Brain Disease

About (Duration) 1 yrs mos. ds.

Contributory (SECONDARY) Cachexia + Exhaustion

(Duration) yrs. mos. 8 ds.

(Signed), Nathaniel H. Bruch. M. D.

Oct 3 1916. [Address] Johns Hopkins Hosp.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. 4 mos. 11 ds. In the State yrs. 4 mos. 11 ds.

Where was disease contracted, if not at place of death? South Carolina

Former or usual residence Greenville S. Carolina

19-PLACE OF BURIAL OR REMOVAL: Greenville S. Ca. DATE OF BURIAL: Oct 4 1916

20-UNDERTAKER: Gillet & Fuller ADDRESS: 221 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 098627 63+ 098627

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 3329 Greenmount Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kenneth Prince Botelar

(Residence in Baltimore: No. 3329 Greenmount ave St.; ... yrs., ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug (Month) 11 (Day), 1912 (Year)

7-AGE, 4 yrs. 1 mos. 23 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Joseph B. Botelar

11-BIRTHPLACE OF FATHER (State or Country), Balto city

12-MAIDEN NAME OF MOTHER Lessie N Dorsey

13-BIRTHPLACE OF MOTHER (State or Country) Harford Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph B. Botelar

(Address) 3329 Greenmount

OCT 4 - 1916

Filed ..., 191... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 3d (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 3- 1916, to Oct 3 1916, that I saw him alive on Oct 3 at 9 am 1916, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Influenza Pneumonia

Autopsy showed acute Poliomyelitis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) 12 hours

(Duration) ... yrs. ... mos. ... ds.

(Signed) Chas E Gaulsin M. D.

Oct 3, 1916. (Address) Garrett

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Oct 4, 1916

20-UNDERTAKER Williams Cook

ADDRESS 502 E Watts

Spec.—8-24-14—M. & T.—2000 Bks.

13 C98628

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C98628

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1822 E. Lombard ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam Schmitt

(Residence in Baltimore: No. 1822 E. Lombard St. St.; 50 yrs., mos. da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms; so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH, July (Month) 16 (Day), 1838 (Year)

7-AGE, 78 yrs. 7 mos. 17 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Elizabeth Bach

(Address) 1822 E. Lombard

15- OCT 4 - 1916

Filed, -191... HARRY C. ANDREWS Deputy Register Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 2 191 6, to Oct 3 191 6, that I saw h[illegible] alive on 191 6, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Paralysis of Brain

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. one ds.

(Signed) J. H. Callender M. D.

Oct 4, 191... (Address) 1810 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Oct 6, 1916

20-UNDERTAKER Jos J. Kerr — ADDRESS 1914 E Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98629 C98629

CERTIFICATE OF DEATH.

REGISTERED NO. C 151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Hanford Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Snyder

(Residence in Baltimore: No. 1711 Hanford Ave St.; Life yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct (Month) 3 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 20 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER, Robert Snyder

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Margaret McPolan

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Snyder

(Address) 1711 Hanford Ave

15- Filed OCT 4 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 3 1916, to Oct 3 1916, that I saw h[illegible] alive on Oct 3 1916, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

Premature,

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. L. Lam M. D.

Oct 4, 1916 (Address) 12 E. 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Oct 4th 1916

20-UNDERTAKER George L. Ruth

ADDRESS 1735 Hanford Ave

C98630 C98630

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. St Josephs Hospital St.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Foreman

(Residence in Baltimore: No. 115 S Chapel st St.: — yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Not Known (Month), ! (Day), ... (Year)

7-AGE, 61 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Not known

11-BIRTHPLACE OF FATHER (State or Country): Not Known

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or Country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Theodore White

(Address) 113 S Wolfe St

15- Filed OCT 4 - 1916 191... HARRY A. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 30 1916 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) found that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism - Fall off pile of

Licorice (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Price Snyder M. D. (Coroner.)

Oct 2, 1916 (Address) 115 S Chapel St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State 61 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 2.7.09 Dr. Wiegand 19 E. Pratt St

Former or usual residence 115 S Chapel St

19-PLACE OF BURIAL OR REMOVAL: Evergreen Cemetery — DATE OF BURIAL: Oct 3rd, 1916

20-UNDERTAKER: Theodore White — ADDRESS: 113 S. Wolfe St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98631 V 92 C98631

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Joseph's Hosp. ST.; V WARD) REGISTERED NO. C

2-FULL NAME Alex Kostelitzy

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 721 S. Broadway St.; — yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Unknown. (Month), 1 (Day), (Year)

7-AGE, 45 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Tailor.
(b) General nature of industry, business, or establishment in which employed (or employer) Factory

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hedwig Holmes.

(Address) 721 S. Broadway.

15-

Filed OCT 4 - 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 3 (Month) (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct 2 1916 to Oct 3 1916, that I saw h— alive on Oct 3 1916, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Tabes Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Pulmonary Phthisis

(Duration) yrs. mos. ds.

(Signed) W. F. O'Malley M. D.

Oct 3, 1916. (Address) St. Joseph Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 1 ds. In the State yrs. mos.

Where was disease contracted, if not at place of death? dont know

Former or usual residence none

19-PLACE OF BURIAL OR REMOVAL. Westview Cemetery

DATE OF BURIAL. Oct 4th, 1916.

20-UNDERTAKER M. F. Sadowski.

ADDRESS 705 S. Ann St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B C98632

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

C98632

REGISTERED NO. C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 817 ½ Fulton Av St.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Clark

(Residence in Baltimore: No. 7th Manche St.: 25 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Dont know (Month) (Day), 1866 (Year)

7-AGE: 48 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): N. Carolina

PARENTS

10-NAME OF FATHER: Dont Know

11-BIRTHPLACE OF FATHER (State or country): Dont Know

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or country): Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. A. Bishop

(Address) 117 Park Ave

15- OCT 4 - 1916 Filed, 191 HARRY C. AMBLER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct. 2, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 2d, 1916, to Oct 2d 1916, that I saw h[er] alive on Oct 2d, 1916, and that death occurred, on the date stated above, at 9.30 m.

The CAUSE OF DEATH* was as follows:

The death was due to apoplexy (Cerebral) Duration hrs. minutes prior to hrs.

Contributory (SECONDARY) due to (Duration) yrs. mos. ds.

(Signed) P. L. Davis M. D.

, 191 (Address) 724 N. Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Oct 4, 1916

20-UNDERTAKER: J. A. Bishop

ADDRESS: 117 Park Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98633

CERTIFICATE OF DEATH.

150 C98633

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1306 Glyndon ave ST.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Brown.

(Residence in Baltimore: No. 1306 Glyndon Ave St.; yrs., mos. 15 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH ORDINARY INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. Sept (Month) 17th (Day) 1916 (Year)

7-AGE. ....yrs. 15 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Edgar Brown

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Mary D. miles

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edgar Brown

(Address) 1306 Glyndon ave

15-

Filed OCT 4 - 1916 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 4th (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 19th 1916, to Oct 3 1916, that I saw h er alive on Oct 3rd 1916, and that death occurred, on the date stated above, at 8 p m.

The CAUSE OF DEATH* was as follows:

Meningitis — Secondary to Spinal Bifida - continuous drainage of Spinal fluid from Canal (Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary) ....(Duration) ....yrs. ....mos. ....ds.

(Signed) Walter B. Platt M. D.

....., 191... (Address) 802 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONAL TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery — DATE OF BURIAL, Sept 4..., 1916.

20-UNDERTAKER John J Field 1220 W Saratoga — ADDRESS Lombard st

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 098634 — 28 — 098634

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 Mulliken ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Fickett

(Residence in Baltimore: No. 1529 Mulliken St St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, October 23, (Month) (Day) 1899 (Year)

7-AGE, 16 yrs. 11 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

PARENTS.

9-BIRTHPLACE, (State or Country), North Hampton Co, Virginia

10-NAME OF FATHER, Isaac Fickett

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Josephine Stevens

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Knight

(Address) 1529 Mulliken St.

15-OCT 4 - 1916

Filed....., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 2, (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 24, 1916, to Oct 2 1916, that I saw h[illegible] alive on Oct 1 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows: Tuberculosis of Intestines and Lungs

(Duration) yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Typhoid Fever (Duration) yrs. [illegible] mos. ds.

(Signed) Richard L. Essinger M. D.

Oct 2, 1916 (Address) 1514 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Auburn Cem. DATE OF BURIAL, Oct. 5th 1916.

20-UNDERTAKER Harry A. Vodery ADDRESS 1725 Orleans St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B

1 C98635

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital ST.; 10 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry W. Knell

(Residence in Baltimore: No. 1818 N. Caroline St ST.; ... yrs., ... mos. ... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, April (Month) 12 (Day), 1882 (Year)

7-AGE, 34 yrs. 5 mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Geo Knell

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Sophia Weis

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sophia Knell

(Address) 818 N. Caroline St

15-

Filed ... 191...

OCT 4 1916 BURIAL PERMIT ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 16 1916, to October 3 1916, that I saw him alive on Oct 2 1916, and that death occurred, on the date stated above, at 8 00 A m.

The CAUSE OF DEATH* was as follows:

Typhoid fever

(Duration) ... yrs. ... mos. 45 ds.

CONTRIBUTORY (Secondary) Acute pulmonary oedema

(Duration) ... yrs. ... mos. 1 ds.

(Signed) William F. Ouella M. D.

Oct 3, 1916 (Address) St Js Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. 45 ds.

Where was disease contracted, if not at place of death? Last Town

Former or usual residence 818 N. Caroline St

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cem. DATE OF BURIAL, Oct 5, 1916

20-UNDERTAKER Frank A. Fink ADDRESS 915 N. Gay St

Spec.—8-24-14—M. & T.—2000 Bks.

13 C98636

HEALTH DEPARTMENT—CITY OF BALTIMORE.

91 C98636

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 703 Stone Hill ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George E. Leard

(Residence in Baltimore: No. 703 Stone Hill St.; 1 yrs., 2 mos. 4 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, July (Month) 28 (Day), 1915 (Year)

7-AGE, 1 yrs. 2 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, George Leard

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Alice Baker

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Leard

(Address) 703 Stone Hill

15-

Filed OCT 4 - 1916 191.... ROBERT R. WINTTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 3rd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 2 1916, to October 3rd 1916, that I saw h~~im~~alive on October 3rd 1916, and that death occurred, on the date stated above, at 9:45 a.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. G. Dover M. D.

October 3 1916 (Address) 800 W. 33rd St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys Hampden — DATE OF BURIAL, Oct 5, 1916

20-UNDERTAKER Chenowith & Son — ADDRESS Chestnut Ave

Michel Boppa

B 09803 104 09803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2834 Elliot ST. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michel Zhuppa

(Residence in Baltimore: No. 2834 Elliot St

St.; yrs. 2 m 4 (mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept (Month) 4 (Day), 1916 (Year)

7-AGE, 4 yrs. 1 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Schoolchild
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Joseph Zhuppa

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Josepha Jastrowski

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Zhuppa

(Address) 2834 Elliot St

15-

Filed OCT 4 - 1916, 191.... ROBERT R. KRAUTER Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) found that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Thomas Lyon Sunderland M. D. (Coroner.)

Oct 4, 1916. (Address) 1610 E. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Cem — DATE OF BURIAL, Oct 5th, 1916

20-UNDERTAKER Stephen J. Fialkowski — ADDRESS 1019 S Kenwood Ave

B C98638

HEALTH DEPARTMENT--CITY OF BALTIMORE

146

C98638

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. Presbyterian Hospital ST.: E. #3 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Elmer Affayson

(Residence in Baltimore: No. 805 Rutland Ave. St.: 25 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Sing'e

6-DATE OF BIRTH: Feb. 4, 1888 (Month) (Day) (Year)

7-AGE: 27 yrs. 9 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Driver for
(b) General nature of industry, business, or establishment in which employed (or employer): Garden Dairy

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: John Francis Affayson

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Ida Merrick

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr G L Inmann

(Address) 1307 Md ave

15-Filed OCT 4 - 1916, 191 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct. 4, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from August, 1916, to Oct 4th, 1916, that I saw him alive on Oct 4th, 1916, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Genital infection of R. mastoid infection spread causing a thrombosis of the sinus of brain (Duration) 2 yrs. mos. ds

Contributory (SECONDARY) Thrombosis of Sat sinus (Duration) yrs. 1 mos. 4 ds.

(Signed) Dr. G. L. Inmann M. D.

Oct 4, 1916. (Address) 1307 md ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. 21 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Baltimore md

Former or usual residence 805 Rutland Ave

19-PLACE OF BURIAL OR REMOVAL: Balto Cem

DATE OF BURIAL: Oct 7, 1916

20-UNDERTAKER: Howe & V Co

ADDRESS: 200 [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

13 C98639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 C98639

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1037 W Lombard ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Wentz

(Residence in Baltimore: No. 1037 W. Lombard St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 2 (Day), 1844 (Year)

7-AGE, 72 yrs. 2 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boiler Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Jesse Wentz

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Louisa Wentz

(Address) 1037 W. Lombard

15- OCT 4 - 1916 ROBERT R. KRAUTER

Filed, 191 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9-28, 1916, to 10-2, 1916, that I saw h[illegible] alive on 10-2, 1916, and that death occurred, on the date stated above, at 10 30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebro Collapse

(Duration) yrs. mos. 5 ds.

(Signed) C. F. Campbell M. D.

10/3, 191 6 (Address) 3729 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, National Cemetery

DATE OF BURIAL, Oct 5, 1916

20-UNDERTAKER Wm Cook

ADDRESS 512 E Monument

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 850 Inw St. ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Jane

(Residence in Baltimore: No. 850 Inw St. St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 49 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- Filed OCT 4 - 1916, 191. ROBERT R. KRAUTER Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. T. Linthicum (Coroner.) ..... M. D.

Oct 2, 1916 (Address) 1057 Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, ..., 19....

20-UNDERTAKER | ADDRESS

B C98641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 541 Calvert st

REGISTERED NO. C 5179

CITY OF BALTIMORE (No. 541 ST.: Calvert WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Stavany

(Residence in Baltimore: No. St.: yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Number husband dead or not

....., 1 .....
(Month) (Day) (Year)

7-AGE, about 60 yrs

.....yrs. .....mos. .....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- ROBERT R. KRAUTER

Filed OCT 4 1916 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest, au-
topsy or inquiry) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

Oct 2, 1916 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ..., 19....

20-UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND OCT 4 1916
Commissioner of Health,

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98642 C98642

CERTIFICATE OF DEATH.

REGISTERED NO. C 15 V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~No.~~ University Hospital St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Miller

(Residence in Baltimore: No. 908 Clifford St.; ....yrs., mos. 1 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, ... Sept (Month) 15 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
....yrs....mos. 13 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Miller

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Bertha Probe

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed OCT 4 - 1916, 191.... ROBERT R. KRAUTER Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Sept (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 16 1916, to Sept 28 1916, that I saw her alive on Sept 27 1916, and that death occurred, on the date stated above, at 3:30 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(Premature about 7 mos)

..... (Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary).....

..... (Duration)....yrs....mos....ds.

(Signed) J. J. Wolf M. D.

Sept 28 1916. (Address) Univerity Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 13 ds. In the State ....yrs. ....mos. 14 ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 908 Clifford, St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98643 105 C98643

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 W Hamburg ST WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsie Sprigg

(Residence in Baltimore: No. Life St.; ... yrs., ... mos. ... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, May 28, 1914 (Month) (Day) (Year)

7-AGE, 2 yrs. 4 mos. 5 da.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ...
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, Joe Sprigg

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Lottie Pinkney

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lottie Sprigg

(Address) 211 W Hamburg

15-

Filed OCT 4 - 1916, 191... ROBERT R. KRAUTER

Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 3, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 24 1916, to ... 191..., that I saw h[er] alive on Sept 24 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Enteritis Enterocolitis

... 3 weeks (Duration) ... yrs. ... mos. ... da.

CONTRIBUTORY (Secondary) Marasmus

... (Duration) ... yrs. ... mos. ... da.

(Signed) S. H. Krauss M. D.

Oct 3, 191.6 (Address) 522 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Ct — DATE OF BURIAL, Oct 5, 191.6

20-UNDERTAKER J. E. Bruce & Son — ADDRESS 1614 Druid Hill Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98644 C98644

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 659 Bradley ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Moss.

(Residence in Baltimore: No. 659 Bradley St.; 43 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. ?/6, (Month) 6 (Day), 1873 (Year)

7-AGE. 43 yrs. — mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Peter Moss.

11-BIRTHPLACE OF FATHER (State or Country). Va.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Taylor

(Address) 659 Bradley St.

15- Filed OCT 4 - 1916, 191.... ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 24 1916, to Oct 3rd 1916, that I saw him alive on Oct 2 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Asthma Bronchial

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Heart Disease

Hypertrophy (Duration) yrs. 3 mos. ds.

(Signed) Frank Wiseman M. D.

Oct 3, 1916 (Address) 3122 Lyndenor

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Forestdale Cem DATE OF BURIAL, Oct 5th, 1916

20-UNDERTAKER George H. Holland ADDRESS 517 Robert St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98645

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C98645

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1217 Madison Ave St.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME John S. Cowman

(Residence in Baltimore: No. 1217 Madison Ave St.; 65 yrs. ? mos. ? ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: November (Month) 7 (Day), 1843 (Year)

7-AGE: 72 yrs. 10 mos. 25 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Coffee & Tea

9-BIRTHPLACE (State or country): Q. Q. Co. Maryland

PARENTS

10-NAME OF FATHER: Joseph Cowman

11-BIRTHPLACE OF FATHER (State or country): Q. Q. Co. Maryland

12-MAIDEN NAME OF MOTHER: Ellen Hopkins

13-BIRTHPLACE OF MOTHER (State or country): South River - Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Lillian F. Cowman

(Address) 1217 Madison Ave

15- Filed OCT 4 - 1916, 191.. ROBERT R. KRAUTER Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) 3 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1916, to, Oct 3 1916, that I saw h-- alive on Oct 2 1916, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Enteritis & Cerebritis

(Duration) yrs 2 mos — ds.

Contributory (SECONDARY) Arteriosclerosis & Nephritis

(Duration) yrs mos. ds.

(Signed) H. B. Thomas M. D.

Oct 3, 1916 [Address] 1007 Cathedral St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge Cemetery DATE OF BURIAL: Oct 5, 1916

20-UNDERTAKER: Steward & Mowen Co ADDRESS: 168 W. Pratt St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98646

CERTIFICATE OF DEATH.

120 C98646

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 Maryland Ave ST.; 12 WARD) REGISTERED NO. C

2-FULL NAME Sarah Davis

(Residence in Baltimore: No. 1719 Maryland Ave St.; — yrs., — mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH. Unknown (Month) (Day) 1861 (Year)

7-AGE. 55 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cook
(b) General nature of industry, business, or establishment in which employed (or employer). In Private family

9-BIRTHPLACE. (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. George Bagwell

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Gerber

(Address) 1719 Maryland Ave

15-

Filed OCT 5 - 1916, 191...

HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct 2nd, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept 10 1916, to Oct 2 1916, that I saw h[illegible] alive on Oct 2 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Bright's disease

Infants

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) P. Garland Oberle M. D.

Oct 4, 1916 (Address) 1334 W Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL. Oct 5th, 1916

20-UNDERTAKER Adelia [illegible] Pope

ADDRESS 102 E Mulberry st.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

C98647

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 Portland ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elenora J. Baker

(Residence in Baltimore: No. 716 Portland St; St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single.

6-DATE OF BIRTH, July (Month) 15 (Day), 1915 (Year)

7-AGE, 1 yrs. 2 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None.

9-BIRTHPLACE, (State or Country), Balt Md

PARENTS.

10-NAME OF FATHER, Chas L Baker

11-BIRTHPLACE OF FATHER (State or Country), Balt Md

12-MAIDEN NAME OF MOTHER Hannah Susanna

13-BIRTHPLACE OF MOTHER (State or Country), Balt Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas L Baker

(Address) 716 Portland St

15- Filed OCT 5 - 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 16 1916, to Oct 3 1916, that I saw her alive on Sept 22 1916, and that death occurred, on the date stated above, at 5A. m.

The CAUSE OF DEATH* was as follows:

Cranium or Marasmus,

Gastro Enteritis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary congestion

(Duration) yrs. mos. 1 ds.

(Signed) J. M. Dilworth M. D.

Oct 4, 1916 (Address) 621 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Bal Cem

DATE OF BURIAL, Oct 5, 1916

20-UNDERTAKER Geo Lemmon & Sons

ADDRESS C & 7th South

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C98648 — 28 — C98648

REGISTERED NO. C .....

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 570 Garrison Lane St.: 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Agatha Gerken

(Residence in Baltimore: No. 570 Garrison Lane St.: 46 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widow

6 DATE OF BIRTH: August 10, 1833 (Month) (Day) (Year)

7 AGE: 83 yrs. 1 mos. 22 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Emden, Germany

PARENTS

10 NAME OF FATHER: H. Rundis

11 BIRTHPLACE OF FATHER (State or country): Holland

12 MAIDEN NAME OF MOTHER: Johanna Wilein

13 BIRTHPLACE OF MOTHER (State or country): German

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry Gerken

(Address) 570 Garrison Lane

15 Filed OCT 5 - 1916, 19... HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 2 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1916, to Oct 2 - 1916, that I saw h 4 alive on Oct 2, 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) 2 yrs. - mos. - ds

Contributory (SECONDARY) asthema

(Duration) ... yrs. ... mos. 10 ds.

(Signed) W. S. Love M. D.

Oct 4, 1916 (Address) 836 W. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park, Cem. DATE OF BURIAL: Oct 5, 1916

20 UNDERTAKER: Joseph B. Cook ADDRESS: 503 W. Balto St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98649 150 C98649

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1109 Forrest ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norman A Fleagle

(Residence in Baltimore: No. 1109 Forrest St.; ..... yrs., ... mos. 3 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, October (Month) 1st (Day), 1916 (Year)

7-AGE, X yrs. X mos. 3 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, J. Norman Fleagle

11-BIRTHPLACE OF FATHER (State or Country), Frederick Md

12-MAIDEN NAME OF MOTHER Hattie Kidd

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Norman Fleagle

(Address) 1109 Forrest st

15- OCT 5 - 1916 Filed ....., 191.... HARRY C. ANDREWS Board of Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, OCT (Month) - 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct-1- 1916, to Oct 4 1916, that I saw h/M alive on Oct 4 1916., and that death occurred, on the date stated above, at 12.15 m.

The CAUSE OF DEATH* was as follows:

Congenital heart
weakness
Interstitial Pneumonia Contributory

(Duration) X yrs. X mos. 3 ds.

CONTRIBUTORY (Secondary) X

(Duration) X yrs. X mos. 3 ds.

(Signed) D. H. Davies M. D.

Oct 5, 1916. (Address) 928 E. north

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Oct 6th, 1916.

20-UNDERTAKER George Schilling & Sons — ADDRESS 1111 Hanover St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98650 C98650

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH "Alice S Thriver" 18 REGISTERED NO. C

CITY OF BALTIMORE: (No. ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nursery and Childs Hospital

(Residence in Baltimore: No. Frankland and Schroeder St.; — yrs., 6 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
female	white	single

6-DATE OF BIRTH. 3 (Month) 14 (Day), 1916 (Year)

7-AGE. — yrs. 6 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Don't Know

12-MAIDEN NAME OF MOTHER Blanche L. Shriber

13-BIRTHPLACE OF MOTHER (State or Country), maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Elizabeth Stone

(Address) 2 T C. Hospital

15-OCT 5 - 1916 Filed....., 191.....

HARRY C. ANDREWS
Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 14 191 6, to Oct 4 191 6, that I saw h e alive on Oct 4 191 6, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Alimentary intoxication.

(Chronic starvation malnutrition)

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edgar B Friedenwald M. D.

Oct 4..., 191 6 (Address) 1616 London Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 6 mos. 20 ds. In the State yrs. 6 mos. 20 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Nursery and Childs Hospital

19-PLACE OF BURIAL OR REMOVAL, London Park | DATE OF BURIAL, Oct 5, 191.

20-UNDERTAKER George J Smith | ADDRESS 1800 Fayette St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98651

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C98651

Registered No. C

1 PLACE OF DEATH

City of Baltimore (No. Franklin Square Hospital St. 18 Ward

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Emma Jane Grese

(Residence in Baltimore: No. 226 N. Fremont Ave St.: Life yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: May 11th (Month) (Day), 1874 (Year)

7 AGE: 42 yrs. 4 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Balto City Md

PARENTS

10 NAME OF FATHER: David C Clark

11 BIRTHPLACE OF FATHER (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary E A Turpin

13 BIRTHPLACE OF MOTHER (State or country): Richmond Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louis A Grese

(Address) 226 N Fremont Ave

15 Filed OCT 5 - 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 5 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 13, 191, to Oct 5 1916, that I saw h[illegible] alive on Oct 4, 1916, and that death occurred, on the date stated above, at 5½ m.

The CAUSE OF DEATH* was as follows:

Septum in Jaw Hemorrhage
Vagina and Rectum

(Duration) yrs. 2 mos. 1 ds

Contributory (SECONDARY) Supposed

(Duration) yrs. 1 mos. ds.

(Signed) Dr. H. Bruchauser M. D.

Oct 5, 1916 (Address) 2205 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. 22 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 226 N Fremont Ave

19 PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Oct 8, 1916

20 UNDERTAKER: Leo J Smith

ADDRESS: 1000 W Fayette St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98652 119 C98652

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 E. Clement ST.; 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Franklin Rupert

(Residence in Baltimore: No. 402 E. Clement St. Ward)

(If non-resident give usual residence.)

(If under 1 day, Life ... yrs., ... mos., ... da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Unknown, 1859
(Month) (Day) (Year)

7-AGE: 57 yrs. ... mos. ... da.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Deckhand
(b) General nature of industry, business, or establishment in which employed (or employer): Steamboat

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: John H. Rupert

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Rupert

(Address) 402 E. Clement St.

15- Filed OCT 5 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct (Month) 2 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Sept 11 1916, to Oct 2 1916, that I saw h[illegible] alive on Oct 1 1916, and that death occurred, on the date stated above, at 4 a.m.,

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

(Duration) ... yrs. ... mos. 7 Days

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) ... yrs. ... mos. ... da.

(Signed) J. F. Hawkins M. D.

10-7-16, 191... (Address) 1 E. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cem. DATE OF BURIAL: Oct 6, 1916

20-UNDERTAKER: [illegible] ADDRESS: [illegible]

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98653 50 C98653

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 ÷ Bazer ST.: 15 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances. Rackensperger

(Residence in Baltimore: No. 1622 Baker St.: 69 yrs., 2 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, July 28, 1847
(Month) (Day) (Year)

7-AGE, 69 yrs. 2 mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER. Samuel W. Rackensperger

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Magdi Brunner

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. A E MacGowan

(Address) 905 N Fulton ave

15- OCT 5 - 1916 HARRY C. ANDREWS
Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 3, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1915, to Oct 3rd 1916, that I saw her alive on Oct 2nd 1916, and that death occurred, on the date stated above, at 8.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis Complicated with Diabetis Mellitus

(Duration) 1 yrs. 2 mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A E MacGowan M. D.

10.3.16. 1916 (Address) 905 N Fulton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral DATE OF BURIAL, Oct 5, 1916

20-UNDERTAKER Robert J Turner ADDRESS 1492 Broadway

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98654

HEALTH DEPARTMENT—CITY OF BALTIMORE

63+

C98654

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Children's Hospital School ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Adolph Eyerlord

(Residence in Baltimore: No. 3118 Wilkens Ave St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Dec 15 (Month) (Day), 1915 (Year)

7-AGE, yrs. 9 mos. 19 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country) Balto Maryland

PARENTS.

10-NAME OF FATHER. Michael Eyerlord

11-BIRTHPLACE OF FATHER (State or Country). New York

12-MAIDEN NAME OF MOTHER Amelia Schubert

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Eyerlord

(Address) 3118 Wilkens Ave

15- OCT 5 - 1916 Filed, 191

HARRY C. ANDREWS Burial Permits Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. October (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 1 1916, to Oct. 4 1916, that I saw h in alive on Oct 4 1916, and that death occurred, on the date stated above, at 7 P.m.

The CAUSE OF DEATH* was as follows:

Acute Enterocolitis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Laryngeal Obstruction

(Duration) yrs. mos. 4 ds.

(Signed) Gilbert W. Rountree M. D.

Oct 5, 1916 (Address) Alms Apts

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State yrs. 9 mos. ds.

Where was disease contracted, if not at place of death? above address

Former or usual residence 3118 Wilkens Ave

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cem. DATE OF BURIAL. Oct 5th, 1916.

20-UNDERTAKER Charles H. Hill ADDRESS 709 Fremont Ave.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98655 C98655

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1125 Woodley ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Marie Ewing

(Residence in Baltimore: No. 1125 Woodley St.: yrs.,, mos. 27 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. (Month) 6 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. 27 ds.

If LESS than 1 day, ... hrs. or .... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work — None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Howard G. Ewing

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Florence M. Bryant

13-BIRTHPLACE OF MOTHER (State or Country), Balto. County Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard G. Ewing

(Address) 1125 Woodley St.

15-

Filed OCT 5 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 4 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Sept. 6 1916, to Oct. 2 1916, that I saw ~~him~~ alive on Oct. 2. 1916, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) yrs. mos. 27 ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(Duration) yrs. mos. 27 ds.

(Signed) John D. Lanigan M. D.

Oct. 4, 1916 (Address) 1507 W. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western DATE OF BURIAL, Oct. 6, 191.

20-UNDERTAKER A. Fahey & Sons ADDRESS 606 Lafayette

Spec.—8-24-14—M. & T.—2000 Bks.

C98656

HEALTH DEPARTMENT—CITY OF BALTIMORE

37

C98656

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH St Vincents Infant Asylum

CITY OF BALTIMORE: (No. St Vincents Infant Asylum St. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howell Richards

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; ....yrs., ...mos. 21 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, mlt

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept (Month) 11 (Day), 1916 (Year)

7-AGE, ...yrs. ....mos. 23 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Vincents

(Address) 1461 Division St

15- OCT 5 - 1916 HARRY P. ANDREWS Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 15 1916, to Oct 3 1916, that I saw h alive on Oct 3 1916, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. T. Powers M. D.

....., 191... (Address) 2211 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 21 ds. In the State ....yrs. ....mos. 21 ds.

Where was disease contracted if not at place of death? —

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL, OR REMOVAL, Cathedral — DATE OF BURIAL, Oct 5, 1916

20-UNDERTAKER M Fahey & Sons — ADDRESS 616 Lafayette

C98657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

C98657

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 1002 N Wood ave St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace Carter

(Residence in Baltimore: No. 1002 N Wood ave St. 5 yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Aug 26, 1916
(Month) (Day) (Year)

7-AGE. yrs. 1 mos. 7 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Isaac Carter

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Lulu Hopkins

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS ~~TRUE TO THE~~ BEST OF MY KNOWLEDGE.

(Informant) Isaac Carter

(Address) 1002 N Wood ave.

15- Filed OCT 5 - 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH Oct. 4, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bowel Trouble

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner)

Oct 5, 191.. (Address) 2 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State 2 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1002 N Wood ave

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn

DATE OF BURIAL. Oct 5, 1916

20-UNDERTAKER James H Dinsmore

ADDRESS 1323 Eastern

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98658 40

CERTIFICATE OF DEATH.

C98658

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1811 Lorman ST.; 15 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Brayton

(Residence in Baltimore: No.) 1811 Lorman St St.; 36 yrs., ✓ mos. ✓ ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Oct. ✓ (Month) (Day), 1845 (Year)

7-AGE, 71 yrs. ✓ mos. ✓ ds.

If LESS than 1 day, ✓ hrs. or ✓ min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress and
(b) General nature of industry, business, or establishment in which employed (or employer): Housekeeping

9-BIRTHPLACE, (State or Country), Essex Co Va.

PARENTS.

10-NAME OF FATHER, Absalom Wood.

11-BIRTHPLACE OF FATHER (State or Country), Essex Co Va.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Essex Co. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo C Shannon M.D.

(Address) 700 Fulton Ave

15-

Filed OCT 5 - 1916, 191 HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 3. (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 31 1916, to Oct 3 1916, that I saw h er alive on Oct. 1 1916, and that death occurred, on the date stated above, at 9.30 p.m.

The CAUSE OF DEATH* was as follows: (see back)

Carcinoma of Stomach

Primary ✓ (Duration) Prob. Unknown y. ✓ m. ✓ ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ✓ yrs. ✓ mos. 10 ds.

(Signed) Geo C Shannon M.D.

Oct 4, 1916 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Oct. 6, 1916

20-UNDERTAKER James H. Dennis — ADDRESS 1321 Pierce

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98659 104 C98659

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 Kirby Lane. ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Andrew Carroll

(Residence in Baltimore: No. 521 Kirby Lane St.: yrs.. – mos. 33 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Infant

6-DATE OF BIRTH: Sept (Month) 1st (Day), 1916 (Year)

7-AGE: ..yrs..mos. 33 ds.

If LESS than 1 day: ..hrs. or..min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Frank Carroll

11-BIRTHPLACE OF FATHER (State or Country): Washington D C

12-MAIDEN NAME OF MOTHER: Hattie Jackson

13-BIRTHPLACE OF MOTHER (State or Country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chester Ruland, M.D.

(Address) 2532 Edmondson Ave

15-

Filed OCT 5 1916 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9-28- 1916, to Oct 4 1916, that I saw him alive on Oct 4 1916, and that death occurred, on the date stated above, at 12.57a m.

The CAUSE OF DEATH* was as follows:

Pneu-colitis

(Duration) ..yrs. ..mos. 9 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..yrs. ..mos. ..ds.

(Signed) Chester Ruland, M. D.

Oct 4, 1916. (Address) 2532 Edmondson ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Oct 5, 1916

20-UNDERTAKER: James H Dunn — ADDRESS: 1303 Preston

Spec.—8-24-14—M. & T.—2000 Bks.

C98660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

C98660

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2915 Penna Ave ST.: 13 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Mitten

(Residence in Baltimore: No. 2915 Penna Ave. St.: 25 yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Dec 11, 1851. (Month) (Day) (Year)

7-AGE: 64 yrs. 9 mos. 22 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Steam Roller
(b) General nature of industry, business, or establishment in which employed (or employer): Engineer

9-BIRTHPLACE, (State or Country): Carroll Co Md

PARENTS.

10-NAME OF FATHER: Daniel Mitten

11-BIRTHPLACE OF FATHER (State or Country): Carroll Co Md

12-MAIDEN NAME OF MOTHER: Elizabeth Krauer

13-BIRTHPLACE OF MOTHER (State or Country): Carroll Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wellington Mitten

(Address) 2915 Penna Ave

15- OCT 5 - 1916 Filed ....., 191.... Registrar.

HARRY C. ANDREWS
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: October 3, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 15 1916, to Oct 3 1916, that I saw h[illegible] alive on Oct 1, 1916, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Contributory Senility

Contributory: Don't know (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Alcoholism

(Duration) ....yrs. 1 mos. 15 ds.

(Signed) Jno. C. Stonebraker M. D.

Oct 3, 191.. (Address) 1 Highland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Westminster Carroll Co Md — DATE OF BURIAL: Oct 7, 1916.

20-UNDERTAKER: Harry W. Ebert — ADDRESS 1945 W North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

098661 143 098661

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No.) University Hospital ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Virginia Davies

(Residence in Baltimore: No. 745 Columbia Ave St.; — yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, MacKnight (Month) (Day), 1876 (Year)

7-AGE, 40 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Factory Woman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm Liebhafer

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Martha Moore

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm S Davis

(Address) 745 Columbia Ave

15- OCT 5 - 1916 Filed, 191 H. H. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9/28 1916, to 10/5 1916, that I saw h[illegible] alive on 10/4/ 1916, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Carbuncle of Back

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Pyemia

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Oct. 5, 1916. (Address) Univ. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Bad

Former or usual residence 745 Columbia Ave

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park — DATE OF BURIAL, Oct 7, 1916

20-UNDERTAKER John J Doran & Son — ADDRESS 905 Hollins St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98662

CERTIFICATE OF DEATH.

79

C98662

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2020 Linden Ave, St.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kushman Heinsfurter,

(Residence in Baltimore: No. 2020 Linden Ave., St.: 51

yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April (Month) 14th. (Day) 1846. (Year)

7-AGE, 70 yrs. 5 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER, Unkmown

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Unknown,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss N. Simon

(Address) 2020 Linden Ave,

15- OCT 5 - 1916 Filed, 191 ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 5th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 4th 1916, to Oct 5th 1916, that I saw h im alive on October 5th 1916, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Endo-+ Myo-Endite

several years.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. W. Keown M. D.

Oct 5th, 1916. (Address) 1938 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship, DATE OF BURIAL, Oct. 6th 191 6

20-UNDERTAKER David Sondheim ADDRESS 1818 W. Mt. Royal Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M 94

Spec.—8-24-14—M. & T.—2000 Bks.

C36063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C36063

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Orleans ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Capt. John H. McDorman

(Residence in Baltimore: No. 2117 Orleans St.; 42 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. (Month) 13 (Day), 1840 (Year)

7-AGE, 74 yrs. ..... mos. 22 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Capt. on Boat
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Geo. McDorman

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Rebecca White

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Jennie White

(Address) 2117 Orleans St.

15- OCT 5 - 1916

Filed ..... 191..

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 4" 1916, to Oct 5" 1916, that I saw h.. alive on Oct 4" 1916, and that death occurred, on the date stated above, at 3.10 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 7 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Helaget Robertson M. D.

Oct 5, 1916 (Address) 2129 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel Cem. DATE OF BURIAL, Oct. 7, 1916

20-UNDERTAKER Wm. E. Black ADDRESS 927 N. Bond

C98664

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

78

C98664

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1328 N. Smith ave. St.: 13 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E. Smith

(Residence in Baltimore: No. 1328 N. Smith-ave St.: yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: 11 (Month) 6 (Day), 1895 (Year)

7-AGE: 20 yrs. 10 mos. 28 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Harry L. Lucas

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Minnie E. Young

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Minnie E. Smith

(Address) 1328 N. Smith Ave

15 Filed OCT 5 - 1916 ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 10 (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1915, to Oct 4th 1916.
that I saw her alive on Oct 4th 1916.
and that death occurred, on the date stated above, at 10:30 m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 7 mos. ds.

Contributory (SECONDARY) Dorsal Ulcer

(Duration) yrs. mos. ds.

(Signed) Edward Pitt Dixon M. D.

Oct 5th, 1916 (Address) 204 Equitable

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Loudon Park — DATE OF BURIAL: Oct 6th 1916

20-UNDERTAKER: Putnam & York — ADDRESS: 172-3 W. Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Blks.

C98665

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98665

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2102 Chelsea Terrace St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Hartman Robinson

(Residence in Baltimore: No. 2102 Chelsea Terrace St.; 65 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (Write the word.): Widowed

6-DATE OF BIRTH: July 3, 1851 (Month) (Day) (Year)

7-AGE: 65 yrs. 3 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: John Hartman

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Margaret Young

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Robinson

(Address) 2102 Chelsea Terrace

15- OCT 5- 1916 ROBERT R. KRAUTER

Filed....., 191.... Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct. 4, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 25 1916, to Oct 4 1916, that I saw her alive on Sept 30 1916, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

Chronic endocarditis (Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic pneumonia (Duration) yrs. mos. 4 ds.

(Signed) H. S. Hewitt M. D.

....., 191... (Address) Garrison Station

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem. DATE OF BURIAL: Oct. 6, 1916

20-UNDERTAKER: Wm Cook ADDRESS: 5026 North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 C98666 × 130 C98666

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. & Md Hospital ST.; U WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie Tildon

(Residence in Baltimore: No. University Hosp. St.; ..... yrs., 1 mos. 5 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1899 (Year)

7-AGE, 17 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Tempsmon Md

PARENTS.

10-NAME OF FATHER, John Tildon

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Hattie Brown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Univ. Hospt Record

(Address) Green & Lombard Sts

15- OCT 5 - 1916 ROBERT B. KRAUTER

Filed ..... 191.... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 3, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 29 1916, to Oct 3 1916, that I saw h er alive on Oct 3 1916, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Pelvic Inflamm. disease

Unknown

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Ulceration of Bowel & Bowel & Vesical Fistula (Duration) ... mos. 3 ds.

(Signed) Hartley M. D.

Oct 3, 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 1 mos. 5 ds. In the State 17 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? at Tempsmon, Md.

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Perryman Md. DATE OF BURIAL, October 5th 1916.

20-UNDERTAKER E & B Harle ADDRESS 115 E West St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98667 × 81 C98667

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis A Pollak

(Residence in Baltimore: No. 4 days (Johns Hopkins Hosp.) St.; ..... yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, March (Month) ..... (Day) 1876 (Year)

7-AGE, 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Gustav Pollak

11-BIRTHPLACE OF FATHER (State or Country), Vienna

12-MAIDEN NAME OF MOTHER Celia

13-BIRTHPLACE OF MOTHER (State or Country), Bridgeport

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- Filed OCT. 5 - 1916, 191.. ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1916, to Oct 5 1916, that I saw him alive on Oct 5 1916, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio Vascular Disease, Cerebral Arteriosclerosis

(Duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Intestinal Catarrh

(Duration) 15 yrs. ..... mos. ..... ds.

(Signed) H. U. Brown Jnr M. D.

Oct 5, 191 6 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 40 Wall St N. Y.

19-PLACE OF BURIAL OR REMOVAL, New York

DATE OF BURIAL, (Oct) 6, 191 6

20-UNDERTAKER Albert E Fuller

ADDRESS 320 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98668 C98668

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Ft Griffin Hospital ST.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Glick

(Residence in Baltimore: No. [illegible] St.; — yrs. — mos. 9 da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Aug (Month) 11 (Day), 1897 (Year)

7-AGE. 19 yrs. 1 mos. 24 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Dry goods Store

9-BIRTHPLACE, (State or Country), Hancock Va

PARENTS.

10-NAME OF FATHER, Meyer L. Glick

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Ray Weinberg

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E Baltimore

15- Filed OCT 6 - 1916, 191. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 26 1916, to Oct 5 1916, that I saw him alive on Oct 5 1916, and that death occurred, on the date stated above, at 8.30 p.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus 2 years

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) ? yrs. mos. ds.

(Signed) [illegible] M. D.

Oct 6, 191.. (Address) Ft Griffin Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 9 ds. In the State ....yrs. ....mos. 9 ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Hancock Va.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship — DATE OF BURIAL, Oct 6, 191.

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98669 ✓ 90 C98669

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew aged Home St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Sherman

(Residence in Baltimore: No. H'brew Aged Home St.; 17 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH. Unknown (Month) (Day), 1824 (Year)

7-AGE. 92 yrs. — mos. — ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Lewis

(Address) 1411 E Balto St

15- OCT 6 - 1916 Filed, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 25 1916, to Oct 5 1916, that I saw h[er] alive on Oct 5 1916, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Oedema of Lungs
7 days
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis
(Duration) yrs. 4 mos. ds.

(Signed) W. F. Baylis M. D.

Oct 5, 1916. (Address) 212 Pisgah St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 4 yrs. mos. ds. In the State 17 yrs. mos. ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence Hebrew Aged Home

19-PLACE OF BURIAL OR REMOVAL. Hebrew Hebrew Rem

DATE OF BURIAL. 10/6., 191 6

20-UNDERTAKER Jack Levin

ADDRESS 1411 E Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98670 63+ ✓ C98670

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1519 N. Milton Ave St.; 8 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy E. Smith

(Residence in Baltimore: No. 1519 N. Milton Ave St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Sing'l

6-DATE OF BIRTH, Jan 31st, 1912 (Month) (Day) (Year)

7-AGE, 4 yrs. 8 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): City

PARENTS.

10-NAME OF FATHER, Basel S. Smith

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ruby S. Sullivan

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Basel S. Smith

(Address) 1519 N. Milton Ave

15-OCT 6 - 1916 Filed; 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 5th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 2nd 1916, to Oct 5th 1916, that I saw her alive on Oct 5th 1916 and that death occurred, on the date stated above, at 10:35 A.M.

The CAUSE OF DEATH* was as follows:

Acute Poliomyelitis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Theoglet Rohrbaugh M. D.

Oct 5th, 1916 (Address) 712 E Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, Oct 6, 1916

20-UNDERTAKER Philip Herwig — ADDRESS 2016 Aliceanna

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98671

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98671

CERTIFICATE OF DEATH.

29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 S. Chapl. ST.; 2 WARD) REGISTERED NO. C

2-FULL NAME Stanislawa Szymanska

(Residence in Baltimore: No. 404 S. Chapl. St.; 30 yrs., — mos., — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female.

4-COLOR OR RACE, Wht

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April — 1869
(Month) (Day) (Year)

7-AGE, 47 yrs. 6 mos. — ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Michal Lijewski

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Hanes Wotelska

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anton Szymanski

(Address) 404 S Chapl.

15-

Filed OCT 6 - 1916, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 3 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 26 1916, to Oct 3 1916, that I saw h— alive on Oct 3 1916, and that death occurred, on the date stated above, at 7.0 m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Oct 3, 1916. (Address) 1618 Eastern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Oct. 7, 1916

20-UNDERTAKER William Fallsowski ADDRESS 1618 Eastern

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

Helen Bukowski.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 330672 — 104 — 330672

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 S. Wolf St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. DO.)

2-FULL NAME Helen Bukowski

(Residence in Baltimore: No. 720 S. Wolf St.: 1 yrs., mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH. September 14, 1915. (Month) (Day) (Year)

7-AGE. 1 yrs. mos. 22 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Stephan Bukowski

11-BIRTHPLACE OF FATHER (State or Country). Poland Austrian

12-MAIDEN NAME OF MOTHER. Weronika Srobizna

13-BIRTHPLACE OF MOTHER (State or Country). Poland Austrian

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stephan Bukowski

(Address) 720 S. Wolf St.

15- OCT 6 - 1916 Filed, 191. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. October 6th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 12 1916, to October 3. 1916, that I saw h[er] alive on October 3d 1916, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Diarrhoea

(Duration) yrs. mos. 22 ds.

(Signed) J. J. Sennacker M. D.

October 6 1916. (Address) 722 S. Ann St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St. Stanislaus. DATE OF BURIAL. Oct. 7th, 1916.

20-UNDERTAKER M. F. Sadowski. ADDRESS 705 S. Ann St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 056073 ✓ 056073

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1756 Bank ST.: 2 WARD) REGISTERED NO. C 120

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oliver Webster Snodgrass

(Residence in Baltimore: No. 1756 Bank St.: Life yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, November 14, 1843 (Month) (Day) (Year)

7-AGE, 72 yrs. 10 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): House

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Oliver Snodgrass

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary E. Snodgrass

(Address) 1756 Bank St.

15- OCT 6 - 1916 Filed 401 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 26, 1916, to Oct. 5, 1916, that I saw h[illegible] alive on " 4, 1916, and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

Probably 2 or 3 yrs. (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (Duration) yrs. mos. ds.

(Signed) Geo. H. Hartman M. D.

Oct. 5, 1916 (Address) 1121 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery DATE OF BURIAL, Oct. 7, 1916

20-UNDERTAKER H. E. Singhas ADDRESS 19 Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C56074 C56074

CERTIFICATE OF DEATH.

40

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 E. Preston ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Linda L. Chastain.

(Residence in Baltimore: No. 221 E. Preston St.: 77 yrs., 4 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, March 24, 1839 (Month) (Day) (Year)

7-AGE, 77 yrs. 4 mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER. Thos. L. Lawrence

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Thos

(Address) 221 E. Preston St.

15- Filed OCT 6 - 1916, 191...

HARRY C. ANDREWS
Burial Permit Clerk
Registrar

HARRY C. ANDREWS
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 5th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5th 1916, to October 5th 1916, that I saw her alive on Oct. 5th 1916, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(Duration) about a year yrs. mos. ds.

CONTRIBUTORY (Secondary) "

(Duration) yrs. mos. ds.

(Signed) Wm Peter M.D.

Oct 5th 1916. (Address) 2710 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loraine Cemetery — DATE OF BURIAL, Oct 7, 191..

20-UNDERTAKER N. E. Engel — ADDRESS 17 S. Broadway

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C96675 C96675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 39

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Hamersley

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ..... yrs., mos. 11 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April 5, 1855 (Month) (Day) (Year)

7-AGE, 61 yrs. 6 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Boatman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Wm Hamersley

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Margaret ?

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- OCT 6 - 1916 Filed....., 191.....

HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 25 1916, to October 6 1916, that I saw h in alive on October 6 1916, and that death occurred, on the date stated above, at 6 30 a m.

The CAUSE OF DEATH* was as follows:

~~Septic Sore~~
Cancer of Lower Jaw
12
(Duration) ~~yrs.~~ ~~mos.~~ ~~ds.~~

CONTRIBUTORY (Secondary) ~~Cardiac Hypertrophy~~ Heart

(Duration) 1 yrs. 4 mos. 7 ds.

(Signed) W E Handy M. D.

Oct. 6.., 191.. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 11 ds. To the State ..... yrs. ..... mos. 11 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Alexandria Va.

19-PLACE OF BURIAL OR REMOVAL, Alexandria Va — DATE OF BURIAL, Oct. 6.., 1916.

20-UNDERTAKER W J Fisher and Son — ADDRESS 421 Madison

Spec.—8-24-14—M. & T.—2000 Bks.

B 098676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C 98676

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1129 Lindenhall St.; 24 Ward)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie M. Appel

(Residence in Baltimore: No. 1129 Lindenhall St.; Life yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Apr (Month) 15 (Day) 1916 (Year)

7-AGE, ... yrs. 5 mos. 21 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ...
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Henry Appel

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Rudy

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Appel

(Address) 1129 Lindenhall

15-

Filed OCT 6 - 1916, 191...

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 20 1916, to Oct 6 1916, that I saw h[illegible] alive on Oct 5 1916, and that death occurred, on the date stated above, at 8:20 a.m.

The CAUSE OF DEATH* was as follows:

9
Gastro enteritis

(Duration) ... yrs. ... mos. 16 ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. 16 ds.

(Signed) ... M. D.

Oct 6, 191... (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Greenmount

DATE OF BURIAL, Oct 7, 1916

20-UNDERTAKER J. J. Schweitzer

ADDRESS 1318 Light

C9867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

704 1

C9867

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 931 Mc Donough St.; 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME ada Fowler

(Residence in Baltimore: No. 931 Mc Donough St.; — yrs. 13 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7 AGE: 1 yrs. 13 mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Balto md

PARENTS

10 NAME OF FATHER: William Fowler

11 BIRTHPLACE OF FATHER (State or country): Balto

12 MAIDEN NAME OF MOTHER: addie Fowler

13 BIRTHPLACE OF MOTHER (State or country): md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) addie Fowler

(Address) 931 Mc Donough St

OCT 6 - 1916 Filed ..... - 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 6 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1916, to Oct 6 1916, that I saw h[illegible] alive on Oct 4th, 1916, and that death occurred, on the date stated above, at 2 Am m.

The CAUSE OF DEATH* was as follows:

Ileocolitis
~~Congenital~~ Debility
4 days (Duration) — yrs. — mos. 4 ds

Contributory (SECONDARY) Congenital Debility type (Duration) — yrs. — mos. — ds.

(Signed) J Edward Fisher M. D.

Oct 6, 1916 (Address) 161 E Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: laurel cemetery

DATE OF BURIAL: Oct 8, 1916

20 UNDERTAKER: Milton Davis

ADDRESS: 160 McElderry St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C98678 C98678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1334 W Lombard ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Marsh

(Residence in Baltimore: No. 1334 W Lombard St. 69 yrs. 5 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Aug (Month) 24 (Day), 1820 (Year)

7-AGE	If LESS than 1 day,
93 yrs. 1 mos. 11 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired R R
(b) General nature of industry, business, or establishment in which employed (or employer): Engineer B to O R R

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, John Marsh

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Margaret Harris

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ethel M Paulson

(Address) 1140 N Mount St

15- OCT 6 - 1916 (Date), 191... OCT 6 1916 Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Accidental (Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Fall from Steps

(Duration) yrs. mos. ds.

(Signed) James M Paulson (Coroner) M. D.

Oct 6, 1916 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Oct 8, 1916

20-UNDERTAKER: W. Cook — ADDRESS: 502 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98679

CERTIFICATE OF DEATH.

170

C98679

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1634 N. Bruce ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E. Harvey

(Residence in Baltimore: No. 1634 N. Bruce St.; 25 yrs. — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PERMIT, WITH ONE ADDRESS LABEL, TO BE DELIVERED TO UNDERTAKER

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. June (Month) — 9 (Day), 1864 (Year)

7-AGE. 52 yrs. 3 mos 25 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver of Wagon
(b) General nature of industry, business, or establishment in which employed (or employer): (Coal)

9-BIRTHPLACE. (State or Country). Md. Calvert Co.

PARENTS.

10-NAME OF FATHER. Frank Harvey

11-BIRTHPLACE OF FATHER. (State or Country) Md. Calvert Co.

12-MAIDEN NAME OF MOTHER. Phebie Harvey

13-BIRTHPLACE OF MOTHER. (State or Country) Calvert Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mollie Harvey

(Address) 1634 N. Bruce St.

15-

Filed OCT 6 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct (Month) — 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 24 1916, to Oct 4 1916, that I saw h[illegible] alive on Oct 4 1916, and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) — yrs. 10 mos. — ds.

CONTRIBUTORY (Secondary) Paralysis

(Duration) — yrs. — mos. 2 ds.

(Signed) F. L. Smith M. D.

Oct 5, 1916 (Address) 1130 N. Paca

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Union Calvert Co Md

DATE OF BURIAL. Oct 7, 1916

20-UNDERTAKER George H. Holland

ADDRESS Robert St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98680 119 C98680

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST.; 8 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Staudenmayer

(Residence in Baltimore: No. 1629 N. Washington St. St.; — yrs. — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
male	W	Single

6-DATE OF BIRTH, Sept 17 (Month) (Day), 1900 (Year)

7-AGE, 16 yrs. mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, Fred Staudenmayer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Emeline Weber

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred Staudenmayer

(Address) 1629 N Washington St

15- Filed OCT 6 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 5 1916, to Oct 6 1916, that I saw him alive on Oct 6 1916, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Nephritis (Duration) yrs. — mos. 7 ds.

(Signed) E. M. F. Regan M. D.

Oct 6, 1916 (Address) St. Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1629 N Washington St

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery

DATE OF BURIAL, Oct 7, 1916

20-UNDERTAKER Carl Kenner

ADDRESS Fulton Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C66081 53 C66081

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. The Harriet A. Kelly Hospital ST. WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Bussey

(Residence in Baltimore: No. 1418 Eutaw Place, St.; ..... yrs. 1 mos. 1 da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Sept (Month) 19 (Day), 1909 (Year)

7-AGE. 7 yrs. — mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School Boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Columbus Ga

PARENTS.

10-NAME OF FATHER, Arthur Bussey

11-BIRTHPLACE OF FATHER (State or Country), Ga

12-MAIDEN NAME OF MOTHER Starlight Respess

13-BIRTHPLACE OF MOTHER (State or Country), Ga

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur Bussey

(Address) Columbus Ga

15- OCT 6 - 1916 HARRY C. ANDERSON

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct (Month) 6th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 5 1916, to Oct 6 1916, that I saw h.. alive on oct 6 1916, and that death occurred, on the date stated above, at 4:15 p.m.

The CAUSE OF DEATH* was as follows:

Hodgkins disease

(Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) None

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) W. H. Reed M. D.

Oct 6, 1916 (Address) 1415 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 1 ds. In the State ..... yrs. 1 mos. 1 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Columbus - Ga.

19-PLACE OF BURIAL OR REMOVAL. Columbus Ga

DATE OF BURIAL. Oct. 6, 1916

20-UNDERTAKER Chas. G. Black & Son

ADDRESS 120 W. Mulberry St

HEALTH DEPARTMENT--CITY OF BALTIMORE

C30082

CERTIFICATE OF DEATH

C30082

91

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1603 St. Joseph St. 8 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Eliza Bailey

(Residence in Baltimore: No. 1603 St. Joseph St. St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Sept (Month) (Day), 1867 (Year)

7 AGE: 49 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Helen Johnson

(Address) 1603 St. Joseph St

15 OCT 6 - 1916 Filed, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 4 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 20th, 1916, to. Oct 3rd, 1916, that I saw her alive on October 3rd, 1916, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 13 ds

Contributory (SECONDARY) —

(Duration) yrs. mos. ds.

(Signed) Francis A. Sauer M. D.

Oct 4, 1916. (Address) 937 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Antrim County — DATE OF BURIAL: Oct 7, 1916

20 UNDERTAKER: Chas G Bailey — ADDRESS: 542 Jefferson St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98683 13 74 C98683

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 22 WARD) REGISTERED NO. C

2-FULL NAME Katie Updegraff

(Residence in Baltimore: No. 119 Bank St

St.; — yrs., — mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-CONDITION, MARRIED, WIDOWED, DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1879 (Year)

7-AGE, 37 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William Rusk

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sarah Cole

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hosp. Record

(Address) Greene & Lombard sts.

15- Filed OCT 6 - 1916, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9/8 1916, to 10/5 1916, that I saw her alive on Oct 5 1916, and that death occurred, on the date stated above, at 4:10 P.m.

The CAUSE OF DEATH* was as follows:

Tumor of Brain

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. M. Class M. D.

10/6, 1916 (Address) Hunterstown, Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 27 ds. In the State 37 yrs. mos. ds.

Where was disease contracted, if not at place of death? Don't Know

Former or usual residence 119 Bank St

19-PLACE OF BURIAL OR REMOVAL, Evergreen Cem. DATE OF BURIAL, Oct. 8, 1916

20-UNDERTAKER Wm Cook ADDRESS 502 E Balt

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 98684 28 C 98684

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1833 So. Charles St. ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fred Calumbus Chance

(Residence in Baltimore: No. 1833 S. Charles St.; — yrs. — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 25th, (Month) (Day) 1877 (Year)

7-AGE, 39 yrs. 7 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cutter
(b) General nature of industry, business, or establishment in which employed (or employer): Shirt Factory

9-BIRTHPLACE, (State or Country), Talbot Co. Md.

PARENTS.

10-NAME OF FATHER, Charles Chance

11-BIRTHPLACE OF FATHER (State or Country), Talbot Co. Md.

12-MAIDEN NAME OF MOTHER Mollie Dill

13-BIRTHPLACE OF MOTHER (State or Country), Caroline Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie E. Chance

(Address) 1833 S. Charles St.

15- Filed OCT 6 - 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1908 191.., to Oct 5 1916., that I saw h.. alive on Oct 5 191.6, and that death occurred, on the date stated above, at 1.50 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 6 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Otis S. Fowler M. D.

Oct 5, 191.6. (Address) 1432 William St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery DATE OF BURIAL, Oct 7, 191.6

20-UNDERTAKER Mrs Mrs John H. Teufel ADDRESS 801 W Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

C98685 — 1 8V — C98685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander P. Norris

(Residence in Baltimore: No. 1 day St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): married

6-DATE OF BIRTH: January 30, 1846 (Month) (Day) (Year)

7-AGE: 70 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Virginia

PARENTS.

10-NAME OF FATHER: James Norris

11-BIRTHPLACE OF FATHER (State or Country): Va

12-MAIDEN NAME OF MOTHER: Georgianna Gray

13-BIRTHPLACE OF MOTHER (State or Country): 2

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G J Smith

(Address) Johns Hopkins Hospital

15- Filed OCT 6 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 5 1916 to October 5 1916, that I saw h im alive on October 5 1916, and that death occurred, on the date stated above, at 10 5/8 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(Duration) yrs. mos. 4 ds.

(Signed) A E Bloomfield M. D.

Oct. 6, 191.6. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Edgewood Md.

18-PLACE OF BURIAL OR REMOVAL: Edgewood. Md. DATE OF BURIAL: Oct 6, 191.6

20-UNDERTAKER E & B Hale ADDRESS 115 E Mt St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98686 C98686

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No.) 709 N. Mount ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Hoye

(Residence in Baltimore: No. 709 N. Mount St.; 63 yrs., 3 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 7, 1853 (Month) (Day) (Year)

7-AGE, 63 yrs. 3 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm. Thomas

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Barbara Kagle

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. T. Hoye

(Address) 709 N Mount St

15 OCT 6 - 1916 Filed ....., ... 191.....

HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 4th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 25th 1916, to Oct-4th 1916, that I saw h.. alive on Oct-4th 1916, and that death occurred, on the date stated above, at 7.50 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

?

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Secondary Anaemia

(Duration) yrs. mos. ds.

(Signed) Page E. Simmons M. D.

Oct 6th, 1916. (Address) 311 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Oct 7, 1916.

20-UNDERTAKER Thos. J. Corwan Son ADDRESS 901 Hollins St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98687 C9868?

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C 79

CITY OF BALTIMORE: (NO. ..... ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T. Healy

(Residence in Baltimore: No. 2819 Woodbrook Ave. yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

6-DATE OF BIRTH: ~ (Month) ~ (Day) 1~ (Year)

7-AGE: 79 yrs. ~ mos. ~ ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: Michael Healy

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Anna Scully

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- Filed OCT 6 - 1916, 191.... ROBERT H. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 6th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 2 1916, to 191, that I saw h[illegible] alive on Oct 1 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

1st Hypostatic pneumonia

Antecedent degeneration

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) F. O'Brien M. D.

Oct 6, 1916. (Address) 1133 Valley st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 13 yrs. 3 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Peters DATE OF BURIAL: Oct 9, 1916

20-UNDERTAKER: Robt S. Little ADDRESS: 531 N Fremont Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98688 C98688

CERTIFICATE OF DEATH.

(13) 41

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. N. E. Cor Windsor Ave & 12th St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia A. Torsch

(Residence in Baltimore: No. 523 N. Carey St.; 61 yrs., 10 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: November (Month) 27 (Day), 1854 (Year)

7-AGE: 61 yrs. 10 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Henry F. Torsch

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Margaret Schardelmann

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. L. Torsch (for Geo. T. Kemp)

(Address) 827 Harlem Ave

15- Filed OCT 6 - 1916, 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7 1916, to October 5 1916, that I saw her alive on October 5 1916, and that death occurred, on the date stated above, at 2.20 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon (with metastasis to neighboring abdominal wall)

(Duration) More than yrs. 4 mos. 19 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Geo. T. Kemp M. D.

Oct 6, 1916. (Address) St James Apartments

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Oct. 7, 1916

20-UNDERTAKER: Geo W. Little — ADDRESS: 531 A Fremont

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98689

REGISTERED No. C 98689

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1304 N Milton ave St.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Conway

(Residence in Baltimore: No. 1304 N Milton ave St.: yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April 27 1843 (Month) (Day) (Year), 1

7-AGE, 72 yrs. 6 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) H W

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Robert Conway

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Lillie Mogarity

13-BIRTHPLACE OF MOTHER (State or Country), Balt o

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Langdon

(Address) 1304 N Milton ave

Filed OCT 6 - 1916 191 ROBERT R. KRAUTER Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 5 1916 (Month) (Day) (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Wm. Sterling M. D. (Coroner.)

Oct 5 1916 191... (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St Patricks

DATE OF BURIAL, Oct 7, 1916

20-UNDERTAKER H. C. Middefeld

ADDRESS 914 Greenmount Av

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98690 C98690

CERTIFICATE OF DEATH.

13 35

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Cole

(Residence in Baltimore: No. 232 Monford Ave St.; 1 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, January 4, 1912
(Month) (Day) (Year)

7-AGE, 4 yrs. 10 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thos. Cole

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lottie Thompson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed OCT 7 - 1916, 191.. ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 6, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 27 1916, to October 6, 1916, that I saw h[illegible] alive on October 6 1916, and that death occurred, on the date stated above, at 6.50 a m.

The CAUSE OF DEATH* was as follows:

Generalized Tuberculosis

(Duration) 1 yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. Kids ds.

(Signed) Wm. H. Welch M. D.

Oct. 6, 191.. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. mos. 14 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 232 Monford Ave

19-PLACE OF BURIAL OR REMOVAL, Asbury cemetery — DATE OF BURIAL, Oct. 9, 191..

20-UNDERTAKER Milton Davis — ADDRESS 16 & McElderry St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98691 C98691

CERTIFICATE OF DEATH.

19 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3411 Greenmount Ave ST.; 9 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth J. Prichard

(Residence in Baltimore: No. 3411 Greenmount Ave St.; 60 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, April (Month) 15 (Day), 1836 (Year)

7-AGE, 80 — 5 — 21 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Kent Co. Md

PARENTS.

10-NAME OF FATHER, James Lewis

11-BIRTHPLACE OF FATHER (State or Country), Kent Co. Md.

12-MAIDEN NAME OF MOTHER Elizabeth Comey

13-BIRTHPLACE OF MOTHER (State or Country), Kent Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Clara Leahy

(Address) 3411 Greenmount Ave.

15- Filed OCT 7 - 1916, 191.. ROBERT R. KRAUTER Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 6th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 3rd 1916, to Oct 6th 1916, that I saw h ii alive on Oct 6th 1916, and that death occurred, on the date stated above, at 7.40 p.m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 20 yrs. mos. ds.

(Signed) J. L. Thompson M. D.

Oct 6th 1916, (Address) 3214 Greenmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 6 yrs. 6 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 302 W. Preston St.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Oct., 191..

20-UNDERTAKER, Joseph B. Cole ADDRESS 1000 W Baltimore

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Stanley Longmead.

C98692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 1 C98692

1-PLACE OF DEATH University Hospital 4 REGISTERED NO. C

CITY OF BALTIMORE: (No. ..... ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanley Longmead

(Residence in Baltimore: No. Framington Court Hospital ; ..... yrs., ... mos. 21 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Not known ..... (Month) ..... (Day) 1896 (Year)

7-AGE, 20 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) British Seaman

9-BIRTHPLACE, (State or Country), London

PARENTS.

10-NAME OF FATHER, Charles Longmead

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Sara Hopper

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) University Hosp Records
(Address) Lombard & Greene Sts

15- Filed OCT 7 - 1916, 191.... ROBERT R. KRAUTER Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10-2 1916, to 10 6 1916, that I saw him alive on 10-5 1916, and that death occurred, on the date stated above, at 5.45 A.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Bernard J. Barry M. D.
10/6, 191.6. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 21 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? —
Former or usual residence London

19-PLACE OF BURIAL OR REMOVAL, Edmondson Ave DATE OF BURIAL, Oct 7th, 191.6

20-UNDERTAKER Joseph B Cook ADDRESS 1003 W. Balto St

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C98693 64 C98693

1 PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. 2812 N. Mosher ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Hellen Amelia Martin.

(Residence in Baltimore: No. 2812 N. Mosher St.; 69 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: July 7th, 1846 (Month) (Day) (Year)

7 AGE: 69 yrs. 2 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: not any.
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto. md.

PARENTS

10 NAME OF FATHER: John C. Duley.

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Rachel Fowler

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Rob Mercer.

(Address) 2812 N. Mosher St.

15 Filed OCT 7 - 1916, 191_ ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct. 4th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 2nd, 1916, to Oct. 4 1916, that I saw her alive on Oct 4th, 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy—

(Duration) yrs. mos. 2 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Isaac LeDrukson, M. D.

Oct. 5, 1916. (Address) 3055 N. North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Oct 7, 1916

20 UNDERTAKER: Joseph B Cook — ADDRESS: 100 S Bals St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C98694

CERTIFICATE OF DEATH.

10

C98694

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2700 Gulford Ave St.; 12 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sabra Ellen Parrish

(Residence in Baltimore: No. 2700 Gulford av St.; 70 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	Wht	Widow

6-DATE OF BIRTH, Sept (Month) 17 (Day), 1846 (Year)

7-AGE, 70 yrs. 73 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Miss Anderson

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida E. Parrish

(Address) Solomons Md.

15- Filed OCT 7 - 1916, 191 ROBERT R. KRAUTER Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 29 1916, to Oct 5 1916, that I saw h[illegible] alive on Oct 5 1916, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Arthritis

(Duration) 10 yrs. mos. ds.

(Signed) H. H. Pearce M. D.

Oct 6, 1916 (Address) 2105 N. Charles st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, White Hall Md — DATE OF BURIAL, Oct 7, 1916

20-UNDERTAKER Joseph L. B Cook — ADDRESS 1003 W Balto.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Anna E. Mayer

HEALTH DEPARTMENT—CITY OF BALTIMORE

63+

C98695

C98695

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Children's Hospital School ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Elizabeth Mayer

(Residence in Baltimore: No. 2935 Reese St.; 2 yrs., 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. February 17, 1914. (Month) (Day) (Year)

7-AGE. 2 yrs. 8 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Chas. E. Mayer

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Anna Speight

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. E. Mayer

(Address) 2935 Reese St

15-

Filed OCT 7 1916 191.... ROBERT R. KRAUTER

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. October 6, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 5 1916, to October 6 1916, that I saw her alive on October 6 1916, and that death occurred, on the date stated above, at 1.30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Enteritis Poliomyelitis

(Duration)....yrs....mos....3....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Gilbert L. Brattis M. D.

Oct. 6, 1916. (Address) Children's Hospital School

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St. John's Cemetery Woods | DATE OF BURIAL. Oct. 9, 1916.

20-UNDERTAKER Henry W. Maus & Son | ADDRESS 806 N. Eutaw St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B c98696

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

78 C98696

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 3754 Hickory Ave. St.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Kates

(Residence in Baltimore: No. 3754 Hickory Ave. St.; ..... yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK. DO NOT USE LEAD PENCIL.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: May. (Month) I (Day) 1858 (Year)

7-AGE: 58 yrs. 5 mos. 4 ds. If LESS than 1 day, ... hrs., ... or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Irland

PARENTS

10-NAME OF FATHER: William Livingston
11-BIRTHPLACE OF FATHER (State or country): Irland
12-MAIDEN NAME OF MOTHER: Margaret Kelly
13-BIRTHPLACE OF MOTHER (State or country): Irland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mr. John Kates
(Address): 3754 Hickory Ave.

15- Filed OCT 7 - 1916 191 ROBERT B. KRAUTER Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct 5 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 14, 1916, to, Oct-5 1916, that I saw h[illegible] alive on Oct-5 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema
(Duration) ..... yrs ..... mos ..... ds.
Contributory (SECONDARY) Myocarditis
(Duration) ..... yrs ..... mos ..... ds.
(Signed) Harry C. Alger M. D.
Oct 6, 1916 [Address] 3640 Roland Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St.Mayt;s Govan.
DATE OF BURIAL: Oct. 9th 1916 191

20-UNDERTAKER: A.S.Marshall
ADDRESS: 3539 Falls Road

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

B C98697 — 64 C98697 — REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 North Carolina ST. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel P Nicall

(Residence in Baltimore: No. 1822 N Carolina St.; 2 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: June (Month) 4 (Day), 1856 (Year)

7-AGE: 60 yrs. 4 mos. 1 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retired Lubeman
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: William Nicall

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Cathern Prince

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) S. P Nicall

(Address) 1822 N. Carolina

15- Filed OCT 7 - 1916, 191 — ROBERT B. KRAUTER, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 17, 1916, to, October 5 1916, that I saw h— alive on October 6 1916, and that death occurred, on the date stated above, at 9.10 P m.

The CAUSE OF DEATH* was as follows:

Chronic Gastritis

about 5 Days (Duration) 5 yrs mos ds

Contributory (SECONDARY) Cerebral Hemorrhage

(Duration) yrs mos 1/2 ds

(Signed) J. Benjamin Wuttrook M. D.

Oct 6 1916 [Address] 16 E. Gorsuch ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Oct. 8th 1916

20-UNDERTAKER: George F. Ruth — ADDRESS: 1735 Harford Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Michael Francis Doyle 28 C98698

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 Covington ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Francis Doyle

(Residence in Baltimore: No. 1321 Covington St.; 17 yrs. 10 mos. 8 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. 10 (Month) 25 (Day), 1898 (Year)

7-AGE. 17 yrs. 10 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plumber
(b) General nature of industry, business, or establishment in which employed (or employer): General Plumbing

9-BIRTHPLACE, (State or Country). Baltimore City Md

PARENTS.

10-NAME OF FATHER. Richard F. Doyle

11-BIRTHPLACE OF FATHER (State or Country). Baltimore City

12-MAIDEN NAME OF MOTHER. Mary A. Foley

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Doyle

(Address) 1321 Covington St.

15- OCT 7 - 1916 ROBERT R. KRAUSER

Filed....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1916, to Oct 4 1916, that I saw him alive on Oct 3 1916, and that death occurred, on the date stated above, at 8:15 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Laryngitis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Oct 5, 1916. (Address) 724 N. Gay St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Farmer or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral Cemetery	Oct. 7, 1916.
20-UNDERTAKER P. J. M. J. Flynn	ADDRESS 14 & 2 Light

Spec.—8-24-14—M. & T.—2000 Bks.

C98699 HEALTH DEPARTMENT—CITY OF BALTIMORE C98699

105

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 211 Myrtle Av ST.; 4 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Effie Murray

(Residence in Baltimore: No. 211 Myrtle Av St. 2 yrs. 11 mos. 27 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) X single

6-DATE OF BIRTH. Oct (Month) 9 (Day), 1913 (Year)

7-AGE, 2 yrs. 11 mos. 27 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Geo. H. Murray

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Eliza Freeland

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. H. Murray

(Address) 211 Myrtle Av

15- Filed OCT 7 - 1916, 191... HARRY [illegible] Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 5 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept 27 1916, to Oct 5 1916, that I saw h[illegible] alive on Oct 5 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Acute Enteritis

(Duration) 10 da.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 4 da.

(Signed) Bernard Hughes M. D.

Oct 6 1916 (Address) 1413 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. None

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery DATE OF BURIAL, Oct 7, 1916

20-UNDERTAKER Geo H Hooper ADDRESS 609 Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

152

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Womans Hospital REGISTERED NO. C

CITY OF BALTIMORE: (No. Lafayette & Fulton ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Bean (Mary Frances Bean)

(Residence in Baltimore: No. Womens' Hospital St.; 0 yrs., 0 mos. 2 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Oct. 4th (Month) (Day), 1916. (Year)

7-AGE, 0 yrs. 0 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, J Leonard Bean

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Ethel May Shewbrooks

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. F. Silvester

(Address) Womans Hospital

15- HARRY C. ANDREWS

Filed OCT 7 - 1916 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 6, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 4th 1916, to Oct. 6 1916, that I saw h[er] alive on Oct. 6 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

.....
.....Fracture of Base of Skull.....
.....(Burns.....instantaneous)
..... (Duration).....yrs.....mos.....w.ds.

CONTRIBUTORY (Secondary) Intracranial Hemorrhage

..... (Duration).....yrs.....mos. 4 ds.

(Signed) R. F. Silvester M. D.

....., 191... (Address) Womans Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. 2 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Govans Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Green Mount Cemetery	Oct 7, 1916
20-UNDERTAKER Stewart & Owen Co	ADDRESS 1081 North Ave

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C-30701 C-30701

1 PLACE OF DEATH — REGISTERED No. C 120

CITY OF BALTIMORE (No. 1029 Edmondson Ave ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME William H. Stevens

(Residence in Baltimore: No. 1029 Edmondson Ave St.; 66 yrs. — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: June 29, 1830 (Month) (Day) (Year)

7-AGE: 86 yrs. 3 mos. 6 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Carriage
(b) General nature of industry, business, or establishment in which employed (or employer): Wagon Builder

9-BIRTHPLACE (State or country): Easton Md

PARENTS

10-NAME OF FATHER: Isaac Stevens

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Louica Swiget

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE ~~BEST OF~~ MY KNOWLEDGE

(Informant) Wm. H. Stevens

(Address) 1029 Edmondson Ave

15 Filed OCT 7 - 1916 HARRY C. ... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct 5th (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1916, to Oct. 5th 1916, that I saw h[im] alive on Oct. 5th, 1916, and that death occurred, on the date stated above, at 6.30 PM

The CAUSE OF DEATH* was as follows:

Uremic Sclerosis

(Duration) 2 yrs. 2 mos. 5 ds

Contributory (SECONDARY) Chronic Interstitial Nephritis

(Duration) yrs. 1 mos. 1 ds.

(Signed) Miguel Horn M. D.

Oct 6 1916 (Address) 406 26th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore

DATE OF BURIAL: Oct 7 1916

20-UNDERTAKER: Robt S. Little

ADDRESS: 531 N Fremont Ave

C30702

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C30702

1 PLACE OF DEATH — Registered No. C

City of Baltimore (No. 2649 Maryland Ave St. 12 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Robert S. White

(Residence in Baltimore: No. 2649 Maryland Ave. St. Life yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: March (Month) 31 (Day), 1887 (Year)

7 AGE: 29 yrs. 6 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Attorney at Law
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Andrew J.C. White

11 BIRTHPLACE OF FATHER (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Martha J. Cunningham

13 BIRTHPLACE OF MOTHER (State or country): Balto Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Oliver White

(Address) 2649 Maryland Ave

OCT 7 - 1916 Filed ....., 191 HARRY O. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 5 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 25, 1916, to Oct 5, 1916.

that I saw him alive on Oct 5, 1916.

and that death occurred, on the date stated above, at 6.55 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY) Intestinal Tuberculosis

(Duration) yrs. 3 mos. ds.

(Signed) E. Olive Murray M. D.

Oct 6, 1916 (Address) 1221 W. Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ...

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Green Mound

DATE OF BURIAL: Oct 8, 1916.

20 UNDERTAKER: Chas. Mitchell & Co.

(ADDRESS) 1201 W. Fayette St.

C-90703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

C-90703

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 615 N. Calhoun St. 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise H. Bond

(Residence in Baltimore: No. 615 N Calhoun St. yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Oct 12, 1866
(Month) (Day) (Year)

7-AGE 49 yrs. 11 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Trinidad, W.I.

PARENTS.

10-NAME OF FATHER, Thomas Howard

11-BIRTHPLACE OF FATHER (State or Country), N.J.

12-MAIDEN NAME OF MOTHER Zeda Mauk

13-BIRTHPLACE OF MOTHER (State or Country), N.J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. N. Bond

(Address) Patrol Office

15- OCT 7 - 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 6, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

Mitral Insufficiency

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

(Signed) C. Miller Lane M. D.
(Coroner.)

Oct 6, 1916 (Address) 819 N Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 615 N Calhoun

19-PLACE OF BURIAL OR REMOVAL, Woodlawn City — DATE OF BURIAL, Oct 8, 1916

20-UNDERTAKER Stewart & Moore Co — ADDRESS 108 N. Howard

C-9704 C-9704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 921 N Eutaw ST. 11 WARD)

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary F. Thomas

(Residence in Baltimore: No. 921 N Eutaw St. yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ~~Feb~~ unknown (Month) ..... (Day) ....., 18.4 (Year)

7-AGE, 70 yrs. unknown mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md. (Unknown)

PARENTS.

10-NAME OF FATHER, Archabald Donley

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Allen Thomas

(Address) 921 N Eutaw

15- OCT 7 - 1916 HARRY C. ANDREWS
Filed ....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 5 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

one hour

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) unknown.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Whitehorn M. D.
(Coroner)
Oct 6, 1916. (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, Oct 8, 1916

20-UNDERTAKER Samuel Handley ADDRESS 3[illegible]

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98705

HEALTH DEPARTMENT–CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C98705

1-PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1631 W Lexington St. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Hanna

(Residence in Baltimore: No. 1631 W Lexington St.: 1 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month), (Day), 1848 (Year)

7-AGE: 68 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Preacher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mrs Hanna

(Address): 1631 W Lexington

15. Filed OCT 7 - 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) 5 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 20, 1916, to Oct 5 1916, that I saw h[illegible] alive on Oct 4 1916, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) ... yrs. 5 mos. ... ds

Contributory (SECONDARY): Cerebral Hemorrhage

(Duration) ... yrs. 5 mos. ... ds.

(Signed) J. S. Hamilton M. D.

Oct 7, 1916 (Address) 2025 Mulla

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Oct 7, 1916

20-UNDERTAKER: John H Toadvine — ADDRESS: 142 W Lex St

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

104 C 30706

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital WARD) 10

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Baker.

(Residence in Baltimore: No. 1010 E. Eager St. St.; — yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: August (Month) 2 (Day), 1916 (Year)

7-AGE: ....yrs. 2 mos. 4 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Robt. Baker.

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Edna Greene

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): P. Phelps

(Address): Johns Hopkins Hosp.

15- OCT 7 - 1916 191....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: October (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 3 1916 to Oct. 6, 1916, that I saw h— alive on Oct. 6, 1916, and that death occurred, on the date stated above, at 5^0 p. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-intestinal indigestion

(Duration) 0 yrs. 0 mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. — mos. ....ds.

(Signed) Henry B. Cunad M. D.

Oct 6, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State 1 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1010 E. Eager St.

19-PLACE OF BURIAL, OR REMOVAL: Mt. Carmel Cemetery

DATE OF BURIAL: October 7, 1916

20-UNDERTAKER: Henry Horst Son

ADDRESS: 1301 E Eager

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C-5707 67 C-5707

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1047 Riverside Ave St.; 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna L Vayne

(Residence in Baltimore: No 1047 Riverside Ave St.; 13 yrs.. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: March 24, 1886 (Month) (Day) (Year)

7-AGE: 30 yrs. 6 mos. 12 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: William H Vayne

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Laura V. Lane

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Ned Vayne

(Address) 1047 Riverside Ave

15- Filed OCT 7 - 1916 19.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: October (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 8 1915, to Oct 6 1916, that I saw her alive on Oct 6 1916, and that death occurred, on the date stated above, at 1135 A m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) yrs. several mos. ds.

CONTRIBUTORY (Secondary) General Paresis

(Duration) 1 yrs. 5 mos. ds.

(Signed) E. B. Burton M. D.

10-6-, 1916 (Address) 301 E Broad St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Centerville Md. DATE OF BURIAL: October 8, 1916

20-UNDERTAKER: E & B Hartle ADDRESS: 115 E Mt St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REGISTERED No. C 114

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1625 E. Eager St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Dolaske

(Residence in Baltimore: No. 1625 E. Eager St.: 12 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: Not known, 18[illegible] (Month) (Day) (Year)

7-AGE: 69 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Austria

PARENTS.

10-NAME OF FATHER: John Kullman

11-BIRTHPLACE OF FATHER (State or Country): Austria

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Dolaske

(Address) 1625 E. Eager St.

15- Filed OCT 7 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: October 6th, 1916 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from September 2d, 1916 to October 6th, 1916, that I saw her alive on October 6th, 1916, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Pelvic Cellulitis & Complications

(Duration) 1 yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

Charles A. McGinn M. D.

October 6th, 1916 (Address) 1031 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Dolfield Cem. DATE OF BURIAL: Oct. 8, 1916

20-UNDERTAKER: Geo. M. Friend ADDRESS: 811 N. Wolfe

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 050709 — 104 — C 050709

CERTIFICATE OF DEATH.

REGISTERED NO. C.

(PLACE OF DEATH
CITY OF BALTIMORE (No. 2221 E Fayette ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oribille Beltz

(Residence in Baltimore: No. 2221 E Fayette st

St.: Life yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Baby

6-DATE OF BIRTH, Aug 13 1916 (Month) (Day) 1 (Year)

7-AGE, ...yrs. 1 mos. 24 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Walter Beltz

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Katherine Heise

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Beltz

(Address) 2221 Fayette st

15- Filed OCT 7 1916 19... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 7 1916 (Month) (Day) , 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enteritis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Bunt Lankford M. D. (Coroner.)

Oct 7 1916 (Address) N E Diat

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Matthews Cem

DATE OF BURIAL, Oct 8, 1916

20-UNDERTAKER John Herwig & Co

ADDRESS 2008 Eden

Spec.—8-24-14—M. & T.—2000 3ks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C30710 131 C30710

REGISTERED NO. C.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hosp. ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Mary A Harrison

(Residence in Baltimore: No. 2939 Walbrook Ave St.; Life mos. da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb (Month) 2 (Day) 1852 (Year)

7-AGE, 64 yrs. 8 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, John L Baker

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Angelian Kellmann

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H Wright Dorsey M.D.

(Address) Hebrew Hosp.

15- Filed OCT 7 - 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 4 1916, to Oct 5 1916, that I saw h.. alive on Oct 5 1916, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Ovarian Cyst

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Post operative Shock

(Duration) yrs. mos. 1/2 ds.

(Signed) M K Levy M. D.

10/5, 191... (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 2 ds. In the State of Life mos. da.

Where was disease contracted, if not at place of death? 2939 Walbrook ave

Former or usual residence 2939 Walbrook ave

19-PLACE OF BURIAL, OR REMOVAL, Druid Ridge

DATE OF BURIAL, Oct 8, 1916

20-UNDERTAKER Sons of W. J. Dickson and

ADDRESS Bond Nath

Spec.—8-24-14—M. & T.—2000 Bks.

C 60711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 1

C 60711

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST.: 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Heenan

(Residence in Baltimore: No.) Mercy Hospital St.: — yrs., — mos., 7 da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, negro

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept (Month) 19 (Day), 1867 (Year)

7-AGE, 49 yrs. — mos. 16 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Nathaniel

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Record.

(Address)

15- Filed OCT 7 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 26 191 6, to Oct 5 191 6, that I saw h[illegible] alive on Oct 5 191 6, and that death occurred, on the date stated above, at 1.15 P.M.

The CAUSE OF DEATH* was as follows:

Pyaemia Fever

(Duration) ....yrs. ....mos. 14 da.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs. ....mos. 3 da.

(Signed) [illegible] M. D.

Oct 6, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 da. In the State 49 yrs. — mos. 16 da.

Where was disease contracted, if not at place of death? 1611 Aliceanna St

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL, Evergreen Cemetery — DATE OF BURIAL, Oct 8th, 1916.

20-UNDERTAKER Lee Ruth — ADDRESS 1735 Eutaw Place

C50712

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

C50712

1 PLACE OF DEATH — Registered No. C

CITY OF BALTIMORE (No.) 3414 Fairview Avenue (Ward) 15

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2 FULL NAME Bathia Jane Cohen

(Residence in Baltimore: No.) Edgewood & Fairview Ave St.: yrs. 1 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W.

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Aug (Month) 22 (Day), 1916 (Year)

7 AGE: — yrs. 1 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Balto

PARENTS

10 NAME OF FATHER: Moses L. Cohen

11 BIRTHPLACE OF FATHER (State or country): Balto

12 MAIDEN NAME OF MOTHER: Beatrice Rosenfeld

13 BIRTHPLACE OF MOTHER (State or country): Balto.

14 I HEREBY CERTIFY THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Moses L. Cohen

(Address) 3414 Fairview Ave

15 Filed OCT 7 - 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October (Month) 7 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 22, 1916, to Oct 7 1916, that I saw h[illegible] alive on Oct 6 .1916., and that death occurred, on the date stated above, at 5 9 m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY) Faulty digestion of modified milk. (Duration) yrs. mos. ds.

(Signed) Erasmus H Kloman M. D.

Oct 7, 1916. (Address) 1800 N Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			
Where was disease contracted, if not at place of death?							
Former or usual residence							

19 PLACE OF BURIAL OR REMOVAL: Oheb Sholam. DATE OF BURIAL: Oct 8, 1916

20 UNDERTAKER: David Sondheim ADDRESS: 118 W Mt Royal Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 9871

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1061 Myrtle Ave. - ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Child of Robert & Mary E. Goode

(Residence in Baltimore: No. 1061 Myrtle Ave. — St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: October 6, 1916 (Month) (Day) (Year)

7 AGE: — yrs. — mos. — ds. | If LESS than 1 day 10 hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore - Md.

PARENTS

10 NAME OF FATHER: Robert Goode

11 BIRTHPLACE OF FATHER (State or country): Hagerstown - Md

12 MAIDEN NAME OF MOTHER: Mary E. Colman

13 BIRTHPLACE OF MOTHER (State or country): Alexander Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert Goode

(Address) 1061 Myrtle Ave.

15 Filed OCT 7 - 1916, 191 — HARRY C. ANDREWS, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October (Month) 6 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 5, 1916, to Aug 6 1916, that I saw h[illegible] alive on Aug 6, 1916, and that death occurred, on the date stated above, at 0.5 P m.

The CAUSE OF DEATH* was as follows:

Premature birth, 5 months.

(Duration) — yrs. — mos. — ds

Contributory (SECONDARY)

(Duration) — yrs. — mos. — ds.

(Signed) [illegible] M. D.

Oct 7, 1916 (Address) 211 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem. | DATE OF BURIAL: Oct. 7, 1916

20 UNDERTAKER: Jos. L. Cook | ADDRESS: 1003 W. Baltimore St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. The Harold A. Kelly Apts. St.; Kyle Ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kyle Beach —

(Residence in Baltimore: No. 1418 Eutaw Place St.; ..... yrs. ..... mos. 17 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single.

6-DATE OF BIRTH, July (Month) 11 (Day), 1894 (Year)

7-AGE, 22 yrs. 2 mos. 26 ds. — If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Soldier U.S.A.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Marietta Ohio

PARENTS.

10-NAME OF FATHER, J. C. Beach

11-BIRTHPLACE OF FATHER (State or Country), Ohio

12-MAIDEN NAME OF MOTHER Ida M. Price

13-BIRTHPLACE OF MOTHER (State or Country), Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. C. Beach

(Address) Jamestown N. D.

15- Filed OCT 7 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 7 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 20 1916, to oct 7 1916, that I saw h~~is~~ alive on oct 7 1916, and that death occurred, on the date stated above, at 7.15 m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Pancreas

(Pathological diagnosis)

General metastasis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) None

(Duration) ... yrs. ... mos. ... ds.

(Signed) Wm Neal M. D.

Oct 7, 1916 (Address) 1418 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 17 ds. In the State ... yrs. ... mos. 17 ds.

Where was disease contracted, if not at place of death? Jamestown N. Dak.

Former or usual residence Jamestown N. Dak.

19-PLACE OF BURIAL OR REMOVAL, Marietta Ohio — DATE OF BURIAL, Oct 7, 1916

20-UNDERTAKER — ADDRESS

1201 W Mulberry St Chas. G. Bluck

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 098715 — 76 — 098715

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1535 Hanover ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mattie Debus

(Residence in Baltimore: No. 1535 Hanover St.: 2 yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH: October 2nd, 1901 (Month) (Day) (Year)

7-AGE: 15 yrs. 3 mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School girl
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Louis Debus

11-BIRTHPLACE OF FATHER (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Mattie Matthews

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Louis Debus

(Address): 1535 Hanover St

15- Filed OCT 7 1916 191

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct 5 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 7 1916, to Oct 5 1916, that I saw her alive on Oct 4 1916, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Abscess of Brain

City, Nurse

(Duration) — yrs. — mos. 15 ds.

CONTRIBUTORY (Secondary): Suppurating Ear

(Duration) 6 yrs. — mos. — ds.

(Signed) H. Kleinschmidt M. D.

Oct 6, 1916. (Address) 1228 E Chase

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death: yrs. mos. ds. In the State: yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem.

DATE OF BURIAL, Oct 8, 1916

20-UNDERTAKER: E. Hellmann & Son

ADDRESS 1039 Hanover St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15 C98716

CERTIFICATE OF DEATH.

63+ C98716

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Children's Hospital School ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nolon Checker

(Residence in Baltimore: No. 132 North Broadway St.: 4 yrs., 5 mos. da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, April 7, 1912
(Month) (Day) (Year)

7-AGE, 4 yrs. 6 mos. da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Henry Checker

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Pauline Trump

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Pauline Checker

(Address) 132 N. Broadway

15- Filed OCT 7 - 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 7, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 3 1916, to Oct. 7 1916, that I saw h in alive on Oct 7 1916, and that death occurred, on the date stated above, at 5:30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Anterior Poliomyelitis

(Duration) yrs. mos. 6 da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Gilbert W. Fowler M. D.

Oct. 7, 1916 (Address) Children's Hospital Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 5 da. In the State Life mos. da.

Where was disease contracted, if not at place of death? Address above

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt. Carmel — DATE OF BURIAL, Oct. 7, 1916.

20-UNDERTAKER, Jack Lewis — ADDRESS 1411 E. Balto

5 P M

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 C98717

C98717

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 22 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George R. Carnes

(Residence in Baltimore: No. 705 S. Sharp St. St.; 16 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6-DATE OF BIRTH, Mar 12, (Month) (Day) 1877 (Year)

7-AGE, 39 yrs. 6 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Steward
(b) General nature of industry, business, or establishment in which employed (or employer) "

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Alford Carroll

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Jiny Butler

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Hoff

(Address) Calvert St.

15- Filed OCT 7 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 7 (Day) 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 28 191 , to Oct 7 191 , that I saw him alive on Oct 7 191 , and that death occurred, on the date stated above, at 5:40 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Intestines

Duration

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward L. Smith M. D.

Oct 7, 191 (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 11 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 705 S. Sharp St.

Former or usual residence 705 S. Sharp St.

19-PLACE OF BURIAL OR REMOVAL, Holland Point Md. DATE OF BURIAL, Oct 8, 191

20-UNDERTAKER Armstrong Denny Co ADDRESS 715 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C98718

CERTIFICATE OF DEATH.

120

C98718

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Sewell

(Residence in Baltimore: No. 672 W. Mulberry St St.; yrs. 2 mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Married

6-DATE OF BIRTH, Unknown, 1862
(Month) (Day) (Year)

7-AGE, 54 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Eliza Morris

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Harriett Hawkins

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. William Sewell

(Address) 596 W. Preston

15- Filed OCT. 8 - 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 6, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 29 1916, to Oct. 6 1916, that I saw h[illegible] alive on Oct. 6 1916, and that death occurred, on the date stated above, at 4.10 P. m.

The CAUSE OF DEATH* was as follows:

Uraemia due to chronic interstitial Nephritis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

Chronic Interstitial Nephritis (Duration) yrs. [illegible] mos. [illegible] ds.

(Signed) Frank C. Smith M. D.

Oct. 7, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 38 ds. In the State Md. yrs. 54 mos. ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 672 W. Mulberry St

19-PLACE OF BURIAL OR REMOVAL Ret. Hill Cem. DATE OF BURIAL Oct. 9, 1916

20-UNDERTAKER Samuel S. Mosley ADDRESS 908 Baker

C98719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

C98719

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. 17 Ware ST.: W WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lizzie Nash Res. in City 3 yrs

(Residence in Baltimore: No. 17 Ware Street ~~St.~~ yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 ~~SINGLE~~ MARRIED ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: 1895 (Month), 1 (Day), (Year)

7 AGE: 21 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Charlotte Co. Va

PARENTS

10 NAME OF FATHER: Scott Burral

11 BIRTHPLACE OF FATHER (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Sallie Brown

13 BIRTHPLACE OF MOTHER (State or country): Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Evaline Haskins (Sister)

(Address) 17 Ware Street,

15 Filed OCT 8 - 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct-7th (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept-23, 1916, to. Oct-7 1916, that I saw her alive on Oct-6, 1916, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

General exhaustion
Following Pneumonia a year ago (could not State what Kind of Pneumonia or any other cause of death)

(Duration) 1 yr. mos. ds

Contributory (SECONDARY) Malnutrition

(Duration) 1 yrs. mos. ds.

(Signed) D. J. Reinhart, M.D M. D.

Oct-7, 1916. (Address) 2508 W. Walnut St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: Oct 8 1916

20 UNDERTAKER: Samuel J. Ennis

ADDRESS: 1718 Eutaw Pl

Spec.—8-24-14—M. & T.—2000 Bks.

C98720 C98720

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 St Mary St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice J. Powell

(Residence in Baltimore: No. 512 St. Mary St.; yrs., 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, September, 26, 1906
(Month) (Day) (Year)

7-AGE, ...yrs. 10 mos. ...ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Richard Powell

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Annie Meade

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Powell

(Address) 512 St Mary St

15- OCT 8 - 1916 HARRY C. ANDREWS

Filed ..., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 25 1916, to Oct 7 1916, that I saw her alive on Oct 6 1916, and that death occurred, on the date stated above, at 5, P.M.

The CAUSE OF DEATH* was as follows:

Drawn in, Septicaemia from Milk.

(Duration) ...yrs. ...mos. 14 ...ds.

CONTRIBUTORY (Secondary) Ptomaine Poison

(Duration) ...yrs. ...mos. 14 ...ds.

(Signed) C. A. Finke M. D.

Oct 7, 1916 (Address) 712 S. Stricker St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Oct 8, 191...

20-UNDERTAKER (Signed) Wm. E. Hawley ADDRESS 575 W Lexington

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98721 C98721

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 W. Parrish ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Hall

(Residence in Baltimore: No. 1119 W. Parrish St.; 21 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Widow

6-DATE OF BIRTH, ... Dec. (Month) Unknown (Day), 1866 (Year)

7-AGE, 50 yrs. 10 mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Washing & Ironing
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matilda Hall

(Address) 1119 W. Parrish St.

15- OCT 8 - 1916 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 6 1916, to Oct. 4 1916, that I saw h[illegible] alive on Oct 4 1916, and that death occurred, on the date stated above, at 12.00 m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John D. Quinn M. D.

Oct. 5th 1916. (Address) 1517 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery | DATE OF BURIAL, Oct. 8th, 1916

20-UNDERTAKER Charles B. Jones | ADDRESS 2357 N. Pine St.

C98722

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98722

64

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 127 W. 20th St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Serinia Adams

(Residence in Baltimore: No. 127 W. 20th St.)

(Age 25 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widowed

6-DATE OF BIRTH: Unknown (Month) (Day) (Year)

7-AGE: about 30 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): State of Va

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph A. Farrell

(Address) 2319 Division St

15-

Filed OCT 8 - 1916 191

HARRY C. ANDREWS
Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

a. f. Cirrhosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. J. Morrison M. D. (Coroner.)

Oct 7, 1916 (Address) 2132 Rockeme

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Oct 8, 1916

20-UNDERTAKER: Joseph A Farrell — ADDRESS: 2319 Division

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98723 63+ C98723

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 505 Robert St. ST.: 14th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abel Marsh

(Residence in Baltimore: No. 505 Robt St St.: 3 yrs., 1 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Sept (Month) 27 (Day), 1912. (Year)

7-AGE: 4 yrs. 0 mos. 10 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): D.C.

PARENTS.

10-NAME OF FATHER: Berry March

11-BIRTHPLACE OF FATHER (State or Country): N.C.

12-MAIDEN NAME OF MOTHER: Carrie E. Butler

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie E. March

(Address) 505 Robert St.

15- Filed OCT 8 - 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 6 1916 to Oct 7 1916, that I saw h.. alive on Oct 7 1916, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Poliomyelitis
Autopsy showed acute Polio-myelitis
(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Pneumonia
(Duration) ....yrs. ....mos. ....ds.

(Signed) B. Von R. Butler M. D.

Oct 7, 1916. (Address) 711 E. Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: Oct. 8, 1916

20-UNDERTAKER: Geo. H. Holland — ADDRESS 517 Robert St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98724 C98724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 606 W Hoffman St.; 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Colsby (Cosby)

(Residence in Baltimore: No. 606 W Hoffman St.; yrs., 4 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	Col	Single

6-DATE OF BIRTH, June (Month) 7 (Day), 1915 (Year).

7-AGE, ...yrs. 4 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Lewis Cosby

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Annie Smith

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father

(Address) 606 N. Hoffman

15- Filed OCT 8 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 7 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Organic Heart Disease

Contributory (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner.)

Oct 7, 1916 (Address) 819 Aisquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Oct 9, 1916.

20-UNDERTAKER Daniel Easkin ADDRESS 916 Penna ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 B'ks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98725 C98725

CERTIFICATE OF DEATH.

REGISTERED NO. C 63

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1124 Low St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Juchman

(Residence in Baltimore: No. 1124 Low St. 15 yrs., mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1863 (Year)

7-AGE, 53 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Baltimore

15-

Filed OCT 8 - 1916, 191.. HARRY T. ADDISON Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 14 1915, to Oct 5 1916, that I saw h[illegible] alive on Oct 5 1916, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Acute dilatation of heart

(Duration) yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Generalized Sclerosis

(Duration) yrs. Don't Know mos. ds.

(Signed) A. L. Hornstein M. D.

10-7, 191.. (Address) 733 Augusta St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale

DATE OF BURIAL, Oct 8, 1916

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E. Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

C98726 C98726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 Lancaster ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Kreczmer.

(Residence in Baltimore: No. 1626 Lancaster. St.; 35 yrs. — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word.): Widow

6-DATE OF BIRTH: Not Known (Month), (Day), 1870 (Year)

7-AGE: 46 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Germany.

PARENTS.

10-NAME OF FATHER: Joseph Krieger

11-BIRTHPLACE OF FATHER (State or Country): Germany.

12-MAIDEN NAME OF MOTHER: Frances. - - -

13-BIRTHPLACE OF MOTHER (State or Country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Kreczmer

(Address) 1626 Lancaster St.

15- Filed OCT 8 1916 191... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 6th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1st 1916, to ... 191..., that I saw her alive on Oct 6 1916, and that death occurred, on the date stated above, at 430 A m.

The CAUSE OF DEATH* was as follows:

Chronic Diffuse Nephritis, & Mitral Regurgitation

(Duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Heart failure

(Duration) ... yrs. ... mos. 2 ds.

(Signed) Thos. B. Dorsey M. D.

Oct 6th, 1916 (Address) 1626 E. Lanc.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Rosary.

DATE OF BURIAL: Oct 9, 1916

20-UNDERTAKER: William Gaczkowski

ADDRESS: 618 Eastern Ave.

B C98727 X 175 C98727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. Md. Gen Hospital ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Mike Burka

(Residence in Baltimore: No. Md Gen Hospital ST.; yrs.. 1 mos. 6 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, Unknown Unknown, 187.. (Month) (Day) (Year)

7-AGE, 45 yrs. Unknown mos. ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia Poland

PARENTS.

10-NAME OF FATHER, Stanislow Burka

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Catharine Kaczkowska

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Teadore Zyga Jan Kuszyk

(Address) 5-335 Bethel

15- Filed OCT 8 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 5 (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquest find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bruises Wounds
Broken Back caused by
Horse run Over (Duration) yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Broken Back (Duration) yrs. 1 mos. 6 ds.

(Signed) J. Wells Kerr M. D. (Coroner.)

Oct 7, 1916 (Address) 8 E 9 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. 1 mos. 6 ds. In the State 17 yrs. [illegible] mos. [illegible] ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Curtis Bay Md

19-PLACE OF BURIAL, OR REMOVAL, Holy Rosary — DATE OF BURIAL, Oct. 10, 1916

20-UNDERTAKER Wm Fiaelson Sr. — ADDRESS, 1615 Eagle

Spec.—8-24-14—M. & T.—2000 Bks.

C98728 C98728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH St. Vincents Infant Asylum REGISTERED NO. C

CITY OF BALTIMORE: (No. St. Vincents Infant Asylum WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Elizabeth Legoe

(Residence in Baltimore: No. St Vincents Infant Asylum St.; 2 yrs. 4 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	wht	single

6-DATE OF BIRTH, June (Month) 2 (Day), 1914 (Year)

7-AGE, 2 yrs. 4 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Legoe

(Address) 1927 W. Lombard st

15- Filed OCT 8 - 1916, 191... HARRY C. ANDERS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 7th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 15 1916, to Oct 7 1916, that I saw her alive on Oct 7 1916, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Bronchis-Pneumonia

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Debilitas

(Duration) ... yrs. 1 mos. ... ds.

(Signed) J. E. Poullon M. D.

191... (Address) 615 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 4 mos. 5 ds. In the State 2 yrs. 4 mos. 5 ds.

Where was disease contracted, if not at place of death? St Vincents Inf Asylum

Former or usual residence St Vincents Inf Asylum

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem DATE OF BURIAL, Oct 9, 1916

20-UNDERTAKER John F. Fields ADDRESS 1200 W Lombard st

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C98729

HEALTH DEPARTMENT—CITY OF BALTIMORE

1 & C98729

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Geisler

(Residence in Baltimore: No. 22 N. Madeira St. St.; 17 yrs., 11 mos. 20 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct. (Month) 16 (Day), 1898 (Year)

7-AGE, 17 yrs. 11 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Pipe Cutter
(b) General nature of industry, business, or establishment in which employed (or employer): Gas Co

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Louis Geisler

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Annie M Stuvan

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Geisler

(Address) 22 N. Madeira St.

15- Filed OCT 8 - 1916, 01 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 12 - 1916, to Oct 6 - 1916, that I saw h[illegible] alive on Oct 6 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Subdiaphragmatic abscess

(Duration) Not known yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(Duration) Not known yrs. mos. ds.

(Signed) Norwood M. Vore M. D.

Oct 6, 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 24 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 22 N Madeira St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Oct. 9, 1916

20-UNDERTAKER Wm Cook — ADDRESS 502 North

Spec.—8-24-14—M. & T.—2000 Blks.

C98730

HEALTH DEPARTMENT—CITY OF BALTIMORE

120 C98730

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E. Dunn

(Residence in Baltimore: No. 133 Cator Ave. St.; Up yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Feb. 9, 1876
(Month) (Day) (Year)

7-AGE, 40 yrs. 7 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Policeman
(b) General nature of industry, business, or establishment in which employed (or employer) "

9-BIRTHPLACE, (State or Country). Balto Maryland

PARENTS.

10-NAME OF FATHER, Wm. E. Dunn

11-BIRTHPLACE OF FATHER (State or Country), Penna.

12-MAIDEN NAME OF MOTHER Margaret Frey

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp.

(Address) Calvert St.

15- OCT 8 - 1916 Filed....., 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 23 1916, to Oct 7 1916, that I saw h[illegible] alive on Oct 7 1916, and that death occurred, on the date stated above, at 10:09 a.m.

The CAUSE OF DEATH* was as follows:

(a) Chronic Parenchymatous Nephritis

(Duration) Long Years

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) yrs. mos. ds.

(Signed) Edward A. Smith M. D.

Oct 7, 1916 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1½ ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 133 Cator Ave

Former or usual residence 133 Cator Ave

19-PLACE OF BURIAL, OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Oct. 10, 1916

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

098731

CERTIFICATE OF DEATH.

120 098731

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1936 Penrose ave ST.) 20 (WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Lunglamb.

(Residence in Baltimore: No. 1936 Penrose ave

S. Life yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Dec. (Month) 24 (Day), 1859 (Year)

7-AGE: 56 yrs. 9 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Benjamin Kidd

11-BIRTHPLACE OF FATHER (State or Country): Wales & Md

12-MAIDEN NAME OF MOTHER: Mary Dowling

13-BIRTHPLACE OF MOTHER (State or Country): Wales & Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Mrs. Mary J. Lunglamb

(Address): 1936 Penrose Ave.

15- OCT 8 - 1916

Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct. (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 25 1916, to Oct 7 1916, that I saw h alive on Oct 7 1916, and that death occurred, on the date stated above, at 11 10 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Brig's Disease

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): Pneumonia of Lungs

(Duration) yrs. mos. 2 ds.

(Signed) H. Walter Tumbs M. D.

Oct 7, 1916 (Address) 1778 E. Cand. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery DATE OF BURIAL: Sept. 10, 1916.

20-UNDERTAKER: Hull Cook ADDRESS: 307 E. North Ave.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

0387.32 — 119 — 0387.32

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 Ramsey ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fridrica Hammerbacker

(Residence in Baltimore: No. 1513 Ramsey St.; 45 yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: November (Month) 13 (Day), 1866 (Year)

7-AGE: 49 yrs. 11 mos. 24 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Teamster
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Chas. Hammerbacker

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Mrs Kytein

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Fridk Hammerbacker

(Address) 1513 Ramsay St.

15-Filed OCT 8 - 1916, 191.... HARRY C. ANDREWS Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 25 1916, to Oct 6 1916, that I saw him alive on Oct 5 1916, and that death occurred, on the date stated above, at 12 40 m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(Duration) ....yrs. ....mos. 2 ds.

(Signed) J. M. Lemmon M. D.

Oct 7 191.. (Address) 826 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: Oct 8, 191.6

20-UNDERTAKER: Harry H. Witzke — ADDRESS: 1531 W. Lombard St

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

098733 — 28 — 098733

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 2703 Hilldale Ave. 15 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E. Baughen

(Residence in Baltimore: No. 2703 Hilldale Ave St.: 34 yrs. 10 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: December 3, 1881 (Month) (Day) (Year)

7-AGE: 34 yrs. 10 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Grocery Store
(b) General nature of industry, business, or establishment in which employed (or employer): Keeper

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: James P. Baughen

11-BIRTHPLACE OF FATHER (State or country): Carroll Co Md

12-MAIDEN NAME OF MOTHER: Emma V. Dern

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edith F. Baughen

(Address) 2703 Hilldale Av

OCT 8 - 1916

Filed ..... 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) 6th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 1st, 1916, to Oct 6th 1916, that I saw h[illegible] alive on Oct. 6th, 1916, and that death occurred, on the date stated above, at 10P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonum

(Duration) ..... yrs. 3 mos. 6 ds

Contributory (SECONDARY) Tubercular Laryngitis

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) August Horn M. D.

Oct 7th, 1916 (Address) 40 E. 25 St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Lorraine — DATE OF BURIAL: Oct 9, 1916

20-UNDERTAKER: Geo W Little — ADDRESS: 531 N Fremont Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

098734 — 098734

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp't St.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Levy Kelly

(Residence in Baltimore: No. Maryland General Hospital St.: — yrs. — mos. 1 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH March 3d, 1862
(Month) (Day) (Year)

7-AGE. 54 yrs. 7 mos. 03 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Lancaster Co Va.

PARENTS.

10-NAME OF FATHER. Levy Kelly

11-BIRTHPLACE OF FATHER (State or Country) Lancaster Co Va.

12-MAIDEN NAME OF MOTHER Mary Brown

13-BIRTHPLACE OF MOTHER (State or Country) Lancaster Co Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Geo Kelly

(Address) Lancaster Co Va.

15-

Filed OCT 8 - 1916, 191.. HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Oct 6, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 5 1916, to Oct 6 1916, that I saw h— alive on Oct 6 1916, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Cellulitis of Leg and
General Septicaemia
(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Surgical Shock
(Duration) yrs. mos. ds.

(Signed) Chas. Newcomer M. D.

10-6-, 191.6 (Address) Md. General Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. 1 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Whitestone Wharf Va.

PLACE OF BURIAL OR REMOVAL. Whitestone Wharf Va.

DATE OF BURIAL. Oct 8 1916

20-UNDERTAKER John T Newton Son

ADDRESS 901 Holley St

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

098735 — 1 PLACE OF DEATH — 170 — 098735 — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 210 N. Greene ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Magdalena Zwinklis

(Residence in Baltimore: No. 210 N Greene St.; 20 yrs. — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female — 4-COLOR OR RACE: white — 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: not known (Month), ... (Day), 1856 (Year)

7-AGE: 58 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Tailor

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: John Zwinklis

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: not known

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. Sakavitch

(Address) 210. N. Greene St.

OCT 8 - 1916 — HARRY C. ANDREWS — Filed ....., 191 ..... Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October (Month) 7 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1916, to, Oct 7 1916, that I saw h.. alive on Oct. 6 1916, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis; (Uremia)

(Duration) ..... yrs ..... mos. 11 ds.

Contributory (SECONDARY): aortic Regurgitation

(Duration) 10 yrs mos ..... ds.

(Signed) Chas A Sckadowsky M. D.

Oct. 8 1916 [Address] 629 Columbus Av

* State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 210 N Greene St.

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cem — DATE OF BURIAL: Oct. 9, 1916

20-UNDERTAKER: John Gretkiewicz — ADDRESS: 502 S. Paca

C98736

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98736

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 604 N Port st ST. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alverta L [redacted] Kraemer

(Residence in Baltimore: No. 604 N Port st St.; yrs. 35 — 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Sept 7 1881 (Month) (Day) (Year)

7-AGE, 35 yrs. 1 mos. 29 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Robertson

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Sarah Sterling

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) August Kreamer

(Address) 604 N Port st

15-

Filed OCT 8 1916 191

HARRY C. ANDREWS
Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 6 1916 (Month) (Day) (Year) 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) unknown

(Duration) ...yrs. ...mos. ...ds.

(Signed) [illegible] M. D. (Coroner.)

604 N. Port (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery

DATE OF BURIAL, Oct 9, 1916

20-UNDERTAKER Christian Miller

ADDRESS 233 E Jefferson St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C987.37 C987.37

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William G. Miller

(Residence in Baltimore: No. Raspeburg Md. St.; 25 yrs., 1 mos. 19 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug (Month) 16 (Day), 1891 (Year).

7-AGE, 25 yrs. 1 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Cook
(b) General nature of Industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Geo W.

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Anna Schell

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Major S. Miller

(Address) 741 N. Patterson Park Ave

15-

Filed OCT 8 - 1916 191 HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 14 1916, to Oct 5 1916, that I saw h im alive on Oct 5 1916, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Brain Tumor

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward E. Smith M. D.

10/5/, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 20 ds. In the State 25 yrs. mos. ds.

Where was disease contracted, if not at place of death? Raspeburg Md

Former or usual residence same

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetary

DATE OF BURIAL, Oct 8, 1916

20-UNDERTAKER Christian Miller

ADDRESS 224 Hoffman St

B

098738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

098738

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1809 N Gay st ST.: 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grover Adkins

(Residence in Baltimore: No. 1809 N Gay st

St. 15 yrs. 5 mos. 26 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, April 9 1891, 1 (Month) (Day) (Year)

7-AGE, 25 yrs. 5 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Conductor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, ~~Mary Howard~~ John Adkins

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER ~~John Adkins~~ Mary Howard

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Adkins

(Address) 1809 N. Gay St

15- OCT 8 - 1916

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 5. 1916, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) [illegible] M. D. (Coroner.)

Oct 6 1916, 191... (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 13 yrs. ...mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Oak Lawn Cemetary

DATE OF BURIAL, Oct. 8, 1916

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson St

Spec.—8-24-14—M. & T.—2000 Blks.

15

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98739

CERTIFICATE OF DEATH.

91 C98739

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 Wheatcroft St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Tolson

(Residence in Baltimore: No. 1315 Wheatcroft St.; ..... yrs., 6 mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, ... (Month) ..... (Day) 1 (Year)

7-AGE, ... yrs. 2 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Thomas Tolson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lizzie Mathews

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Tolson

(Address) 1315 Wheatcroft

15- OCT 8 - 1916 HARRY C. ANDREWS Burial Permit Clerk

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10/5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10/3 1916, to 10/5 1916, that I saw h[illegible] alive on 9/28 1916, and that death occurred, on the date stated above, at 8:15 p.m.

The CAUSE OF DEATH* was as follows:

1. Bronchio-Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) 6 yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

10/6, 191.. (Address) 713 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion

DATE OF BURIAL, Oct 7, 1916

20-UNDERTAKER James H. Dennis

ADDRESS 803 Pratt

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

098740 89 098740

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 N. Lakewood Ave ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard A Graham

(Residence in Baltimore: No. 500 N Lakewood Ave St.; life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug 3, (Month) (Day) 1878 (Year)

7-AGE, 38 yrs. 2 mos. 5 ds.

If LESS than 1 day, ...hrs. ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Electrician
(b) General nature of industry, business, or establishment in which employed (or employer) Engineer 500 N. Lakewood Ave

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Christopher C Graham

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER, Mary L Davis

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christopher C Graham

(Address) 500 N. Lakewood Ave

15- Filed OCT. 8 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 6th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 26 1916, to Oct 6 1916, that I saw ... alive on Oct 6 1916; and that death occurred, on the date stated above, at 7.56 P.m.

The CAUSE OF DEATH* was as follows:

Congestion of Lungs

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) yrs. mos. ds.

(Signed) Geo. Seymour M. D.

Oct 8, 1916. (Address) 1528 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, Oct 9 1916

20-UNDERTAKER Robert J. Turner ADDRESS Broadway Fleet St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 09874 C

150-09874T

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1544 Carswell ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Natalie V. Solomon

(Residence in Baltimore: No. 1544 Carswell St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED or DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Sept 30, 1916 (Month) (Day) (Year)

7-AGE, yrs. mos. 8 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Adolph Solomon

11-BIRTHPLACE OF FATHER (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Bessie Kuzman

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Kuzman

(Address) 1544 Lundeen Ave

15- Filed OCT 8 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 30 1916, to Oct 7 1916, that I saw her alive on Oct 7 1916, and that death occurred, on the date stated above, at 3¼ p.m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis.

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Hydrocephalus?

(Duration) yrs. mos. 8 ds.

(Signed) S. Kuzman M. D.

, 191... (Address) 1544 Lundeen Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Oct 7, 1916

20-UNDERTAKER, Robert E. Turner ADDRESS Druid Hill & Eutaw

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

098742

HEALTH DEPARTMENT—CITY OF BALTIMORE

098742

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 S. Register St.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Salkowski

(Residence in Baltimore: No. 708 S. Register St.; 7 yrs., 2 mos. 14 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on backof certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: July (Month) 25 (Day), 1909 (Year)

7-AGE: 7 yrs. 2 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Karol Salkowski

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Pelsgie Senske

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Karol Salkowski

(Address) 708 S. Register St.

15- OCT 8 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1 191 6, to Oct 8 191 6, that I saw h[er] alive on Oct 8 191 6 and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

..... (Duration) ....yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

..... (Duration) ....yrs. 2 mos. 7 ds.

(Signed) Nelson J. Evans M.D.

Oct 8, 191 6 (Address) 20 E. Pleasant

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus. DATE OF BURIAL, Oct 9, 191 6

20-UNDERTAKER M. F. Salkowski ADDRESS 708 S. Caroline

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

098743

CERTIFICATE OF DEATH.

1st 098743

B

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 S. Paca ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie M. Kidwell

(Residence in Baltimore: No. 1214 S. Paca st St.; — yrs. 7 mos. 3 da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 5 (Day), 1916 (Year)

7-AGE, — yrs. 4 mos. 3 da. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James J. Kidwell

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Flowers Kidwell

13-BIRTHPLACE OF MOTHER (State or Country), Annapolis md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James J. Kidwell

(Address) 1214 S. Paca st

15- OCT 8 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 8 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1916, to Oct 7 1916, that I saw her alive on Oct 7 1916, and that death occurred, on the date stated above, at 2 30 m.

The CAUSE OF DEATH* was as follows:

Multiple Abscesses of Cellulitis

(Duration) yrs. mos. 16 da.

CONTRIBUTORY. (Secondary) Evisceration

(Duration) yrs. 1 mos. da.

(Signed) J. L. Lewis M. D.

Oct 8, 1916 (Address) 644 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem — DATE OF BURIAL, Oct 9, 191 6

20-UNDERTAKER Jos Joerdens Son — ADDRESS 217 S. Paca

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98744 54 C98744

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Aged Womens Home ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva A. Shriner

(Residence in Baltimore: No. 1400 N. Lexington St.: 77 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Fem

4-COLOR OR RACE: Wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Wid

6-DATE OF BIRTH, ... (Month) Unknown (Day) 1 (Year)

7-AGE, 77 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER, Adam Waltemyer

11-BIRTHPLACE OF FATHER (State or Country), York Pa

12-MAIDEN NAME OF MOTHER Rachel N Pierpont

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella J. Jones

(Address) Matron

15- Filed OCT 9 - 1916 191.... ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1916, to Oct 7 1916, that I saw h-r alive on Oct 7 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

(Signed) W L Norwood M. D.

Oct 8, 1916. (Address) 939 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 10 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lanvale Park

DATE OF BURIAL, Oct 9, 191.6

20-UNDERTAKER George J Smith

ADDRESS 100 N. Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

098745

HEALTH DEPARTMENT—CITY OF BALTIMORE, 28 098745

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1715 Westwood Ave ST. 15 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Ruth Anna Krause

(Residence in Baltimore: No. 1715 Westwood Ave St.: 20 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: July (Month) 25, (Day) 1896 (Year)

7 AGE: 20 yrs. 2 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Henry Krause

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Anna Quatmann

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Annie Krause

(Address) 1715 Westwood Ave

15 Filed OCT 9 - 1916 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 7 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1916, to Oct 7, 1916, that I saw her alive on Oct 7th, 1916, and that death occurred, on the date stated above, at 7.20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Harry Glassman M. D.

Oct 8, 1916 (Address) 2687 Wilkens Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park Cemtry — DATE OF BURIAL: Oct 10, 1916

20 UNDERTAKER: Mrs A Rohde & Sons — ADDRESS: 730 Park Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

098746

CERTIFICATE OF DEATH.

91 098746

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1831 N Baltimore St.; (or) WARD) 19

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Hoffmeister

(Residence in Baltimore: No. 1831 N Baltimore St.; 80 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Wh

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, July 24 (Month), (Day), 1836 (Year)

7-AGE, 80 yrs. 2 mos. 12 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Margaretha Hoffmeister

(Address) 1831 N Baltimore St

15-

OCT 9 1916

Filed ....., 191.....

ROBERT B. KRAUTER

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 6. (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 2 1916, to Oct 6 1916, that I saw him alive on Oct 6 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia of Left Lung

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Paralysis of Heart

(Duration) yrs. 10 mos. ds.

(Signed) L. Wilson M. D.

10 7, 1916. (Address) 1733 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Oct 9, 1916

20-UNDERTAKER: Wm A Rohde & Son

ADDRESS: 730 Penna Ave

Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 098747 — 91 C 098747

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 N. Spring ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Fisher

(Residence in Baltimore: No. 1502 N. Spring St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Infant

6-DATE OF BIRTH: August (Month) 19 (Day), 1915 (Year)

7-AGE: 1 yrs. 1 mos. 19 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Wenzel Fischler

11-BIRTHPLACE OF FATHER (State or country): Austria

12-MAIDEN NAME OF MOTHER: Johanna Mateyka

13-BIRTHPLACE OF MOTHER (State or country): Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Fishler

(Address) 1502 N. Spring St.

15- Filed OCT 9 - 1916, 191 ROBERT P. KRAUTER Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 5, 1916, to, Oct 7 1916, that I saw h.... alive on Oct 7 1916, and that death occurred, on the date stated above, at 2.20 p.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

Contributory (SECONDARY) Acute Dilatation of Heart & Toxaemia

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed), Edward Summers M. D.

Oct 8, 191 (Address) Laurel Md.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yr. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Oct 9 191 6

20-UNDERTAKER: M. U. Dippel — ADDRESS: Conn & Lombard

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 098748

CERTIFICATE OF DEATH.

1720 098748

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 ~~1716~~ O.N.W. corner 14 St.; WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ophelia Shelton

(Residence in Baltimore: No. 1627 ~~1716~~ Druid Hill Ave yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. (Month) 1873 (Year), 1 (Day)

7-AGE, 43 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Domestic
(b) General nature of industry, business, or establishment in which employed (or employer). Private

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER. John Burrow

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Martha Hudson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Shelton

(Address) 1627 O.N.W. ave.

15- Filed OCT 9 - 1916, 191... ROBERT R. KRAUTER Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 6th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 14 1916, to Oct 6th 1916, that I saw h[illegible] alive on Oct. 6th 1916, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 5 yrs. mos. ds.

(Signed) [illegible] M. D.

10/8/16, 191.., (Address) 927 Mad. Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel Cemetery

DATE OF BURIAL. Oct. 9..., 1916

20-UNDERTAKER Charles. B. Jones

ADDRESS 235 n Pine St

Spec.—8-24-14—M. & T.—2000 Bks.

098749 HEALTH DEPARTMENT—CITY OF BALTIMORE 43 098749

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 N. Mount ST. 16 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida K. Stone -

(Residence in Baltimore: No. 1004 Mount St.; 10 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem.

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)~~ Married

6-DATE OF BIRTH, Jan 17, 1870 (Month) (Day) (Year)

7-AGE, 46 yrs. 9 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Nurse Wife -
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto., Md

PARENTS.

10-NAME OF FATHER, Lewis Kretchmer

11-BIRTHPLACE OF FATHER (State or Country), Balto., Md

12-MAIDEN NAME OF MOTHER Caroline F. Kretchmer

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen E. Evans

(Address) 3201 Carlisle av -

15- Filed OCT 9 - 1916 191 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 7th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1906, to Oct 7 1916, that I saw her alive on Oct 6 1916, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of both breasts

Clinical (Duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) — yrs. — mos. — ds.

(Signed) Johnson D. Kerr M. D.

Oct. 7, 191 6 (Address) 1417 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Forest Park Cem

DATE OF BURIAL, Oct 9, 191

20-UNDERTAKER H. Buckmaster

ADDRESS Mortuary

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

0987.50 — 28 — 0987.50

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1123 N. Charles St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frida E. Hansauer

(Residence in Baltimore: No. 1123 N. Charles St.; 19 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: December (Month) 18 (Day) 1896 (Year)

7-AGE: 19 yrs. 9 mos. 19 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: Jacob Hansauer

11-BIRTHPLACE OF FATHER (State or country): B. Germany

12-MAIDEN NAME OF MOTHER: Emma Schmidt

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jacob Hansauer

(Address) 1123 N. Charles St.

15 Filed OCT 9 - 1916, 191.. ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October (Month) 7 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 27, 1916, to, October 7 1916, that I saw h.. alive on October 6th 1916, and that death occurred, on the date stated above, at 1.40 P.M. The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis (Acute)

(Duration) — yrs 3 mos 15 ds

Contributory (SECONDARY) .....

(Duration) ... yrs ... mos ... ds

(Signed), Robt. C. Schmidt M. D.

Oct 7, 1916 [Address] 1318 N. Charles St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cem. DATE OF BURIAL: Oct 9, 1916

20-UNDERTAKER: H. F. M. A. Glynn ADDRESS: 1412 Light St

C98751

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

170 C98751

REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1614 Hollins St. 19 WARD)

2 FULL NAME Mary E. Quinn

(Residence in Baltimore: No. 1614 Hollins St.)

77 yrs. 11 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Nov. 4, 1838 (Month) (Day) (Year)

7 AGE: 77 yrs. 11 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9 BIRTHPLACE (State or country): Balto, Md.

PARENTS

10 NAME OF FATHER: Thomas Collins

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Shaw

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary Quinn
(Address) 1614 Hollins St

15 Filed OCT 9 - 1916 ROBERT B. KRAUTER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October 6th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 24, 1916, to Oct 6 1916, that I saw h[e]r alive on Oct 6, 1916, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis Colitis and Nephritis

Several Yrs (Duration) yrs. mos. ds

Contributory (SECONDARY) Asthenia and Exhaustion

(Duration) yrs. 5 mos. ds.

(Signed) E. Robert W. Griffin M. D.

Oct 6, 1916 (Address) 1016 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Oct 9, 1916

20 UNDERTAKER: P. J. McGuire & Son

ADDRESS: 1422 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

B 098752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

157 098752

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1635 Allegheny St. 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam Gosell

(Residence in Baltimore: No. 1635 Allegheny St 5 St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct (Month) 8 (Day), 1916 (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or 5 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). 1635 Allegheny Baltimore Md

PARENTS.

10-NAME OF FATHER, John Gosell

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Emma Bruluska

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Gosell

(Address) 1635 Allegheny St

15- ROBERT R. KRAUTER

Filed OCT 9 - 1916 191... Burial Permit Clerk

(Registrar)

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 8 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Asphyxia

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Overlying of Cord (Umbilical) about neck (Duration) ....yrs....mos....ds.

(Signed) Henry Lyon Turkey M. D. (Coroner.)

Oct 8, 1916. (Address) 1610 E. Fairmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary' DATE OF BURIAL, Oct 9, 1916

20-UNDERTAKER William Fiallowski ADDRESS 1618 Eastern

HEALTH DEPARTMENT—CITY OF BALTIMORE

098753 098753

CERTIFICATE OF DEATH.

x182

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) St Josephs Hospital ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lulla Morris

(Residence in Baltimore: No. Colgate Creek St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH. Not Known ....., 1 .....
(Month) (Day) (Year)

7-AGE. 25 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) H W

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, John Brown

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Passie Jones

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lott Brown

(Address) Colgate Creek

15- Filed OCT 9 - 1916 191 ROBERT R. KRAUTER Registrar

Burial Permit Issued by

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 5 1916 , 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said
(Inquest, autopsy or inquiry.)
Inquest find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide Shot with pistol in chest five times

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] (Coroner.)

Oct 7 1916, 191... (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State 2 yrs. mos. ds.

Where was disease contracted, if not at place of death? Colgate Corners

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel Cemetery DATE OF BURIAL. Oct 9th 1916

UNDERTAKER [signature] ADDRESS 1735 Harford Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

098754 — 42 098754

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. Hebrew Hospital E Monument St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Katy Emwald

(Residence in Baltimore: No. 1825 N Bond St. St.; yrs., mos. da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 8th (Month) (Day), 1868 (Year)

7-AGE, 48 yrs. 2 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....mtn.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Emwald

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Katherine Getz.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Emwald

(Address) 1825 N. Bond st.

15- ROBERT R. KRAUTER

Filed 9161 - 6 - 120 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 4 1916, to Oct 6 1916, that I saw her alive on Oct. 6 1916, and that death occurred, on the date stated above, at 8:15 P.m.

The CAUSE OF DEATH* was as follows:

Carcinomata of Pelvic Ovary
Pelvic Peritonitis
Obstruction of Ureters
Uremia (Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Obstruction of Ureters (Duration) yrs. 6 mos. 4 ds.

(Signed) M. W. Yoe M. D.

Oct. 6, 1916 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1825 N. Bond St.

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery — DATE OF BURIAL, Oct. 10 1916

20-UNDERTAKER George F. Ruth — ADDRESS 1735 Hayford Ave.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 098755 105 098755

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 570 W. Mony ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albina McLetis

(Residence in Baltimore: No. 570 W. Mony St.; yrs., Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. ..... 1912, 1 (Month) (Day) (Year)

7-AGE. 4 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto., Md.

PARENTS.

10-NAME OF FATHER, Lowe Morton

11-BIRTHPLACE OF FATHER (State or Country) Md

12-MAIDEN NAME OF MOTHER Mary Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Foley Morton

(Address) 570 W. Mony St

15- Filed OCT 9 - 1916, 191... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct. 8 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 191 6, to Oct 8th, 191 6, that I saw h[illegible] alive on Oct 7th, 191 6, and that death occurred, on the date stated above, at 6.30 m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

1019, 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, Oct 9, 191 6

20-UNDERTAKER Samuel Crawley ADDRESS: 518 W. Balto

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

098756

CERTIFICATE OF DEATH.

81 098756

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 Mt. Royal Ave ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Martin

(Residence in Baltimore: No. 1210 Mt. Royal Ave St.; ..... yrs.. ..... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March (Month) 17. (Day), 1848 (Year)

7-AGE, 68 yrs. 6 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer). Penna R.R.

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Allen Martin

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Elizabeth Stewart

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Allen Hamilton

(Address) 1210 Mt. Royal Ave.

15- Filed OCT 9 - 1916, 191.... ROBERT R. KRAUTER Registrar. BURIAL PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 7th (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 2 1916, to Oct 7 1916, that I saw h/m alive on Oct 7 1916, and that death occurred, on the date stated above, at 6 p m.

The CAUSE OF DEATH* was as follows:

Arteritis with senile gangrene of left leg, dysphagia, Heart failure (Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) R R Krauter M. D.

Oct 8, 1916. (Address) 549 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Greenmount Cemetery

DATE OF BURIAL, Oct. 9, 1916.

20-UNDERTAKER McLean & Jones

ADDRESS 833 Linden ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

098757 — 175 — 098757

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospital St. 30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Rueckert

(Residence in Baltimore: No. 117 Mc Phail St.

St.; 8 yrs. 7 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
male	white	single

6-DATE OF BIRTH, Feb. 19, 1908 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
8 yrs. 7 mos. 17 ds.	....hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Rueckert

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Augusta Bosie

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Rueckert Father

(Address) 117 Mc Phail St.

15- Filed OCT 9 1916 19.. ROBERT R. KRAUTER Registrar.

Burial Permit issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 6, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon; and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture of base of skull by falling from automobile (Duration) yrs. mos. 1/2 hr.

CONTRIBUTORY (Secondary) Hemorrhage into brain (Duration) yrs. mos. 1/2 hr.

(Signed) James M Renton M. D. (Coroner.)

Oct 8 1916 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 1/2 hr. State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Mc Phail St.

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery.	Oct 8 1916
20-UNDERTAKER	ADDRESS
Geo. L. Schwab & Bro.	2101 Frederick Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

098758

CERTIFICATE OF DEATH.

1 098758

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 230 S Stricker St. 19 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha A Johnson

(Residence in Baltimore: No. 230 South Stricker St.; 67 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May 26, 1849 (Month) (Day) (Year)

7-AGE, 67 yrs. 4 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, Marion D Stewart

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Martha Stewart

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Geo Johnson

(Address) 230 S Stricker St

15- Filed OCT 9 - 1916 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 14 1916, to Oct 6 1916, that I saw her alive on Oct 6. 1916, and that death occurred, on the date stated above, at 11.40 p.m.

The CAUSE OF DEATH* was as follows:

.....

.....

Myocarditis

..... (Duration) ....yrs. 8 mos. ....ds.

CONTRIBUTORY (Secondary) Typhoid fever

..... (Duration) ....yrs. 1 mos. ....ds.

(Signed) T H Childs M. D.

Oct 8., 1916 (Address) 1201 Hollins st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Oct. 9, 1916

20-UNDERTAKER Geo A Gerber

ADDRESS Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

George J. Deares.

098759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 098759

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2507 Fleet St. ST.; 1 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Jacob Soares

(Residence in Baltimore: No. 2507 Fleet St. St.; ... yrs., ... mos. 5 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Oct. (Month) 3 (Day), 1916 (Year)

7-AGE, ... yrs. ... mos. 5 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George Soares

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Kate Kahler

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Soares

(Address) 2507 Fleet St.

15- Filed OCT 9 - 1916, 191... ROBERT R. KRAUTER Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 (Month) — 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10-3-1916, to 10-8-1916, that I saw him alive on 10-8-1916, and that death occurred, on the date stated above, at 10 30 a.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ... yrs. 7 mos. ... ds.

CONTRIBUTORY (Secondary) Inanition

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. Albert Mueller M. D.

Oct 9, 191.6 (Address) 2739 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, Oct. 9, 191.6

20-UNDERTAKER Louis Heinemann — ADDRESS 32 S. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98760 120 C98760

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Josephs Hosp. ST.: 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George E. Daugherty

(Residence in Baltimore: No. 515 Mulberry St St.: 30 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	white	Married

6-DATE OF BIRTH, Oct 11, 1837 (Month) (Day) (Year)

7-AGE, 78 yrs. 11 mos. 26 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Pa

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Jenkins & Ursula H. Faulmann

(Address).....

15- Filed OCT 9 1916 191.. ROBERT R. KRAUTER Registrar. Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 7th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 6 1916, to Oct 7 1916, that I saw h.. alive on Oct 7 1916, and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Dont Know (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Pulmonary Odema

(Duration) yrs. mos. ds.

(Signed) William F. Mueller M. D.

Oct 8, 1916. (Address) St Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. 2 ds.

Where was disease contracted, if not at place of death? Dont Know

Former or usual residence 515 Mulberry St

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cem. DATE OF BURIAL. Oct 11, 1916

20-UNDERTAKER Wm H. Faulkner ADDRESS 1624 N Eutaw

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98761 63+ C9876L

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Children's Hospital School BD. 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy G. Parlett

(Residence in Baltimore: No. 1720 Homestead St.; 1 yrs. 9 mos. 14 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. (Month) 24 (Day), 1914 (Year)

7-AGE, 1 yrs. 9 mos. 14 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John C. Parlett

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Annie G. Doonan

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. John C. Parlett

(Address) 1720 Homestead St.

15-

Filed OCT 9 1916 191.... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 3 1916, to Oct. 8 1916, that I saw h[er] alive on Oct. 8 1916, and that death occurred, on the date stated above, at 8:15 a.m.

The CAUSE OF DEATH* was as follows:

Acute Enteritis & Bronchitis

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Gilbert W. Fowble M. D.

Oct 9, 191.. (Address) Children's Hospital School

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 ds. In the State 1 yrs. 9 mos. 14 ds.

Where was disease contracted, if not at place of death? Address above

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, October 9, 191..

20-UNDERTAKER Henry Hosek Son

ADDRESS 1301 E. Eager St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98762 — CERTIFICATE OF DEATH. — x 82 C98762

1-PLACE OF DEATH — REGISTERED NO. C.

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rev. Dr. John A. Chamblis

(Residence in Baltimore: No. 17 days (Johns Hopkins Hosp.) St.: yrs., mos. 17 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: August (Month) 20 (Day), 1840 (Year)

7-AGE: 76 yrs. 1 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clergyman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Georgia

PARENTS.

10-NAME OF FATHER: Alex W. Chamblis

11-BIRTHPLACE OF FATHER (State or Country): N. C.

12-MAIDEN NAME OF MOTHER: Mary Ellenbee

13-BIRTHPLACE OF MOTHER (State or Country): S. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P Phelps

(Address) Johns Hopkins Hosp.

15- Filed OCT 9 - 1916 191 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: October (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 22 1916, to Oct. 9, 1916, that I saw h[illegible] alive on Oct. 9 1916, and that death occurred, on the date stated above, at 3 1/4 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 2 ds.

(Signed) A R Bloomfield M. D.

Oct. 9, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. 17 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 26 Bluff View Chattanooga Tenn

19-PLACE OF BURIAL OR REMOVAL: Chattanooga Tenn — DATE OF BURIAL, Oct. 9, 1916

20-UNDERTAKER: Allen & Fulle — ADDRESS 22 N Broad

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C98763

C98763

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1226 N. Charles St. 11 WARD)

2-FULL NAME Lucien C. Polk

(Residence in Baltimore: No. 1226 N. Charles St.: 77 yrs. 9 mos. 13 ds.)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: December 19th, 1838 (Month) (Day) (Year)

7-AGE: 77 yrs. 9 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Princess Anne Somerset Co, Md

PARENTS

10-NAME OF FATHER: James Polk.

11-BIRTHPLACE OF FATHER (State or country): Somerset Co—Md

12-MAIDEN NAME OF MOTHER: Ann Maria Stuart

13-BIRTHPLACE OF MOTHER (State or country): Kent Co, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James P. Poe

(Address) 32 E Preston St.

15. Filed OCT 9 - 1916 ROBERT R. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October 6th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 22nd 1916. to. Oct 6th 1916. that I saw he alive on October 6th 1916. and that death occurred, on the date stated above, at 2.20 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonic Phthisis

(Duration) — yrs. 3 mos. 14 ds

Contributory (SECONDARY) Inanition of Age

(Duration) — yrs. — mos. — ds.

(Signed) Nathan R. Porter M. D.

Oct 6th 1916 (Address) 1 W. Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount

DATE OF BURIAL: 10th 9th 1916

20-UNDERTAKER: H. W. Jenkins Undertaking Co

ADDRESS: W. Fallsway & Richard St

Spec.—8-24-14—M. & T.—2000 Bks.

B

098764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 098764

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST.: 22 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl Frazer

(Residence in Baltimore: No. 523 So. Paca St.) (If non-resident, give usual place of abode.)

(Age: 57 yrs., 3 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Married

6-DATE OF BIRTH, June 20, 1865 (Month) (Day) (Year)

7-AGE, 51 yrs. 3 mos. 19 ds. If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tinner
(b) General nature of industry, business, or establishment in which employed (or employer): Tinner

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James H. Frazer

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Dora Griffin

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp.

(Address) Calvert St.

15- OCT 9 - 1916 Filed ..... 191... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 3, 1916, to Oct. 9 1916, that I saw him alive on Oct. 9 1916, and that death occurred, on the date stated above, at 6.00 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary tuberculosis

(Duration) Four Years

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward P. Smith M. D.

Oct 9, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 2 mos. 6 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 523 So. Paca St.

Former or usual residence 523 So. Paca St.

19-PLACE OF BURIAL OR REMOVAL, Dallo Cemetery DATE OF BURIAL, Oct-11, 1916

20-UNDERTAKER John J. Cowan ADDRESS 701 Bolling Av.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 098765

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 098765

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1826 E Madison St.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn C. Lewis

(Residence in Baltimore: No. 1826 Madison St.: yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PERSONS WITH CAUSING FOR THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	Wh	Mar

6-DATE OF BIRTH, Sept 13, 76
(Month) (Day) (Year)

7-AGE, ...yrs. 39 mos. 24 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Henry B Lewis

11-BIRTHPLACE OF FATHER (State or Country), Boro

12-MAIDEN NAME OF MOTHER Hattie Hanlon

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Lewis

(Address) 1826 Madison

15- Filed OCT 9 - 1916, 191... ROBERT R. KRAUTER Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Enteritis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] (Coroner.) M. D.

Oct 9, 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Oct 9th, 1916

20-UNDERTAKER Geo. M. Linn — ADDRESS 811 W Lafayette

Spec.—8-24-14—M. & T.—2000 Blks.

Lewis Harris

HEALTH DEPARTMENT—CITY OF BALTIMORE

098766

CERTIFICATE OF DEATH.

120 098766

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 435 Orchard ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis Harris

(Residence in Baltimore: No. 435 Orchard St.; 10 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. February (Month) 1 (Day) 1855 (Year)

7-AGE. 61 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Old Soldier
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise Robinson

(Address) 435 Orchard St.

15- Filed OCT 9 - 1916 191 ROBERT R. KRAUTER. Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 6th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 4th 1916 to Oct 6th 1916 that I saw h[illegible] alive on Oct 6th 1916, and that death occurred, on the date stated above, 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Chronic (Duration) 10 hrs.

CONTRIBUTORY (Secondary) Nephritis

(Duration) ? yrs. mos. ds.

(Signed) A. Lee Elliott M. D.

Oct 9, 1916 (Address) 924 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mount Olivet

DATE OF BURIAL. Oct 9, 1916

20-UNDERTAKER Smith Carr Fun

ADDRESS 1400 Monroe

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

098767

CERTIFICATE OF DEATH.

119 098767

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1932 Linden ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Lery

(Residence in Baltimore: No. 1932 Linden ave St.; 4 yrs., 6 mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH Sept. (Month) 7 (Day), 1868 (Year)

7-AGE, 48 yrs. 1 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Jacob Reichenbach

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Chia Chipek

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Balto St

15-

Filed OCT 9 1916 ROBERT R. KRAUTER.

Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 9th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 6th 1916, to Oct 9th 1916, that I saw her alive on Oct 8th 1916, and that death occurred, on the date stated above, at 9.45 P m.

The CAUSE OF DEATH* was as follows:

.....

.....

1. Acute Bright's Disease (Duration) ...yrs. ...mos. 3 ds.

CONTRIBUTORY (Secondary) Uraemia Convulsions

2. ..... (Duration) ...yrs. ...mos. ...ds.

(Signed) Edward E. Hastings M. D.

Oct 9th, 191.. (Address) 1339 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship — DATE OF BURIAL, 10/9, 1916

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

Emma Rabertti

098768

HEALTH DEPARTMENT—CITY OF BALTIMORE

098768

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Rapoletti

(Residence in Baltimore: No. 501 N Gay St St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. June (Month) 22 (Day), 1911 (Year)

7-AGE. 5 yrs. 3 mos. 16 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Rabertti

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Domenica Farri

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Rabertti

(Address) 901 N. Gay

15-

Filed OCT 9 - 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 6 1916, to Oct 8 1916, that I saw her alive on Oct 8 1916, and that death occurred, on the date stated above, at 5.45 P m.

The CAUSE OF DEATH* was as follows:

Tetanus

(Duration) 1 yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Lymphoid Hyperplasia

(Duration) yrs. 4 mos. 5 ds.

(Signed) Henry J. Moore M. D.

Oct 8, 191.. (Address) St Josephs Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 501 N Gay St

Former or usual residence 501 N Gay St

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem — DATE OF BURIAL, Oct 10, 1916

20-UNDERTAKER J Heuisler & Co — ADDRESS 2008 Eden

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 C 098769

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C38769

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 724 North Eutaw Street St. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Frances Lynch

(Residence in Baltimore: No. 724 North Eutaw Street St.; Life ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: ---------- (Month), / -- (Day), ---- (Year)

7-AGE: About 66 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: Daniel Lynch

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Ann Dolan

13-BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Mary Lynch

(Address) 724 N. Eutaw St.

15- Filed OCT 9 - 1916 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October 7th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept-20, 1916, to Oct 7 1916, that I saw h-er alive on Oct. 5-7 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) about 4 yrs ..... mos ..... ds.

Contributory (SECONDARY) Pleurisy

(Duration) ..... yrs ..... mos. 10 ds.

(Signed) E. Luther D. Thomsen M. D.

Oct 9, 1916. [Address] 5 E. Read St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 10/ 10/19 191

20-UNDERTAKER: Henry W. Meins Esq

ADDRESS: 1058 Eutaw St.

Spec.—5-19-13—M. & T.—500 Bks.

98770

HEALTH DEPARTMENT—CITY OF BALTIMORE

98770

CERTIFICATE OF DEATH.

119

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 S Curley St.; 1st WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Teichmann

(Residence in Baltimore: No. 503 S Curley St.; 59 yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct (Month) 1 (Day) 1857 (Year)

7-AGE, 59 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): in General

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Louise Teichmann

(Address) 503 S Curley St

15- OCT 9 - 1916 HARRY C. ANDREWS

Filed ..... 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 2 1916, to Oct 8 1916, that I saw h— alive on Oct 8 1916, and that death occurred, on the date stated above, at 5-30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Wolenberg M. D.

Oct 8, 1916 (Address) 1 W Lexington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mound Carmel — DATE OF BURIAL, Oct 10, 1916

20-UNDERTAKER Peter Nicolaus — ADDRESS 208 S Eastern

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98771

CERTIFICATE OF DEATH.

28 C98771

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1924 E Madison St.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Wade

(Residence in Baltimore: No. 1924 E. Madison St.; 80 yrs. — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH May (Month) 2nd (Day), 1836 (Year)

7-AGE, 80 yrs. 5 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). in Home

9-BIRTHPLACE, (State or Country), Anne Arundel Co. Md.

PARENTS.

10-NAME OF FATHER, Starling —

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER ~~Unknown~~ Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. John N. Hatle

(Address) 1924 E. Madison St

15-

Filed OCT 9 - 1916, 191... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH October (Month) 8 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from August 1916, to October 6 1916, that I saw h[illegible] alive on October 6 1916, and that death occurred, on the date stated above, at 11.55 a.m.

The CAUSE OF DEATH* was as follows:

(a) Pulmonary Tuberculosis

(Do not mention the length of time patient had taken to the disease)

(Duration)....yrs....mos....ds.

CONTRIBUTORY. Chronic Endocarditis (Mitral Regurg.)
(Secondary)

(Duration)....yrs....mos....ds.

(Signed) Frank E. Hatle M. D.

....., 191... (Address) 1927 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cedar Hill

DATE OF BURIAL. Oct. 11..., 1916.

20-UNDERTAKER Peter Nicolaus

ADDRESS 2046 Eastern

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

098772 098772

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U. S. Marine Hospital REGISTERED NO. C

CITY OF BALTIMORE: (No. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James R. Insco

(Residence in Baltimore: No. 1724 Byrd St.; yrs., mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug 14 (Month) Not Known (Day) 1884 (Year)

7-AGE. 32 yrs. 1 mos. 24 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Seaman
(b) General nature of industry, business, or establishment in which employed (or employer). Towboat

9-BIRTHPLACE, (State or Country). City Maryland

PARENTS.

10-NAME OF FATHER, Not Known James H. Insco

11-BIRTHPLACE OF FATHER (State or Country). Not Known Baltimore Md

12-MAIDEN NAME OF MOTHER Not Known Cause Hammond New York

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Records

(Address)

15- Filed OCT 9 - 1916, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 8 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Oct. 4 1916, to Oct. 8 1916, that I saw him alive on Oct. 8 1916, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Enteric Fever

(Duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. S. Chas. W. Vogel M. D.

10-8-, 1916 (Address) U. S. Marine Hosp

*State the DISEASE CAUSING DEATH; or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 dr. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 1724 Byrd St.

19-PLACE OF BURIAL OR REMOVAL. Cedar Hill

DATE OF BURIAL Oct 10, 191

20-UNDERTAKER J. C. Devine

ADDRESS 1460 Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

C987.73

HEALTH DEPARTMENT—CITY OF BALTIMORE

C987.73

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C 130

CITY OF BALTIMORE: (No. Md General Hosp ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Hendricks

(Residence in Baltimore: No. 500 E. Barney St.; Life yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb (Month) 28 (Day), 1887 (Year)

7-AGE, 29 yrs. 7 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or estsblishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Maryland.

PARENTS.

10-NAME OF FATHER, Benj Bowen

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Priscilla Wood

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wilbur F Hendricks

(Address) 500 E Barney St

15- OCT 9 - 1916 Filed, 191. HARRY C. MATTHEWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 7, 1916, to Oct 7, 1916, that I saw her alive on Oct 7, 1916, and that death occurred, on the date stated above, at 6.40 P.M.

The CAUSE OF DEATH* was as follows:

Pelvic Abscess with ulceration into Intestines & Intestinal Hemorrhage

(Duration) yrs. mos. 3.0 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elmer Newcomer M. D.

10-7-, 1916 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 30 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 500 E Barney

19-PLACE OF BURIAL, OR REMOVAL, London Park — DATE OF BURIAL, Oct 9, 1916

20-UNDERTAKER J E Sturm — ADDRESS 146 Baltimore

C98774

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 C98774

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 326 N. Carey St. St. 18 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Regina Walsh

(Residence in Baltimore: No. 326 N. Carey St. St.: — yrs. — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): widowed

6-DATE OF BIRTH: Sept. (Month) 26 (Day), 1825 (Year)

7-AGE: 91 yrs. — mos. 12 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE (State or country): West Virginia

PARENTS

10-NAME OF FATHER: Christian G. Conradt

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Emily Hughes

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Getz, M.D.

(Address) 111 W. Lanvale St

15- OCT 9 - 1916 Filed ....., 191 HARRY C. ANDREWS Registrar of Vital Records

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct. (Month) 8th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 18th, 1916, to Oct 8th, 1916, that I saw h— alive on Oct 8th, 1916, and that death occurred, on the date stated above, at 1230 P. m.

The CAUSE OF DEATH* was as follows:

La Grippe,

(Duration) — yrs. — mos. 20 ds

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Charles Getz, M. D.

Oct 9th, 1916 (Address) 111 W. Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Pauls, Cemy. DATE OF BURIAL: Oct 10, 1916.

20-UNDERTAKER: E. W. Mitchell & Co ADDRESS: 1501 W. Fayette St.

Spec.—8-24-14—M. & T.—2000 Bks.

C98775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C98775

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 N. Bradford ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Krejk

(Residence in Baltimore: No. 803 N. Bradford St.: 25 yrs., mos. ds.)

WRITE PLAINLY, WITH CARBON PAPER UNDER THIS SHEET. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Not Known, 1 (Month) (Day) (Year)

7-AGE, 68 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Mizerowsky

(Address) 826 Fawn St

15- OCT 9 - 1916 HARRY C. AMBERG

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 8, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 4 1916, to Oct 8 1916, that I saw her alive on Oct 8 1916, and that death occurred, on the date stated above, at 1.40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Malignant Endocarditis

(Duration) yrs. 5 mos. ds.

(Signed) Fred Rupke M. D.

Oct 9, 191.. (Address) 6411 Wood St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oakhill

DATE OF BURIAL, Oct 10 191. 6

20-UNDERTAKER Frank V. Crack Son

ADDRESS 1716 Eutaw St

Spec.—8-24-14—M. & T.—2000 Bks.

C98776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

63 1/4

C98776

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1402 N. Chester St. (Ward) 8

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Hoffmeyer

(Residence in Baltimore: No.) 1403 N. Chester St. (If not in Baltimore give city or town and State.)

(Single, Married, Widowed, or Divorced) Single

(How long in city, town or State) Life yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug 19, 1913
(Month) (Day) (Year)

7-AGE, 3 yrs. 1 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jos S Hoffmeyer

11-BIRTHPLACE OF FATHER (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER Kate Knowles

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos S Hoffmeyer

(Address) 1403 N. Chester

15- OCT 9 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 8th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 7th 1916, to Oct 8th 1916, that I saw ... alive on Oct 8th 1916, and that death occurred, on the date stated above, at 1 1/2 p. m.

The CAUSE OF DEATH* was as follows:

I. Interstitial Pneumonia

..... (Duration) ... yrs. ... mos. 1 ... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.

10-9-16, 1916 (Address) 1613 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Oct 9, 1916

20-UNDERTAKER Roth & Jones — ADDRESS 1142 Broadway

6:30 P.M.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98777 C98777

5 × 186

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital St. 4 WARD)

2-FULL NAME Cromwell Watts

(Residence in Baltimore: No. University Hospital St.—yrs., —— mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Sgl

6-DATE OF BIRTH, May (Month) 10 (Day), 1878 (Year)

7-AGE, 41 yrs. 4 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, J. Watts.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Wade

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas W. Wheeler.

(Address) Glenburnie

15- Filed OCT 9 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 8th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq. Wit. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inq. Wit. (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral hemorrhage following fracture of Skull and both arms caused by explosion of Dynamite Accidental, (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

.....(Duration).....yrs.....mos.....ds.

(Signed) Albert L Doss (Coroner) M. D.

Oct 9 191 6 (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place University Hospital the Life of death.....yrs.....mos. 2 ds. State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Glenburnie Md 68 Md

Former or usual residence Glen Burnie Md

19-PLACE OF BURIAL, OR REMOVAL, Wade Boring ground Adelphi Md

DATE OF BURIAL, Oct 10 1916

20-UNDERTAKER Armstrong Denny Co

ADDRESS 715 Light St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

098778

CERTIFICATE OF DEATH.

098778

REGISTERED No. C 64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3038 Dillon St.; 1st WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Krone

(Residence in Baltimore: No. 3038 Dillon St.; 6 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, June (Month) 9th (Day), 1846 (Year)

7-AGE, 70 yrs. 3 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Builder
(b) General nature of industry, business, or establishment in which employed (or employer). house

9-BIRTHPLACE, (State or Country), Penna

PARENTS.

10-NAME OF FATHER, Jacob Krone

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Hyde

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Krone (wife)

(Address) 3038 Dillon St.

15-

Filed OCT 9 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 26 1916, to Oct 7 1916, that I saw him alive on Oct 7 1916, and that death occurred, on the date stated above, at 4:25 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Syncope

(Duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(Duration) yrs. mos. 12 ds.

(Signed) A. Wenger M. D.

Oct 9, 1916 (Address) 304 S. Donnell Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery

DATE OF BURIAL, October 11, 1916

20-UNDERTAKER H. E. Hughes

ADDRESS 17 S. Broadway

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98779 103 C98779

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 539 N Fremont Ave St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Urban

(Residence in Baltimore: No. 539 N Fremont Ave St.; 50 yrs., 6 mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) 1 (Day) (Year)

7-AGE, 79 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) House Wife

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Carl Coldwater

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs A. Landes

(Address) 946 Risgniello st

15- Filed OCT 9 - 1916 —191 HARRY C. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 4 1916, to Oct 7 1916, that I saw her alive on Oct 7 1916, and that death occurred, on the date stated above, at 4 45 p m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation Stomach & Gastritis & Inanition of Age

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Gastritis & Inanition of Age (Duration) yrs. mos. ds.

(Signed) C. P. Carnes M. D.

Oct 8, 1916. (Address) 1201 N Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery

DATE OF BURIAL, Oct 10, 1916.

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson st

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98780

CERTIFICATE OF DEATH.

REGISTERED NO. C 78

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2407 E. Monument ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Della Marie Lane

(Residence in Baltimore: No. 2407 E Monument St.; 19 yrs., 4 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 18 (Day), 1897 (Year)

7-AGE, 19 yrs. 4 mon. 20 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph E. Lane

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Marie Hacker

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph E. Lane

(Address) 2407 E. Monument St.

15- Filed OCT 9 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 7 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 1 191, to Oct 7 191, that I saw h[illegible] alive on 191, and that death occurred, on the date stated above, at 8-30 m.

The CAUSE OF DEATH* was as follows:

1. [illegible]
2. .....
3. .....

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary).....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed).....M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery

DATE OF BURIAL, Oct 11, 191.. 6

20-UNDERTAKER Christian Miller

ADDRESS 2500 Jefferson St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

98787 98787 x175

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital St. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Kuehar

(Residence in Baltimore: No. Maxwell Ave. & Alto. Md St.; yrs., mos. 5 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June 19, 1906 (Month) (Day) (Year)

7-AGE, 10 yrs. 3 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. No
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Wm. R. Kuehar

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mr Kuehar

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. R. Kuehar

(Address) Maxwell Ave & Alto

15- OCT 9 - 1916 HARRY C. ANDREWS

Filed....., 191..... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, ~~autopsy or inquiry~~) thereon and from the evidence obtained by said (Inquest, ~~or autopsy or inquiry~~) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

I presumed from Injuries received by being run over by automobile (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. T. Hale M. D. (Coroner.)

Oct 8, 191 6 (Address) 1637 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Maxwell Ave & Alto Md

Former or usual residence Maxwell Ave & Alto Md

19-PLACE OF BURIAL OR REMOVAL Holy Cross Cemetery

DATE OF BURIAL, Oct 10, 1916

20-UNDERTAKER Geo. L. Schwab & Bro.

ADDRESS 2101 Frederick Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98782

CERTIFICATE OF DEATH.

9 C98782

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3630 Connecticut Ave. ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary G. Hettrick

(Residence in Baltimore: No. 3630 Connecticut Ave. St. 5 yrs., 2 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: Aug. (Month) 7 (Day), 1911 (Year)

7-AGE: 5 yrs. 2 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto City

PARENTS.

10-NAME OF FATHER: Herbert F. Hettrick

11-BIRTHPLACE OF FATHER (State or Country): Balto City Md

12-MAIDEN NAME OF MOTHER: Alice Fuller

13-BIRTHPLACE OF MOTHER (State or Country): Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herbert F. Hettrick.

(Address) 3630 Connecticut

15- Filed OCT 9 - 1916, - 191.... HARRY C. ANDREWS Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hypothermia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) 0 (Duration) ....yrs. ....mos. ....ds.

(Signed) John H. Morrissey M. D. (Coroner)

Oct 9 1916 (Address) 363 Ridgewood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cem. DATE OF BURIAL: Oct. 10 1916

20-UNDERTAKER: Elmore & Son ADDRESS: 361 Chestnut Ave

9 A M

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98783

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98783

CERTIFICATE OF DEATH.

103

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 615 N Bradford ST. 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Gross

(Residence in Baltimore: No. 615 N Bradford st

St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Col	Married

6-DATE OF BIRTH.

Sept 30 [illegible] 1886, 1
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
30 yrs. 8 mos. da.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) H W.

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Issac Yorkman

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Louise Steward

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise Yorkman

(Address) 619 N Bradford st

15-

Filed OCT 10 1916, 191 ROBERT R. KRAUTER
Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH.

Oct 9 1916, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) found that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

"Shock"

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) C. F. Kurtz Susler M. D.
(Coroner)

Oct 9 1916, 191... (Address) N E Dist.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Evergreen Cem. DATE OF BURIAL, Oct 12 1916

20-UNDERTAKER Wm Cook ADDRESS 502 E Madison

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98784 C98784

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 Baker ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Rebecca Martin

(Residence in Baltimore: No. 1509 Baker St.; 15 yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widowed

6-DATE OF BIRTH: April (Month) 9th (Day), 1835 (Year)

7-AGE: 80 yrs. 6 mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nut Cups
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country): Frederick City Md

PARENTS.

10-NAME OF FATHER: John Stone

11-BIRTHPLACE OF FATHER (State or Country): Frederick Md

12-MAIDEN NAME OF MOTHER: Mary Ann Rice

13-BIRTHPLACE OF MOTHER (State or Country): Frederick Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Florence Motsley

(Address): 1509 Baker St

15-

Filed OCT 10 1916 191.... ROBERT B. [illegible] Registrar.

Wilbur Motsley Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 9th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 20th 1916, to Oct 9th 1916, that I saw her alive on October 9th 1916, and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

Acute Catarrhal Gastritis

(Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary): Chronic Myocarditis

(Duration) 2 yrs. — mos. — ds.

(Signed) William [illegible] M. D.

Oct 9th 1916 (Address) 1701 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Frederick Md | DATE OF BURIAL: Oct. 12 1916

20-UNDERTAKER: William Cook | ADDRESS: 502 E North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

098785 186 098785

REGISTERED No. C.....

(PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospital St.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Neva B. Mayhrauty

(Residence in Baltimore: No. 1829 N Bruns St. 4 yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	white	Married

6-DATE OF BIRTH, Jan. (Month) 6 (Day), 1891 (Year)

7-AGE, 25 yrs. 10 mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Andrew Stewart

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Emily Helsby

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Mayhrauty

(Address) 1829 N Bruns St

15- Filed OCT 10 1916 191 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Operation Self Induced

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Septicaemia

(Duration) ....yrs. ....mos. 2 ds.

(Signed) James M Taylor M. D. (Coroner.)

Oct 9 1916. (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). White

At place of death ....yrs. ....mos. 1 ds. State 4 yrs. ....mos. ....ds. in the 1829 Bruns

Where was disease contracted, if not at place of death? 1829 E Bruns St

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, Oct 12 1916

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PAPER; WITH ONIONSKIN FOR THIS PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98786

CERTIFICATE OF DEATH.

28 C98786

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 948 Walnut Alley ST.; 17 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Hill

(Residence in Baltimore: No. 948 Walnut St.: 43 yrs.. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH INK OR INDELIBLE PENCIL.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: ..... (Month) Unknown (Day) ....., 1873 (Year)

7-AGE: 43 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS:

10-NAME OF FATHER: John Hill

11-BIRTHPLACE OF FATHER (State or Country): Va

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or Country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel Carbon

(Address) 916 Penna ave

15- Filed OCT 10 1916, 191.... ROBERT R. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 9 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Sept 10 1916, to Oct 9 1916, that I saw h[im] alive on Oct. 9 1916, and that death occurred, on the date stated above, at 11:45 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. 9 ds.

CONTRIBUTORY (Secondary) General Debility

(Duration) yrs. mos. ds.

(Signed) Jno. H. Loughran M. D.

Oct 10, 1916. (Address) 1019 Druid Hill ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, W.M. Auburn — DATE OF BURIAL, Oct. 11, 1916.

20-UNDERTAKER Daniel Carbon — ADDRESS 916 Penna ave

Spec.—8-24-14—M. & T.—2000 Bks.

C98787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 C98787

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 Wilmore alley 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William W Peters

(Residence in Baltimore: No. 716 Wilmore alley St.; ....yrs. ....mos. ....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, September 1 (Month) (Day) (Year)

7-AGE, 39 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Coal Yard

9-BIRTHPLACE, (State or Country). Tazewell Md

PARENTS.

10-NAME OF FATHER. John Peters

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER. Ida Robinson

13-BIRTHPLACE OF MOTHER (State or Country). Wicomico Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lena Peters

(Address) 716 S. George

15- Filed OCT 10 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 7, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 20 1916, to Oct 7 1916, that I saw him alive on Oct 7 1916, and that death occurred, on the date stated above, at 9 AM m.

The CAUSE OF DEATH* was as follows:

a Uremia Dropsy

Heart

(Duration) ....yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) P.T. Endo

(Duration) ....yrs. 1 mos. 2 ds.

(Signed) Dr. D. H. Thompson M. D.

Oct 7, 1916 (Address) 708 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Zion Cem

DATE OF BURIAL. Oct 10 1916

20-UNDERTAKER Samuel T Hawley

ADDRESS 516 W Balto

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98788 — CERTIFICATE OF DEATH. — 29 C98788

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1147 Riverside Ave St. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Fritz

(Residence in Baltimore: No. 1147 Riverside Ave St.; 69 yrs., 7 mos. 28 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, February 10, 1847 (Month) (Day) (Year)

7-AGE. 69 yrs. 7 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Saloon Keeper

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Andrew J. Fritz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Fritz

(Address) 1147 Riverside Ave

15- Filed OCT 10 1916, 191.... ROBERT R. KRAUTER Registrar. Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 8th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10 1916, to Oct 8 1916, that I saw him alive on Oct 8 1916, and that death occurred, on the date stated above, at 3.30 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Left Jaw

Duration — yrs. 5 mos. ... ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

Duration — yrs. ... mos. ... ds.

(Signed) J. F. O'Donnell M. D.

Oct 9, 191.. (Address) 1016 W Mt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem — DATE OF BURIAL, Oct 11, 191..

20-UNDERTAKER E. J. B. Harle — ADDRESS 1118 E Mt St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(9878) (9878)

CERTIFICATE OF DEATH.

REGISTERED NO. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Reamer

(Residence in Baltimore: No. 452 Aisquith St.; 18 yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: November, 1 (Month) (Day) (Year)

7-AGE: 48 yrs. 1 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Russia

PARENTS.

10-NAME OF FATHER: Eue Reamer

11-BIRTHPLACE OF FATHER (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Anna Berman

13-BIRTHPLACE OF MOTHER (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Reamer

(Address) 452 Aisquith St

15- Filed OCT 10 1916, 191.. ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 9 1916, to Oct. 9 1916, that I saw him alive on Oct. 9 1916, and that death occurred, on the date stated above, at 3:45 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) several years

CONTRIBUTORY (Secondary) Acute Gastric Dilatation (Duration) a few hrs. yrs. mos. ds.

(Signed) M. W. Foer M. D.

Oct. 9, 1916 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 15 minutes yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 452 Aisquith St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Herring Run — DATE OF BURIAL, Oct 10, 191..

20-UNDERTAKER S. Levinson & Bro — ADDRESS 1107 E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

098790

CERTIFICATE OF DEATH.

42

098790

REGISTERED NO. C.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 South East Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Schlarb

(Residence in Baltimore: No. 412 South East Ave St.; 62 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Aug. 28 (Month) (Day) 1840 (Year)

7-AGE, 76 yrs. 1 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Conrad Link

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Elizabeth Volz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kate Beinschla

(Address) 412 S. East Ave

15. OCT 10 1916 Filed....., 191.... ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9-5 1916, to 10-7 1916, that I saw h[er] alive on 10-7 1916, and that death occurred, on the date stated above, at 7.30 A, m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

Do not Know

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Gatch M. D.

10-7, 191.6 (Address) 1 S. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery DATE OF BURIAL, Oct 10, 1916

20-UNDERTAKER H. Sauder Sons ADDRESS W. Fleet St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98797

CERTIFICATE OF DEATH.

1 70 C98791

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 N Gay St ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elisebeth Hanrahan

(Residence in Baltimore: No. 1502 N. Gay St ST.; Life yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Oct 6, (Month) (Day) 1857 (Year)

7-AGE, 59 yrs. 0 mos. 4 da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) at Home

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Thompson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Julie Coulter

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ira Cook

(Address) 1502 N. Gay St

15- Filed OCT 10 1916, 191. ROBERT R. KRAUTER Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 29 1916, to Oct 9th 1916, that I saw h[illegible] alive on October 4 1916, and that death occurred, on the date stated above, at 1P m.

The CAUSE OF DEATH* was as follows:

Coma Interstitial Nephritis

(Duration) Prolonged mos. da.

CONTRIBUTORY (Secondary) Uremic (convulsion)

(Duration) yrs. mos. 16 da.

(Signed) Thomas J. Turner M. D.

Oct. 12, 1916. (Address) 1122 N. Wolfe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, Oct 12th 1916

20-UNDERTAKER Robt. Turner ADDRESS Broadway & Shirley

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

098792 — 45 — 098792

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 Bentalou ST.; 15th WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Millard Armacost.

(Residence in Baltimore: No. 1814 Bentalou St.; 30 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June, (Month) (Day) 1859 (Year)

7-AGE, 57 yrs. 4 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Buck Saw
(b) General nature of industry, business, or establishment in which employed (or employer): Building Business

9-BIRTHPLACE, (State or Country), Baltimore County, Maryland.

PARENTS.

10-NAME OF FATHER, Jacob H. Armacost.

11-BIRTHPLACE OF FATHER (State or Country), Balto. Co. Maryland

12-MAIDEN NAME OF MOTHER Keziah Murray.

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Co. Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Millard Calvin Armacost

(Address) 1814 Bentalou St.

15 OCT 10 1916 Filed, 191 ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 9th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 5 1916, to Oct 9 1916, that I saw him alive on Oct 8 1916, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Lymphosarcoma Left side Neck.

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(Duration) — yrs. — mos. 5 ds.

(Signed) Harbaugh F. Steelman M. D.

Oct 10, 1916 (Address) 1217 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 4 mos. ds. In the State 58 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1114 Gilmor St. former.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Oct. 11, 1916.

20-UNDERTAKER Wm. J. Tickner & Sons.

ADDRESS North & Penn. Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98793

CERTIFICATE OF DEATH.

40 C98793

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1346 N Calhoun ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Hutchings

(Residence in Baltimore: No. 1346 N. Calhoun St.; 22 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, April 16 (Month) (Day), 1864 (Year)

7-AGE, 52 yrs. 5 mos. 23 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hse Worker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Henry Clarke

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Maria Crawford

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dido James

(Address) 1346 Calhoun St

15-

Filed OCT 10 1916

ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, OCT (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 20 1916, to OCT 9 1916, that I saw h[illegible] alive on OCT 9 1916, and that death occurred, on the date stated above, at 12 30 AM.

The CAUSE OF DEATH* was as follows:

Complications Diseases of Pregnancy of Liver Bronchitis and Nephritis (Duration) yrs. 3 mos. 5 ds.

CONTRIBUTORY (Secondary) Blood Poison (Duration) yrs. 3 mos. 5 ds.

(Signed) J. H. W. Kennard M. D.

OCT 9, 1916 (Address) 708 Ensor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, OCT 11, 1916

20-UNDERTAKER James H. Dennis — ADDRESS 1303 Preston

Burial Permit Clerk

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98794

CERTIFICATE OF DEATH.

50 C98794

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1724 Division ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ebenezer Smith

(Residence in Baltimore: No. 1724 Division St.; ... yrs., ... mos. ... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH INK OR INDELIBLE PENCIL.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. January 1869, 1 (Month) (Day) (Year)

7-AGE. 47 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Painter
(b) General nature of industry, business, or establishment in which employed (or employer). Carpenter

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Smith Smith

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Dorothy Banks

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ebenezer Blackwood

(Address) 1724 Division St.

15-

Filed OCT 10 1916 191... ROBERT P. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 7, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1st 1916, to Oct. 7th 1916, that I saw h[illegible] alive on Oct 7th 1916 and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) A. Lee Ellis M. D.

Oct 9, 1916 (Address) 724 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In this State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Lancaster Co Va

DATE OF BURIAL. Oct. 10, 1916

20-UNDERTAKER Irvington and James H. Dennis

ADDRESS 1303 Pennsylvania

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

098795

CERTIFICATE OF DEATH.

28 098795

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 Mulberry ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph E. Watson

(Residence in Baltimore: No. 920 Mulberry St.; 70 yrs., 1 mos. 11 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH INK OR INDELIBLE PENCIL.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, Aug 27, 1846 (Month) (Day) (Year)

7-AGE, 70 yrs. 1 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Paper Hanger
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Thomas O. Watson

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Watson

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie Watson

(Address) 920 W. Mulberry St.

15- Filed OCT 10 1916 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 8th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15 1916, to Oct 8th 1916, that I saw him alive on Oct 8th 1916, and that death occurred, on the date stated above, at 1:00 a.m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) yrs. 3 mos. 0 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. H. Hadobet M. D.

1916, 1916 (Address) 112 N. Canal St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mass Cathedral — DATE OF BURIAL, Oct 11, 1916.

20-UNDERTAKER H. C. Browning Son — ADDRESS 517 N. Schroeder St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98796 — 104 — C98796

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1233 James St ST.; 21 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Evelyn Phelps

(Residence in Baltimore: No. 1233 James St St.; yrs. 1 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH. July 25th, 1916. (Month) (Day) (Year)

7-AGE. yrs. 1 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work. None (b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER. William F Phelps

11-BIRTHPLACE OF FATHER (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER Jane Hyde

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William F Phelps

(Address) 1233 James St

15- Filed OCT 10 1916 ROBERT R. KRAUTER Registrar. Burial Permit

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct 8, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 3 1916, to Oct 8 1916, that I saw h[illegible] alive on Oct 8/16 1916, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Gastro enteritis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Mal Nutrition

(Duration) yrs. mos. 20 ds.

(Signed) [illegible] M. D.

Oct 9, 1916 (Address) [illegible] Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Holy Cross Cem Hartford Rd. DATE OF BURIAL. Oct 10, 1916.

20-UNDERTAKER John J Conway Son ADDRESS 901 Hollins St

Spec.—8-24-14—M. & T.—2000 Bks.

13

098797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7 098797

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 S. Bond. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Regina Zelechowska

(Residence, in Baltimore: No. 719 S. Bond St. St.; 3 yrs., mos. 8 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Single

6-DATE OF BIRTH: Oct. (Month) 1 (Day), 1913 (Year)

7-AGE: 3 yrs. 8 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Scholar

9-BIRTHPLACE, (State or Country): Baltimore.

PARENTS.

10-NAME OF FATHER: Nicolas Zelechowska

11-BIRTHPLACE OF FATHER (State or Country): Russian Poland

12-MAIDEN NAME OF MOTHER: Pelagia Cichow

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nicolas Zelechowska

(Address) 719 S. Bond St.

15-

Filed OCT 10 1916, 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1916, to Oct 9 1916, that I saw h alive on Oct 7 1916, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Nephritis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Scarlet Fever

(Duration) yrs. mos. 9 ds.

(Signed) J. Wheeler M. D.

Oct 10, 1916 (Address) 16 S. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Oct. 191 6

20-UNDERTAKER W. H. Faulkner ADDRESS 1618 Eastern

Spec.—8-24-14—M. & T.—2000 Bks.

098798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152 098798

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 839 S Dallas ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Weronika Lecharowicz

(Residence in Baltimore: No. 839 S Dallas St.; yrs., mos. 3 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Oct (Month) 6 (Day), 1916 (Year)

7-AGE. yrs. mos. 3 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) Infant

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Andrzej Lecharowicz

11-BIRTHPLACE OF FATHER (State or Country). Austria

12-MAIDEN NAME OF MOTHER Wiktorya Gutkowska

13-BIRTHPLACE OF MOTHER (State or Country). Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Leharowicz

(Address) 839 S Dallas

15-

Filed OCT 10 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 6 1916, to Oct 9 1916, that I saw her alive on Oct 9 1916, and that death occurred, on the date stated above, at 11.0 m.

The CAUSE OF DEATH* was as follows:

Faulty Foetal Circulation
unusual large child,
Diffict Labor (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) hr. mos. ds.

(Signed) Jos L Valentine M. D.

Oct 10, 1916 (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Rosary

DATE OF BURIAL. Oct 10, 1916

20-UNDERTAKER Wm Faulkner

ADDRESS 668 Eden

Spec.—8-24-14—M. & T.—2000 Bks.

(98799) HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 (98799)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.: ... WARD) REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Golen.

(Residence in Baltimore: No. 416 S. Bond St. St.: 1 yrs., mos. 10 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: Oct. (Month) 1 (Day), 1915 (Year)

7-AGE: 1 yrs. mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): md.

PARENTS.

10-NAME OF FATHER: Geo. Golen.

11-BIRTHPLACE OF FATHER (State or Country): Russia.

12-MAIDEN NAME OF MOTHER: Kate Kotulah.

13-BIRTHPLACE OF MOTHER (State or Country): Russia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps.

(Address) Johns Hopkins Hosp.

15- Filed OCT 10 1916, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: October (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1916, to Oct. 10 1916; that I saw h[illegible] alive on Oct. 10 1916, and that death occurred, on the date stated above, at 4 45 a. m.

The CAUSE OF DEATH* was as follows:

Indigestion - gastro intestinal acute with a terminal acidosis

(Duration) 0 yrs. 0 mos. 20 ds.

CONTRIBUTORY (Secondary): None

(Duration) 0 yrs. 0 mos. 0 ds.

(Signed) D. C. Wharton Smith 2nd M. D.

Oct. 10, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 416 S. Bond St.

19-PLACE OF BURIAL OR REMOVAL: Holy Rosary

DATE OF BURIAL: Oct. 12, 1916

20-UNDERTAKER: M. Gallowski

ADDRESS: 618 Eastern

C9880 C9880

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

152

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1621 Ensor St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Henke John Matthews

(Residence in Baltimore: No. 1621 Ensor St.; yrs. 1 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single.

6-DATE OF BIRTH: September 7, 1916 (Month) (Day) (Year)

7-AGE: yrs. 1 mos. 2 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. Md

PARENTS

10-NAME OF FATHER: Charles H Matthews

11-BIRTHPLACE OF FATHER (State or country): Balto, City Md.

12-MAIDEN NAME OF MOTHER: Katherine M Butz

13-BIRTHPLACE OF MOTHER (State or country): Balto, City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles E. Matthews

(Address) 1621 Ensor St

15- Filed OCT 10 1916 191.. ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 2, 1916, to, Oct 9 1916, that I saw h[illegible] alive on Oct 9 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Epistaxis & Hemophilia

(Duration) yrs mos. 7 ds.

Contributory (SECONDARY): Hemophilia

(Duration) yrs mos. ds.

(Signed), R P Carman M. D.

Oct 9, 1916 [Address] 1201 N Carey

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Oct. 10, 1916

20-UNDERTAKER: Henry Hoeck Sons — ADDRESS: 1801 E Eager St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98801

CERTIFICATE OF DEATH.

× 79 C98801

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marshall Proctor.

(Residence in Baltimore: No. 1 month St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Sing

6-DATE OF BIRTH: Nov. (Month) 3 (Day) 1880 (Year)

7-AGE: 35 yrs. 11 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Geo. C. Proctor.

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: — Meyers

13-BIRTHPLACE OF MOTHER (State or Country): Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Bhelps.

(Address) Johns Hopkins Hosp.

15- Filed OCT 10 1916 ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: October (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 11 1916, to Oct. 10 1916, that I saw him alive on Oct. 10, 1916, and that death occurred, on the date stated above, at 4:15 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency
Chronic nephritis
Influenza
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. B. Mealon M. D.

Oct. 10, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONAL TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. | mos. — ds. In the State yrs. — mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Cardiff, Md.

19-PLACE OF BURIAL OR REMOVAL: Cardiff Md

DATE OF BURIAL: Oct. 12 1916

20-UNDERTAKER: M. J. Jackson

ADDRESS Near the

098802 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15V 098802

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 515 Monford Ave ST.: 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Miller

(Residence in Baltimore: No. 515 Monford Ave St.; yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Oct (Month) 10 (Day), 1916 (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or 3 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dependent
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Frank J Miller

11-BIRTHPLACE OF FATHER (State or Country), Washington D C

12-MAIDEN NAME OF MOTHER Lillie Diesel

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Ferris

(Address) 517 Monford Ave

15 OCT 10 1916 Filed ....., —191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxia (Accidental)

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Burns Delivery

(Duration) ....yrs....mos....ds.

(Signed) Harry Ryan Davis (Coroner.) M. D.

Oct 10, 191... (Address) 1610 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Oct 10, 1916
20-UNDERTAKER	ADDRESS
Wendell Dysell	37 8th

C98803 HEALTH DEPARTMENT—CITY OF BALTIMORE

C98803

CERTIFICATE OF DEATH.

161

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 114 S. Duncan St ST. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Blackburn

(Residence in Baltimore: No. 114 S Duncan St St.; yrs., mos. ds.)

female

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Sept 25, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 15 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dependent
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Laurence Blackburn

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Sarah Smith

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Blackburn

(Address) 114 S. Duncan St

15- OCT 10 1916 Filed ....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Meshyolian find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thomas Sloan Fowler M. D. (Coroner.)

Oct 10, 1916. (Address) 1610 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Wendell Wyffel Sr. DATE OF BURIAL, Oct 10, 1916

20-UNDERTAKER Holy Redeemer ADDRESS 378 Lan

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98804

CERTIFICATE OF DEATH.

151

C98804

1-PLACE OF DEATH 1020 Whalecoat St REGISTERED NO. C

CITY OF BALTIMORE: (No. ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Powell

(Residence in Baltimore: No. 1020 Whalecoat St.; yrs. 1 mos. 3 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH, 9 (Month) 1 (Day), 1916 (Year)

7-AGE, yrs. 1 mos. 5 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), 1020 Whalecoat St

PARENTS.

10-NAME OF FATHER, James Powell

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Bessie Stanley

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- OCT 10 1916 ROBERT R. KRAUTER
Filed.....,r 191... Registrar
Burial Permit Dlv.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1st 1916, to Oct 7th 1916, that I saw him alive on Oct 6th 1916, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Mal Nutrition

(Duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Debility

(Duration) yrs. 1 mos. 3 ds.

(Signed) C. H. Barton M. D.

Oct 8th, 1916 (Address) 1403 W Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ..., 191...

20-UNDERTAKER ADDRESS

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98805 **CERTIFICATE OF DEATH.** 37 C98805

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 844 Clipper ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Rose M Williams

(Residence in Baltimore: No. 844 Clipper St.: yrs., mos. 2 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: Oct (Month) 6 (Day), 1914 (Year)

7-AGE: ....yrs....mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Edward Williams

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Virginia Lee

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emory Wolford

(Address) 844 Clipper St

15-

Filed OCT 10 1916 191.... ROBERT R. KRAUTER

Burial Permit Clerk

Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

Probable (Duration) ....yrs....mos. 1 ds.

CONTRIBUTORY (Secondary) Congenital Debility

(Duration) ....yrs....mos. 2 ds.

(Signed) Thomas M. Fenton M. D. (Coroner.)

Oct 7, 1916. (Address) 1002 Chase

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL, ..., 19....

20-UNDERTAKER ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

C98806 HEALTH DEPARTMENT—CITY OF BALTIMORE 63 × C98806

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. Children's Hospital School St.; 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milton Albert Green

(Residence in Baltimore: No. 3652 Sycamore St. St.; 1 yrs., 2 mos. 20 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 19, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 2 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto Maryland

PARENTS.

10-NAME OF FATHER. Edgar R. Green

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Annie Lindsay

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edgar R. Green

(Address) 3652 Sycamore St.

15- OCT 10 1916 HARRY C. ANDREWS
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 8 1916, to Oct 9 1916, that I saw h[im] alive on Oct 9 1916, and that death occurred, on the date stated above, at 11.25 p. m.

The CAUSE OF DEATH* was as follows:

Ante Anterior Poliomyelitis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Gilbert W. Porcher M. D.

Oct. 10, 1916 (Address) Children's Hospital School

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? As above

Farmer or usual residence "

19-PLACE OF BURIAL OR REMOVAL. St. Mary's Hampstead — DATE OF BURIAL. Oct. 10, 1916

20-UNDERTAKER Chenoweth & Son — ADDRESS 3617 Chestnut Av

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98807 28 C98807

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 N. Caroline St. WARD 7) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine E. Lamm

(Residence in Baltimore: No. 909 N. Caroline St. - Like St.; ....yrs. ....mos. ....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb 21 (Month) (Day), 1873 (Year)

7-AGE, 43 yrs. 7 mos. 18 ds.

If LESS than 1 day, ...hrs. or ....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Naumann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Emma Sling

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert E. Lamm

(Address) 909 N. Caroline

15-

Filed OCT 10 1916, 191.... HARRY C. ANDERSON Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1915, to Oct. 8 1916, that I saw h[er] alive on Oct 8 1916, and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

1a Pulmonary Tuberculosis

(Duration) ....yrs. 11 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edgar P. Boudrock M. D.

Oct. 10, 1916. (Address) 1601 N. 13th Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Oct 11, 1916

20-UNDERTAKER Robt. J. Turner & Bro. — ADDRESS Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

C98808

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98808

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hospital Fayette Calhoun Sts) REGISTERED NO. C

2-FULL NAME Archibald Baldwin

(Residence in Baltimore: No. 15-10 Eden st St.; 15 yrs. — mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Feby 13, 1894
(Month) (Day) (Year)

7-AGE. 22 yrs. 7 mos. 24 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Helper
(b) General nature of industry, business, or establishment in which employed (or employer): Machine Shop

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Sylvester Baldwin

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Victoria Turner

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Victoria Baldwin

(Address) 1510 N Eden St.

15-

Filed OCT 10 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 9th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 4 1916, to Oct. 9 1916, that I saw him alive on Oct. 9 1916, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) ... yrs. — mos. — ds.

(Signed) Frank Kuntzing M. D.

Oct 9, 1916. (Address) 321 N. Eden St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 5 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Marys Cemetery Govans — DATE OF BURIAL: Oct 12, 1916

20-UNDERTAKER: Chas. H. Jones Sons — ADDRESS: 118 N. Mt. Lane

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98809 — 129 — C98809

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. University Hospital St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Study

(Residence in Baltimore: No. University Hospital St.; yrs., mos. 7 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: Unknown, 1870 (Month) (Day) (Year)

7-AGE: 46 yrs. mos. ds. — If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Geo Eckard

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Susan ~~Husbaun~~

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Deceased

(Address):

15- Filed OCT 10 1916, 191 HARRY C. ATTEMUS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 3 1916, to Oct 10 1916, that I saw h[er] alive on Oct 10 1916, and that death occurred, on the date stated above, at 5.30 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolus

Subdural Fibroid of Uterus

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Operation

(Duration) yrs. mos. 5 ds.

(Signed) L. Perry Rous M. D.

10-10, 1916 (Address) Univ. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State yrs. life mos. ds.

Where was disease contracted, if not at place of death? Former residence

Former or usual residence Owings Mills Md

19-PLACE OF BURIAL OR REMOVAL, Silver Run Carroll Co — DATE OF BURIAL, Oct 10 16 191

20-UNDERTAKER H Bankert & Son — ADDRESS Westminster Md

Spec.—5-19-13—M. & T.—500 Bks.

C98810

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98810

CERTIFICATE OF DEATH.

13

78

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1276 Riverside Av ST.; 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Margaret Ballew

(Residence in Baltimore: No. 1276 Riverside Ave St.; 15 yrs., — mos., — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, March 4, 1880.
(Month) (Day) (Year)

7-AGE, 36 yrs. 7 mos. 4 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Harrisonburg Va.

PARENTS.

10-NAME OF FATHER, Edward L Russell

11-BIRTHPLACE OF FATHER (State or Country) Harpers Ferry Va

12-MAIDEN NAME OF MOTHER Louella A. Gaines

13-BIRTHPLACE OF MOTHER (State or Country) Rockingham Co Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Louella A. Russell

(Address) 1259 Battery ave

15- OCT 10 1916 HARRY C. ANDREWS

Filed ....., 191... Registrar. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 8, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 12 1916, to Oct 8 1916, that I saw her alive on Oct 8 1916, and that death occurred, on the date stated above, at 3.45 p m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 3 weeks yrs. mos. ds.

CONTRIBUTORY (Secondary) Fatty Degn Heart

(Duration) yrs. 5 mos. ds.

(Signed) L. J. Darlington M. D.

Oct 8, 1916 (Address) 1028 E Fort ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem

DATE OF BURIAL, Oct 10, 1916

20-UNDERTAKER J. Fenwick McCully

ADDRESS 929 E Fort ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98811 C98811

CERTIFICATE OF DEATH.

REGISTERED No. C 40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Mr. Harry Polonsky

(Residence in Baltimore: No. 1427 Gough St. St.: 3 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month), (Day), 1857 (Year)

7-AGE, 59 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Baltimore

15- Filed OCT 10 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1 1916, to October 10 1916, that I saw him alive on October 10 1916, and that death occurred, on the date stated above, at 3.40 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Duration (Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Bernard S. Jacobson M. D.

Oct. 10, 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 10 ds. In the State 3 yrs. mos. ds.

Where was disease contracted, if not at place of death? C. I

Former or usual residence 1427 Gough St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale

DATE OF BURIAL, 10/11/16, 191...

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Balto

Spec.—8-24-14—M. & T.—2000 Bks.

C98812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C98812

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 D. Fremont Ave ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie H. Turner

(Residence in Baltimore: No. 606 D. Fremont Ave St. Life yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 3, 1890 (Month) (Day) (Year)

7-AGE 26 yrs. 3 mos. 5 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, James Hanson

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Katie Eitel

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Annie H. Turner

(Address) 606 D. Fremont St.

15-

Filed OCT 10 1916, 191... HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 8, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 6 1916, to Oct. 8. 1916, that I saw h~~er~~ alive on September 26 1916, and that death occurred, on the date stated above, at 6 8 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. M. Diberth M. D.

Oct. 8, 191... (Address) 621 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Oct. 11, 1916

20-UNDERTAKER E. L. Stiffler ADDRESS 844 N 36th St

Spec.—8-24-14—M. & T.—2000 Blks.

B

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98813 64 C98813

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 Dover St., St.; 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Plantas

(Residence in Baltimore: No. 632 Dover St. St.; ..... yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 46 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emeline Plantas

(Address) 632 Dover St.

15- OCT 11 1916 Filed ..... 191.... ROBERT R. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 9 Oct (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 27 1916, to Oct 9 1916, that I saw him alive on Oct 8 1916, and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

..... (Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. 14 ds.

(Signed) W. A. Smith M. D.

Oct 10, 191 6 (Address) 632 Dover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Md

DATE OF BURIAL, Oct ....., 1916

20-UNDERTAKER J. E. Brown & Son

ADDRESS Ridgely Md

Spec.—5-19-13—M. & T.—500 Bks

C98814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C98814

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 643 W Hoffman ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaiah Hooper

(Residence in Baltimore: No. 643 W Hoffman St.; 60 yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, Sept (Month) 10 (Day), 18?? (Year)

7-AGE, 44 yrs. 1 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grocer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Ezekiel Hooper

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Annie Corey

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Hooper

(Address) 643 W Hoffman

15- Filed OCT 11 1916, 191 ROBERT R. KRAUTER, Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 3 1916, to Oct 9 1916, that I saw h[illegible] alive on Oct 8 1916, and that death occurred, on the date stated above, at 4[illegible] m.

The CAUSE OF DEATH* was as follows:

(a) Chronic Endocarditis

(Duration) 2 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Oct 10 1916 (Address) 800 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cem

DATE OF BURIAL, Oct 12, 1916

20-UNDERTAKER Edmund Hussey

ADDRESS 518 W Fayette

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98815 C98815

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2948 Cedar ave ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nancy C. Murphy.

(Residence in Baltimore: No. 2948 Cedar ave St.: yrs. 20 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, January 29, 1850 (Month) (Day) (Year)

7-AGE, 66 yrs. 8 mos. 10 da. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Keeper
(b) General nature of Industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Conrad Aulx

11-BIRTHPLACE OF FATHER (State or Country) Asked & not Known

12-MAIDEN NAME OF MOTHER Anna Barley

13-BIRTHPLACE OF MOTHER (State or Country) Asked & not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lillie Murphy

(Address) 2940 Cedar Ave

15- ROBERT B. KRAUTER

Filed OCT 11 1916 191.... Burial Permit Registered K

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH October 1, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to H.s death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart Disease

(Duration) ....yrs. ....mos. ....da.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....da.

(Signed) J. Wm. H. Forster M. D. (Coroner.)

Oct. 11. 1916 (Address) 3622 Roland ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....da. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Mary's Pk.	Oct 11. 1916
20-UNDERTAKER	ADDRESS
A. S. Marshall	3539 Fall Rd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98816 C98816

CERTIFICATE OF DEATH.

REGISTERED NO. C 63

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 741 W Lexington ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME Helen V. Hudson

(Residence in Baltimore: No. 741 W. Lexington St.; yrs., 6 mos. 14 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH. March 22, 1916 (Month) (Day) (Year)

7-AGE, yrs. 6 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Luther V Hudson

11-BIRTHPLACE OF FATHER (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER. Lena Gobel

13-BIRTHPLACE OF MOTHER (State or Country). Manly N. J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Luther V. Hudson

(Address) 741 W. Lexington St

15- Filed OCT 11 1916 191 ROBERT R. KRAUTER Registrar

BURIAL Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct. 10, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 9 1916, to Oct 10 1916, that I saw h[illegible] alive on Oct 9 1916, and that death occurred, on the date stated above, at 1:30 a m.

The CAUSE OF DEATH* was as follows:

Infantile Paralysis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Harry Glassman M. D.

Oct. 10, 1916 (Address) 268 W. Walbrook St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cem

DATE OF BURIAL. Oct 11, 1916

20-UNDERTAKER Harry A. Ehlen

ADDRESS 1944 N North Ave

B

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98817

CERTIFICATE OF DEATH.

91 C98817

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 East 25th St. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Marian Jappie Blackshear

(Residence in Baltimore: No. 104 East 25th St.; 0 yrs., 11 mos. 27 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (Write the word.) Widowed

6-DATE OF BIRTH, July (Month) 7 (Day), 1837 (Year)

7-AGE, 79 yrs. 3 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Georgia

PARENTS.

10-NAME OF FATHER, Charles Cotton

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Elizabeth W. Bullock

13-BIRTHPLACE OF MOTHER (State or Country), Georgia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles C. Blackshear

(Address) 104 East 25th St.

15-

Filed OCT 11 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 11th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 7th 1916, to Oct 11th 1916, that I saw h m alive on Oct 10th 1916, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ... yrs. ... mos. ... ds.

(Signed) Louis L. Hamburger M. D.

Oct. 11th, 191.6 (Address) 1207 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Macon Georgia — DATE OF BURIAL, Oct. 12th, 1916.

20-UNDERTAKER Henry W. Enkrist Sons Co — ADDRESS Bullock & Orchard Sts

B 98818

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 C98818

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 329 Bruce ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Asthur E. Hill

(Residence in Baltimore: No. 329 Bruce St.: yrs. 10 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Dec (Month) 28 (Day), 1915 (Year)

7-AGE: yrs. 9 mos. 18 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Walter Hill

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Ella Corbin

13-BIRTHPLACE OF MOTHER (State or Country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Hill

(Address) 329 Bruce St

15- OCT 11 1916 ROBERT R. KRAUTER Registrar.

Filed 191 Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct (Month) 10 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Entero-Colitis

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) yrs. mos. 2 hrs

(Signed) James M Fenton M. D. (Coroner.)

Oct 10 1916 (Address) 1001 Cherry St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: Oct 12 19 16

20-UNDERTAKER: Willett Bros

ADDRESS: 306 N Mount

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98819 40 C98819

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. U. S. Marine Hosp. ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Robertson

(Residence in Baltimore: No. U. S. Marine Hosp. St.; ..... yrs., ... mos. 10 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... (Month) ....., 1— (Day) (Year)

7-AGE, 53 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seaman
(b) General nature of industry, business, or establishment in which employed (or employer): Coastwise

9-BIRTHPLACE, (State or Country). Canada

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Records

(Address) .....

15- Filed OCT 11 1916, 191.. ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 10, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 30 1916, to Oct. 10 1916, that I saw h in alive on Oct. 10 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Duration: Not known

CONTRIBUTORY (Secondary) ..... Duration: ..... yrs. ..... mos. ..... ds.

(Signed) Chas. H. Vogel M. D.

Oct. 11, 1916 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 10 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Unknown

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, Oct. 11, 1916.

20-UNDERTAKER, Ellsworth & Son ADDRESS 3617 Eastern ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98820 120 C98820

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1423 W. Lanvale ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Perry C. Crum

(Residence in Baltimore: No. 1423 W Lanvale St.; 56 yrs., 8 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ... Jan (Month) 29 (Day), 1860 (Year)

7-AGE, 56 yrs. 8 mos. 12 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Perry C. Crum

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Catherine Sheeler

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella V. Crum

(Address) 1423 W Lanvale St

15-OCT 11 1916 Filed ..... 191.....

ROBERT R. KRAUTER Registrar.

Burial Permit Oct

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 11th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 30 1916, to Oct 10 1916, that I saw h... alive on Oct 10 1916, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

(a) Apoplexy Hemiplegia

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) yrs. 2 mos. ds.

(Signed) Benj. L. Phillips M. D.

Oct. 11, 191.6 (Address) 1929 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Louden Park

DATE OF BURIAL, Oct. 12, 191.6

20-UNDERTAKER Chas E Franck

ADDRESS 802 Madison Av

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C98821

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98821

CERTIFICATE OF DEATH.

54

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 943 Stirling ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John R. Burrier

(Residence in Baltimore: No. 943 Stirling St.: 66 yrs. \ mos. (ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, not known (Month), 1 (Day) (Year)

7-AGE, last 66 yrs. \ mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Hack Driver
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto. md.

PARENTS.

10-NAME OF FATHER, James L. Burrier

11-BIRTHPLACE OF FATHER (State or Country), Balto. md

12-MAIDEN NAME OF MOTHER Sarah E. Ireland

13-BIRTHPLACE OF MOTHER (State or Country), Balto. md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Elizabeth Burrier

(Address) 943 Stirling St.

15- Filed OCT 11 1916 ROBERT A. KRAUTER Registrar. for Burial Permit.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 9th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 16th 1916, to Oct 9th 1916, that I saw h[illegible] alive on Oct 8th 1916, and that death occurred, on the date stated above, at 10:35 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. E. Stone M. D.

Oct 11 1916 (Address) 601 E. Eager

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer Cemetery

DATE OF BURIAL. Oct 12, 1916

20-UNDERTAKER Denny Hock & Son

ADDRESS 1301 E. Eager St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C98822

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98822

CERTIFICATE OF DEATH

92

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George West.

(Residence in Baltimore: No. 2924 Fenwick Avenue St.; 51 yrs. 1 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married.

6-DATE OF BIRTH: August (Month) 27 (Day), 1865 (Year)

7-AGE: 51 yrs. 1 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): Freight Yard.

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: not known

11-BIRTHPLACE OF FATHER (State or country): not known

12-MAIDEN NAME OF MOTHER: not known

13-BIRTHPLACE OF MOTHER (State or country): not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Margaret West

(Address) 2924 Fenwick Ave

15-

Filed OCT 11 1916, 191.. ROBERT B. KRAUTER REGISTRAR

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 15, 1916, to, October 10 1916, that I saw h... alive on October 10 1916, and that death occurred, on the date stated above, at 9.45 P m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia. (Right Lower Lobe) Cardiac Insufficiency.

(Duration) ..... yrs ..... mos 14 ds.

Contributory (SECONDARY) Agitated Depression

(Duration) ..... yrs 2 mos 25 ds.

(Signed), Nathaniel H Brush. M. D.

Oct 10, 1916. [Address] Johns Hopkins Hospital

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos X.5 ds. In the State 51 yrs 1 mos 13 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 2934 Fenwick Ave

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: Oct 13, 1916

20-UNDERTAKER: Henry Horche-Son ADDRESS: 1301 E Eager St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98823

CERTIFICATE OF DEATH.

74 C98823

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Katherine Bohn

(Residence in Baltimore: No. 2205 E. Baltimore St. St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Nov 24 (Month), 24 (Day), 1875 (Year)

7-AGE, 40 yrs. 10 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Conrad Bock

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Rothrock

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Bohn

(Address) 2205 E Balto St

15- Filed OCT 11 1916 191... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 16 1916, to Oct 10 1916, that I saw h[illegible] alive on Oct 10 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Cerebral Tumor

Exhaustion

(Duration) ...yrs. 7 mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ...yrs. ...mos. ...ds.

(Signed) W. Krauter M. D.

Oct 12, 1916. (Address) Church Home & Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 4 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2205 East Balto St Balto City

19-PLACE OF BURIAL OR REMOVAL Baltimore Cemetery DATE OF BURIAL, Oct 13 1916

20-UNDERTAKER H. Sander Sons ADDRESS 17 W Fleet St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C98824 — 56 C98824

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr. William H. Hardtner

(Residence in Baltimore: No. 92 Marston ave. N. St.; Life yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April (Month) 1st (Day) 1865 (Year)

7-AGE, 51 yrs. 6 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jno L Hardtner

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Elizabeth Carrick

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore County

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm H Braun

(Address) 922 N Carrollton ave

15- OCT 11 1916 Filed....., 191... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 10 1916, to Oct. 11 1916, that I saw him alive on Oct 10 1916, and that death occurred, on the date stated above, at 2.15 A m.

The CAUSE OF DEATH* was as follows:

Heart failure

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Delerium Tremens

(Duration) yrs. mos. 2 ds.

(Signed) Albert F Chambers M. D.

....., 191... (Address) 1012 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths FROM VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Hill — DATE OF BURIAL, Oct. 13, 191...

20-UNDERTAKER W. Pietrowski Sons — ADDRESS Howard

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98825

CERTIFICATE OF DEATH.

170 C98825

REGISTERED NO. C.....

1-PLACE OF DEATH Baltimore

CITY OF BALTIMORE: (No. 1528 E. Lafayette St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Ann Johnson

(Residence in Baltimore: No. 1528 E. Lafayette St.; — yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	White	Widow

6-DATE OF BIRTH, July (Month) ..... (Day) ....., 1826 (Year)

7-AGE, 90 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Work
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Woodstown N J

PARENTS.

10-NAME OF FATHER, Samuel Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ruth Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ada E. Mayhew

(Address) 1528 E. Lafayette Ave

15- Filed OCT 11 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1916, to Oct 6 1916, that I saw her alive on Oct 6 1916, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

..... (Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) —

..... (Duration) yrs. mos. ds.

(Signed) P. B. Davis Per Louis Eckhardt M. D.

Oct 11, 1916 (Address) 614 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Woodstown N. J. DATE OF BURIAL, Oct. 8, 1916

20-UNDERTAKER W. T. Adams & Son ADDRESS Woodstown

Not Enough Too Ill Moved

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98826

CERTIFICATE OF DEATH.

15 C98826

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; H WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Snyder (col)

(Residence in Baltimore: No. Mercy Hospital St.: ..... yrs., mos. 1 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct (Month) 7 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. 2 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Andrew A Snyder.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Carrie Luckhardt

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Snyder

(Address) 1402 W. Franklin

15-Filed OCT 11 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 8 1916, to Oct 9 1916, that I saw h[illegible] alive on Oct 9 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

..... Prematurity .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward A Smith M. D.

Oct 9, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. mo. 2 ds. In the State ..... yrs. ..... mos. 2 ds.

Where was disease contracted, if not at place of death? Mercy Hosp

Former or usual residence Mercy Hosp

19-PLACE OF BURIAL OR REMOVAL, St Evangelical DATE OF BURIAL, Oct 11, 1916

20-UNDERTAKER Chas A Kehoe & Son ADDRESS 1130 Penna Ave

W 251 Sanders

C98827

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98827

CERTIFICATE OF DEATH.

167

REGISTERED NO. C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sandy (or Daisy) Green

(Residence in Baltimore: No. 1113 Oliver St

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) ?

6-DATE OF BIRTH,

....., 1 .....
(Month) (Day) (Year)

7-AGE, About Nine Months

.....yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

FILED OCT 11 1916, 191. HARRY C. ANDREWS Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 1, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns accidentally

received at

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Upsetting of a Coal oil Lamp

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm Fuchs M. D.
(Coroner.)

Oct 8, 191.. (Address) 1651 Lee

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 7 days yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, ..., 19....

20-UNDERTAKER Celebrezze | ADDRESS

FOR ANATOMICAL PURPOSES

C98828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C98828

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST.: 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown

(Residence in Baltimore: No. Unknown St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Unknown

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, 30 yrs. ..... mos. ..... ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Unknown
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, //

11-BIRTHPLACE OF FATHER (State or Country), //

12-MAIDEN NAME OF MOTHER //

13-BIRTHPLACE OF MOTHER (State or Country), //

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-
Filed OCT 11 1916, 191... HARRY C. ANDREWS Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said I (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert E. Driscoll M. D.
Oct 9, 1916 (Coroner) (Address) 612 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, ..., 19....

20-UNDERTAKER | ADDRESS

(98829) (98829)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

REGISTERED No. C.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1828 Hartford ave ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Muray

(Residence in Baltimore: No. 1828 Hartford ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widower

6-DATE OF BIRTH: Oct. 26 1858 (Month) (Day), 1 (Year)

7-AGE: 57 yrs. 11 mos. 13 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Henry Muray

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Maggie Mullen

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George H. Muray

(Address) 1910 Harford ave

15- OCT 11 1916 Filed, 191 HARRY [illegible] ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct. 9 1916 (Month) (Day) (Year), 191

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Ross Snively M. D. (Coroner)

Oct 10 1916 191 (Address) N E DIST

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Mary Lawn Hampden

DATE OF BURIAL: Oct 11th 1916

20-UNDERTAKER: George L. Ruth

ADDRESS: 1735 Harford Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98830 C98830

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lyon C. Stevenson (Transient)

(Residence in Baltimore: No. Mercy Hospital St.; two yrs. four mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Married

6-DATE OF BIRTH: Sept 1st, 1882 (Month) (Day) (Year)

7-AGE: 34 yrs. 1 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Mining Engineer 453

(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country): Nevada

PARENTS.

10-NAME OF FATHER: Edward S Stevenson

11-BIRTHPLACE OF FATHER (State or Country): Michigan

12-MAIDEN NAME OF MOTHER: Mary J. Eddie

13-BIRTHPLACE OF MOTHER (Strte or Country): Canada

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Mercy Hosp

(Address): Calvert St

15- Filed OCT 11 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct 10, 191.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 10 191 6, to Oct 10 191 6, that I saw him alive on Oct 10 191 6, and that death occurred, on the date stated above, at 9:20 P. m.

The CAUSE OF DEATH* was as follows:

Erysipelas of Head and Face

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary), Edema of Larynx

(Duration) yrs. mos. ds.

(Signed) Edward Swarth M. D.

Oct 10, 191.. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 4 yrs. 4 mos. ds. In the State two yrs. mos. ds.

Where was disease contracted, if not at place of death? Newburg W. Va.

Former or usual residence Newburg W. Va.

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL, 10/12, 191.

20-UNDERTAKER: Geo. W. Mears & Co — ADDRESS 805 N. Calvert St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98831 48 C98831

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1550 Light St.; 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Wode

(Residence in Baltimore: No. 1550 Light St.; 68 yrs., 7 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. [illegible]

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, March 11, 1848 (Month) (Day) (Year)

7-AGE, 68 yrs. 7 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, John Stroltman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Kate Schultz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Stroltman

(Address) 134 S. Charles St

15- OCT 11 1916 Burial Permit Clerk
Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 10, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 30 " 1916, to Oct 10 1916, that I saw her alive on Oct 2 " 1916, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 10 yrs. mos. ds.

(Signed) [illegible] M. D.

Oct 10, 1916 (Address) 1738 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery; DATE OF BURIAL, Oct. 12, 1916

20-UNDERTAKER, H. & M. Flynn; ADDRESS, 722 Light

Spec.—8-24-14—M. & T.—2000 Blks.

13

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

(98832) 79 (98832)

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 N Carlton ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME Otho Reynolds

(Residence in Baltimore: No. 11 N. Carlton St.; 43 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH INK OR INDELIBLE PENCIL.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June 1, 1875 (Month) (Day) (Year)

7-AGE, 41 yrs. 9 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Gas Co.

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER. Oliver Reynolds

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Sarah Bell

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Reynolds

(Address) 11 N Carlton St

15- OCT 12 1916 ROBERT B. KRAUTER

Filed ..... 191.... Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 10, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 5 1916, to Oct 10 1916, that I saw h— alive on Oct 7 1916, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. mos. 7 ds.

(Signed) E. F. Norwood M. D.

Oct 10, 1916 (Address) 937 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Lebanon — DATE OF BURIAL, Oct 13, 1916

20-UNDERTAKER, John J. Cowan & Son — ADDRESS 701 Hollins St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98833 C98833

CERTIFICATE OF DEATH.

81

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1049 N. Front St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Mulligan Sr.

(Residence in Baltimore: No. 1049 N. Front St.; 66 yrs., — mos., — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Not known (Month), 1 (Day), ... (Year)

7-AGE, 71 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Labourer in Bottling
(b) General nature of industry, business, or establishment in which employed (or employer)..... Department

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Mulligan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country). Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Maggie Smallwood

(Address) 1049 N. Front St.

15-

Filed OCT 12 1916, 191..... ROBERT N. [illegible]
Registrar.

Burial Permit Oct 14

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 4 1916, to Oct 11 1916, that I saw h. alive on Oct 9 1916, and that death occurred, on the date stated above, at 9 10 a.m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis

..... (Duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Oedema of lungs

..... (Duration) — yrs. — mos. — ds.

(Signed) Richard Cross M. D.

10-11, 1916 (Address) 914 E. Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Cross Cemetery	Oct. 14., 1916.
20-UNDERTAKER	ADDRESS
Henry Wrede's Son	1301 E. Eager St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98834 C98834

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1708 Thames ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Herman Bilbos.

(Residence in Baltimore: No. 1708 Thames St.; ..... yrs., 7 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male Single

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, March 30", 1916
(Month) (Day) (Year)

7-AGE, ... yrs. 6 mos. 14 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Baltimore. Md.

PARENTS.

10-NAME OF FATHER, Pedro Bilbos.

11-BIRTHPLACE OF FATHER (State or Country), Spain.

12-MAIDEN NAME OF MOTHER Trifona Tovalla.

13-BIRTHPLACE OF MOTHER (State or Country), Spain.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Pedro Bilbos.

(Address) 1708 Thames St.

15- Filed OCT 12 1916 191.....

ROBERT B. KRAUTER
Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 5 1916, to Oct 12 1916, that I saw him alive on Oct 12 1916, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) J. Wade M. D.

Oct 12, 1916. (Address) 118 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Oct 12", 1916.

20-UNDERTAKER M. J. Sadowski. ADDRESS 705 S. Ann

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK.

C98835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C98835

REGISTERED No. C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 109 Federal St.; Ward) 9

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary E. Reuling

(Residence in Baltimore: No. 109 Federal St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH Feb 22, 1915 (Month) (Day) (Year)

7 AGE 1 yrs. 7 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: George Reuling

11 BIRTHPLACE OF FATHER (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Anna Mead

13 BIRTHPLACE OF MOTHER (State or country): Baltimore

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. Reuling

(Address) 109 Federal St.

OCT 12 1916 ROBERT R. KRAUTER

Filed ..., 191.. Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 10th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1916, to Oct 10 1916, that I saw h[illegible] alive on Oct 10, 1916, and that death occurred, on the date stated above, at 8 00 m.

The CAUSE OF DEATH* was as follows:

Broncho. pneumonia

(Duration) ... yrs. ... mos. 4 ds

Contributory (SECONDARY) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) E. A. Hayward M. D.

10/11, 1916 (Address) 8382 Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Most Holy Redeemer City — DATE OF BURIAL: Oct 12, 1916

20 UNDERTAKER: E. A. Wiedefeld Jr — ADDRESS: 2113 Guilford

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98836 C98836

CERTIFICATE OF DEATH.

29

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 S Kenwood ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva Baranaski

(Residence in Baltimore: No. 1102 S Kenwood St.; 40 yrs., 3 mos. da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 15 (Day), 1876 (Year)

7-AGE, 40 yrs. 3 mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Joseph Kalamuka

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER not Known

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Baranowska

(Address) 1102 S. Kenwood Ave

15- Filed OCT 12 1916, 191 ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 10 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 7 191 6 to Oct 9 191 6, that I saw h[illegible] alive on Oct 9 191 6, and that death occurred, on the date stated above, at 40 m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis

about 1

(Duration) yrs. 1 mos. ~~11~~ da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) [illegible] M. D.

Oct 10, 191[illegible] (Address) 1116 S Kenwood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Cem — DATE OF BURIAL, Oct 13, 191 6

20-UNDERTAKER Stephen J Fialkowski — ADDRESS 1102 S Kenwood Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C98837

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98837

151

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Garrett Hosp.

REGISTERED NO. C

CITY OF BALTIMORE: (No. 27 N. Carey ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Luthardt

(Residence in Baltimore: No. 756 Ramsay St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE. White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Aug 10 (Month) (Day) 1916 (Year)

7-AGE, ... yrs. 2 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Balt Md

PARENTS.

10-NAME OF FATHER, Herman Luthardt

11-BIRTHPLACE OF FATHER (State or Country) Balto Md.

12-MAIDEN NAME OF MOTHER Lilly Wehrn

13-BIRTHPLACE OF MOTHER (State or Country) Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs L. Luthardt

(Address) 756 Ramsay St

15- Filed OCT 12 1916, 191.. ROBERT R. KRAUTER Burial Permit Clerk. Registrar. R.R.K.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 12th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 20 1916, to Oct 11 1916, that I saw h[illegible] alive on Oct 11 1916, and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

Marasmus

Malnutrition

..... (Duration) ..... yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Walter B Platt M. D.

Oct 12 1916 (Address) 702 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 22 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Oct 13, 1916
20-UNDERTAKER	ADDRESS
Ed Leinbrecher	617 W Pratt

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

C98838

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

93

C98838

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1230 S.Charles st. St. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank C.Ferguson

(Residence in Baltimore: No. 1230 S.Charles st. St.; yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Aug. (Month) 17 (Day), 1878 (Year)

7-AGE: 38 yrs. 1 mos. 24 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): South Carolina

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): South Carolina

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): South Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edith Ferguson

(Address) 1230 S.Charles st.

15-

Filed OCT 12 1916 ROBERT P. KRAUTER REGISTRAR

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct. (Month) 11/16. (Day), 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct.8/16, 191, to, Oct.11/16 191, that I saw him alive on Oct.11/16 191, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Acute Pleurisy

(Duration) yrs. mos. 3 ds.

Contributory (SECONDARY) Acute Alcoholism.

(Duration) yrs. mos. 3 ds.

(Signed) Henry Hutchinson M. D.

Oct.12/16 191 [Address] 933 Hanover st.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenville S. Ca. DATE OF BURIAL: Oct 12 1916

20-UNDERTAKER: F.A. Krause ADDRESS: 703 Hanover

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

98839 — 172C98839

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry E. Henry

(Residence in Baltimore: No. 726 W. Fayette St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widower

6-DATE OF BIRTH, Dec. 4th; 1878
(Month) (Day) (Year)

7-AGE, 37 yrs. 10 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bartender
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jno. E. Henry

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Annie E. Kelly

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Sargent

(Address) Atlantic City N.J.

15- Filed OCT 12 1916 191.....

ROBERT B. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 12, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 4 1916, to Oct 10 1916, that I saw h—m alive on Oct 10 1916, and that death occurred, on the date stated above, at 4:20 m.

The CAUSE OF DEATH* was as follows:

Bilateral Pneumonia.

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) yrs. mos. 5 ds.

(Signed) [illegible] M. D.

Oct 11, 1916. (Address) Church Home

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State (4) yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 726 W Fayette

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Oct. 13 191.6

20-UNDERTAKER Graham F. Walker — ADDRESS 723 W Fay

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98840

CERTIFICATE OF DEATH.

170

C98840

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bellevieu Apartments ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Fannie Thalheimer Hirshberg

(Residence in Baltimore: No. Bellevieu Apts, Madison Ave & Bloom St.: 61 yrs., 2 mos. 2 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH INK.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female.

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~; (Write the word.) Married

6-DATE OF BIRTH, August (Month) 8th (Day), 1855 (Year)

7-AGE, 61 yrs. 2 mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto, Md. U.S.A.

PARENTS.

10-NAME OF FATHER, Kaufman Thalheimer, dec.

11-BIRTHPLACE OF FATHER (State or Country). Saxony, Germany

12-MAIDEN NAME OF MOTHER H. Thalheimer

13-BIRTHPLACE OF MOTHER (State or Country), Saxony, Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Son, Leonard

(Address) 1437 Madison Ave

15-

Filed OCT 12 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 10 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct 6 1916, to October 10 1916, that I saw h[er] alive on Oct 10 1916, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemic poisoning

(Duration) 5 yrs. mos. ds.

(Signed) Warren Buckler M. D.

Oct 12 1916. (Address) 606 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship

DATE OF BURIAL, Oct 14, 1916

20-UNDERTAKER J. Ahrens & Co

ADDRESS 16 Arnold ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98847 C98847

CERTIFICATE OF DEATH.

x 79

1-PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE: (No. Md General Hosp WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos Green

(Residence in Baltimore: No. Relay Md. St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word.) Single

6-DATE OF BIRTH, ..., 1871
(Month) (Day) (Year)

7-AGE, 45 yrs. .....mos. .....ds.

If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, ...

11-BIRTHPLACE OF FATHER (State or Country), ...

12-MAIDEN NAME OF MOTHER .....

13-BIRTHPLACE OF MOTHER (State or Country), ...

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed OCT 12 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 11, 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct 10 1916, to Oct 11 1916, that I saw h m alive on Oct 11 1916, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows: Myocarditis, acute Cardiac dilatation and acute Cardiac Failure

(Duration) .....yrs. .....mos. 1 ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs. .....mos. .....ds.

(Signed) Edmund Stuart Gamble M. D.

10-11-, 1916 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. 1 ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Relay Md.

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, ..., 191...

20-UNDERTAKER | ADDRESS

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A LEGAL DOCUMENT.

Commissioner Health.

FOR ANATOMICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98842 × 180 C98842

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hosp St. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ary Crawley

(Residence in Baltimore: No. Farmville Va St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH. ....., 1872
(Month) (Day) (Year)

7-AGE. 24 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed ....., 191.... Registrar.

OCT 12 1916 HARRY C. ANDREWS

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 3 1916, to Sept 26, 1916, that I saw h[illegible] alive on Sept 25 1916, and that death occurred, on the date stated above, at 12 Noon.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial
Nephritis & Myocarditis
Hypostatic Pneumonia

..... (Duration) ..... yrs. ..... mos. 22 ds.

CONTRIBUTORY (Secondary) Uremic Coma

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Edward Wiseman M. D.

9-27, 1916 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 22 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Farmville Va

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL. ....., 191...
20-UNDERTAKER	ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK.

C98843 C98843 184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Sound in alley to West of Send to the Morgue for body & Nurse it.

1-PLACE OF DEATH No. 1600 block REGISTERED No. C

CITY OF BALTIMORE (No. [illegible] St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.) Home

2-FULL NAME Unknown Coroner

(Residence in Baltimore: No. Unknown St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Oct. (Month) 4 (Day), 1916 (Year)

7-AGE. About 1 hour ..... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Jones

(Address) North East Police Station

15-

Filed ....., 191.... Registrar.

OCT 12 1916 Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck by a coal Tight Gy Auto Truck

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Hillstein M. D.
(Coroner)
Oct 6, 1916 (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C98844

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98844

CERTIFICATE OF DEATH.

REGISTERED No. C 169

1-PLACE OF DEATH

CITY OF BALTIMORE (No. [illegible] ST.: 4 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME [illegible]

(Residence in Baltimore: No. 4 and Pier 6, Pratt St. St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	?

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
and 60 yrs	....hrs. or....min.?
....yrs....mos....ds.	

8-OCCUPATION:
(a) Trade, profession, or particular kind of work [illegible]
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), [illegible]

PARENTS.

10-NAME OF FATHER, [illegible]

11-BIRTHPLACE OF FATHER (State or Country), [illegible]

12-MAIDEN NAME OF MOTHER [illegible]

13-BIRTHPLACE OF MOTHER (State or Country), [illegible]

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, [illegible] Oct 2, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said [illegible] (Inquest, autopsy or inquiry.) and that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows: [illegible]

(Duration)...yrs.....mos.....ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration).....yrs.....mos.....ds.

(Signed) [illegible] M. D. (Coroner)

Oct 8 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
	....., 19....
20-UNDERTAKER [illegible]	ADDRESS

OCT 12 1916

Burial Permit Clerk

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C98845

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98845 184

Send to The Morgue

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. In a Swan Point car ... St. 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown

(Residence in Baltimore: No. Unknown St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	Blk	Single

6-DATE OF BIRTH, About the 1st (Month) (Day) 1914 (Year)

7-AGE, ... yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Supposed Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas S. Sims

(Address) Western Ave. Police St.

15- Filed ..., 191... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, About Oct 3 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning

(Duration) ... yrs. ... mos. 1 da.

CONTRIBUTORY (Secondary) The Old Boy

(Duration) ... yrs. ... mos. ... da.

(Signed) C. Matthews (Coroner) M. D.

Oct 6, 191 6 (Address) 849 W Lee

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, PUBLIC CEMETERY — DATE OF BURIAL, ..., 19...

20-UNDERTAKER — ADDRESS

OCT 12 1916 Health Department Burial Permit Issued

Commissioner of Health.

Spec.—8-24-14—M. & T.—2000 Bks.

C98846

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98846

CERTIFICATE OF DEATH.

15 151

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2500 Fait Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margeret Hutchens

(Residence in Baltimore: No. 2500 Fait Ave St.; ..... yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Oct. (Month) 9 (Day), 916 (Year)

7-AGE, 0 yrs. 0 mos. 3 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Elmer Hutchens

11-BIRTHPLACE OF FATHER (State or Country). Dorchester Co. Md.

12-MAIDEN NAME OF MOTHER. Margeret Lenn

13-BIRTHPLACE OF MOTHER (State or Country). Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elmer Hutchens

(Address) 2500 Fait Ave

15-

Filed OCT 12 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct. (Month) 12 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 9 1916, to Oct 12 1916, that I saw h.. alive on " 11 1916, and that death occurred, on the date stated above, at 5 9 m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(6½-7 mo Foetus)

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Chas. D. Kerr M. D.

10/12/16, 191... (Address) 408 E Lex St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. 1st Evangelical Cem

DATE OF BURIAL. Oct 12 1916

20-UNDERTAKER A Sauder Sons

ADDRESS 100 Park Ave

C98847

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C98847

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 577 Carlton — St.: 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Gertrude Gosnell

(Residence in Baltimore: No. 517 Archer St.: 7 yrs. 6 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Mar. 24, 1887 (Month) (Day) (Year)

7 AGE: 29 yrs. 6 mos. 17 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House-
(b) General nature of industry, business, or establishment in which employed (or employer): Work

9 BIRTHPLACE (State or country): City

PARENTS

10 NAME OF FATHER: Patrick Boyle

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine Mary

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Marie Gosnell

(Address) 517 Archer St

15 OCT. 12 1916 Filed ....., 191.. HARRY C. ANDERSON Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct. (Month) 12 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 4, 1916, to Oct 12, 1916, that I saw her alive on Oct 11, 1916, and that death occurred, on the date stated above, at 10 30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 8 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Emery Hoen M. D.

Oct 12, 1916 (Address) 729 Columbian

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Cross Hardd

DATE OF BURIAL: Oct 12, 1916

20 UNDERTAKER: Hurt Comm Co

ADDRESS: 701 Holland

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C98848 HEALTH DEPARTMENT—CITY OF BALTIMORE C98848

CERTIFICATE OF DEATH.

REGISTERED NO. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 740 N. Franklin St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Horace L Burke

(Residence in Baltimore: No. 740 N. Franklin St.; ... yrs., 1 mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Blk

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown (Month), 1881 (Day) (Year)

7-AGE. 35 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Jacob Burke

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER. Belinda Thomas

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel Easton

(Address) 916 Penna ave

15- Filed OCT 12 1916, 191... HARRY C. ARMSTRONG Registrar. Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. October (Month) 12th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 9th 1916, to Oct 11th 1916, that I saw him alive on Oct 11th 1916, and that death occurred, on the date stated above, at 5.00 a m.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Meningitis

(Duration) ... yrs. ... mos. 5 ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Geo. H. Kamperschroer M. D.

Oct 12, 1916 (Address) 2218 N. Monroe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. West River Md — DATE OF BURIAL. Oct 13, 1916

20-UNDERTAKER Daniel Easton — ADDRESS 916 Penna ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98849 C98849

CERTIFICATE OF DEATH.

109

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 E. Eager ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia McGrann

(Residence in Baltimore: No. 606 E. Eager St.; — yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH. March 12, 1860 (Month) (Day) (Year)

7-AGE. 56 yrs. 6 mos. 27 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). Work

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. Patrick Donohue

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. dont Know

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm McGrann

(Address) 606 E. Eager St.

15-

Filed OCT 12 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct. (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 8 1916, to Oct 10 1916, that I saw h— alive on Oct 10 1916, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Bronchitis

(Duration) .... yrs. .... mos. 2 ds.

CONTRIBUTORY (Secondary) Hernia Umbilical (Duration) 10 yrs. .... mos. .... ds.

(Signed) James H. Fowler M. D.

Oct 12 1916 (Address) 1 S. E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Peters Cemetery

DATE OF BURIAL. Oct 13, 1916

20-UNDERTAKER F. C. Nudefeld

ADDRESS 904 Fremont Ave

(98850) HEALTH DEPARTMENT—CITY OF BALTIMORE 17 (98854)

CERTIFICATE OF DEATH.

REGISTERED No. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospital ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. John Wm Pollock

(Residence in Baltimore: No. 2004 Greenmount ave St.; yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, Nov (Month) 10 (Day), 1888 (Year)

7-AGE, 27 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Electric Co

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm A Pollock

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Sadie Hutzelberger

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt Pollock

(Address) 2004 Greenmount ave

15- OCT 12 1916 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Skull accidental
from fall from tree
(Base of Skull)
(Duration) yrs. mos. 3 hr.

CONTRIBUTORY (Secondary) Hemorrhage of
Brain (Duration) yrs. mos. 2 hr.

(Signed) James McKenzie M. D.
(Coroner.)

Oct 12 1916 (Address) 70 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1/4 ds. In the State 2 yrs. mos. ds.

Where was disease contracted, if not at place of death? Woods Nr Franklin Rd Hutton

Former or usual residence 1443 Argyle ave

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Oct 13 1916

20-UNDERTAKER H. C. Wiedefeld — ADDRESS 614 Greenmount ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C9885

HEALTH DEPARTMENT—CITY OF BALTIMORE

63 + C9885

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 E. Madison ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Loy

(Residence in Baltimore: No. 1502 E. Madison St St.; 1 yrs., 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH. Nov. 15, 1914
(Month) (Day) (Year)

7-AGE, 1 yrs. 11 mos. ds. If LESS than 1 day, hrs. or mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Neal Loy

11-BIRTHPLACE OF FATHER (State or Country), Va,

12-MAIDEN NAME OF MOTHER Beatrice Woods

13-BIRTHPLACE OF MOTHER (State or Country), Va,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Neal Loy

(Address) 1502 E. Madison St

15-

Filed OCT 12 1916 HARRY C. ANDREWS

191 Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 11, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1916, to Oct. 11, 1916, that I saw her alive on Oct. 11, 191, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Acute pulmonary tb

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Oct. 12, 1916 (Address) 1520 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lowell cemetery — DATE OF BURIAL, Oct. 12, 1916

20-UNDERTAKER A. C. Gross — ADDRESS 708 N. Gilmore

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172

C98852

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 734 E.Fort Ave. ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Annie Suesse.

(Residence in Baltimore: No. 734 E.Fort Ave. St.: 1. yrs., 3 mos. 22 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single.

6-DATE OF BIRTH, June 20th. 1915. (Month) (Day) 1 (Year)

7-AGE, 1 yrs. 3 mos. 22 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, August Suesse.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Ellen Smith.

13-BIRTHPLACE OF MOTHER (State or Country), Trenton N.J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Ellen Suesse. (Mother.)

(Address) 734 E.Fort Ave.

15- OCT 12 1916 HARRY [illegible]

Filed ....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 12th. 1916. (Month) (Day) , 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Concussion of the Brain.
Accidental fall.

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Down steps at home,

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

....., 191... (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem

DATE OF BURIAL, ..., 19...

20-UNDERTAKER E. Schloman & Son

ADDRESS 1039 W. Pratt

Spec.—8-24 14—M. & T.—2000 Bks.

(98853) 28 (98853)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2400 Francis St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Minnie S. Sullivan

(Residence in Baltimore: No. 2400 Francis St. St.; 27 yrs. 8 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan 16, 1889 (Month) (Day) (Year)

7-AGE, 27 yrs. 8 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Geo Geyer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Velma Hoock

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Williams D. Sullivan

(Address) 2400 Francis St.

15- Filed OCT 12 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 10, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to Oct 10 1916, that I saw her alive on Oct 10 1916, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) O. A. Lloyd M. D.

Oct 10, 1916 (Address) 2405 Fenwick Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Western Cem — DATE OF BURIAL, Oct 13, 1916

20-UNDERTAKER C. Schloman & Son — ADDRESS 1039 Hanover St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1920 C98854

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 W Fayette ST. 18 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E Hewett

(Residence in Baltimore: No. 1014 W Fayette St.; 67 yrs. 2 mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Aug (Month) 11 (Day), 1849 (Year)

7-AGE, 67 yrs. 2 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Printer
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Ralph Hewett

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Elizabeth Shivers

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jane E. Hewett

(Address) 1014 W. Fayette St

15- Filed OCT 12 1916, 191... HARRY C. ANDREWS Registrar.

Burial Permit ... Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5th 191... to October 11th 1916, that I saw him alive on Oct 10th 1916, and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(Duration) ... yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) uremia

(Duration) ... yrs. mos. 2 ds.

(Signed) Harry Glassman M. D.

Oct. 11, 1916 (Address) 2687 Wilkins Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Oct 13 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98855 C98855

CERTIFICATE OF DEATH.

1920

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 W. Lee ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry F. Roberts

(Residence in Baltimore: No. 507 W Lee St.; 50 yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ....., (Day) 1865 (Year)

7-AGE, 51 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Produce
(b) General nature of industry, business, or establishment in which employed (or employer)..... Dealer

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Henry Roberts

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Henry Roberts

(Address)..... 507 W Lee St

15-

Filed OCT 12 1916, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 10 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 8 1916, to Oct 10 1916, that I saw h[illegible] alive on Oct 10 1916, and that death occurred, on the date stated above, at 10:30 p. m.

The CAUSE OF DEATH* was as follows:

Bright's Disease

(Duration) ..... yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Stomach

(Duration) ..... yrs. 1 mos. 7 ds.

(Signed) C. F. Thomas M. D.

Oct 11, 1916 (Address) 712 S. Bond St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn	Oct 12, 191...
20-UNDERTAKER	ADDRESS
John H. Bradenbaugh	[illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98856

CERTIFICATE OF DEATH.

28 C98856

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 770 Weache ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sidney Gettings

(Residence in Baltimore: No. 770 Weache St.; 17 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Dec (Month) 3 (Day), 1898 (Year)

7-AGE, 17 yrs. 10 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School Girl
(b) General nature of industry, business, or establishment in which employed (or employer). Girl

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER. Stonza Gettings

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER. Izzie Jones

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stonza Gettings

(Address) 770 Weache St

15-

Filed OCT. 12 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 24 191.... to Oct 10 1916, that I saw her alive on Oct 7 1916, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows: 1. Bronchitis 2. 3.

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) St Hamilton

(Duration) ....yrs. ....mos. 2 ds.

(Signed) C. H. Farren M. D.

Oct 12, 191 (Address) 712 S. Mount St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn

DATE OF BURIAL, Oct 13, 191...

20-UNDERTAKER John H. Loadenwasser

ADDRESS 1542 Westfield

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98857 C98857

CERTIFICATE OF DEATH.

REGISTERED NO. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 W. Preston ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Zora Sanders

(Residence in Baltimore: No. 306 W. Preston St.; 41 yrs., 1 mos. 1 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month), (Day), 1859 (Year)

7-AGE, 57 yrs. 1 mos. ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Samuel Jenifer

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sylvia Dodson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Saunders

(Address) 306 W. Preston St.

15- OCT 12 1916 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 10th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 21st 1916, to Oct 10th 1916, that I saw h er alive on Oct 10th 1916, and that death occurred, on the date stated above, at 9 45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) Not Known yrs. mos. ds.

CONTRIBUTORY (Secondary) Typhoid fever in August 1916

(Duration) yrs. 1 mos. 14 ds.

(Signed) Chas. J. Kellam M. D.

Oct. 12th, 1916. (Address) 222 W. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, Oct. 13., 1916

20-UNDERTAKER Wm. H. Holland

ADDRESS 517 Robert St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 C98858 — 119 — C98858

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 N. Carey ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriette S. Johnson

(Residence in Baltimore: No. 1315 N. Carey St St.; 30 yrs., 1 mos. 1 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widowed

6-DATE OF BIRTH: May (Month) 14 (Day), 1861 (Year)

7-AGE: 55 yrs. 4 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Chas. Anderson

11-BIRTHPLACE OF FATHER (State or Country): Canada

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Johnson

(Address) 1315 N. Carey St.

15 OCT 12 1916 HARRY C. ANDREWS

Filed....., 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 10 (Month) (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 5 1916, to Oct 10 1916, that I saw h[illegible] alive on Oct 10 1916, and that death occurred, on the date stated above, at 6 A.M. or P.M.

The CAUSE OF DEATH* was as follows:

Ac Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Anemia

(Duration) yrs. mos. ds.

(Signed) Geo. H. Bentley M. D.

Oct 11, 1916 (Address) 2137 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death: yrs. mos. ds. In the State: yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, Oct. 13, 1916

20-UNDERTAKER Geo. H. Holland — ADDRESS Robert St.

698859 HEALTH DEPARTMENT—CITY OF BALTIMORE 698859

CERTIFICATE OF DEATH

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH 1231 Division St. REGISTERED No. C

CITY OF BALTIMORE (No. Robert Stokes St.: 17 WARD)

2 FULL NAME Robert Stokes

(Residence in Baltimore: No. 1231 Division St.: 13 yrs. — mos. 29 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Sept. (Month) 13 (Day), 1903 (Year)

7 AGE: 13 yrs. 1 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): City

PARENTS

10 NAME OF FATHER: Lewis Stokes

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mamie Williams

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Mamie Stokes

(Address) 1231 Division Street

15 Filed OCT 14 1916, 19— ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 12 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 11, 1916, to Oct 12 1916, that I saw h in alive on Oct 12, 1916, and that death occurred, on the date stated above, at 10 3/4 a m.

The CAUSE OF DEATH* was as follows:

Acute Polio-myelitis
Autopsy showed Acute poliomyelitis J. Frederick Kauffman

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Edward J. Wheeler M. D.

Oct. 14. 1916 (Address) 1230 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt. Zion Cemetery

DATE OF BURIAL: Oct. 14, 1916

20 UNDERTAKER: Geo. W. Holland

ADDRESS: 517 Robert St.

3 D. In.

C98860

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 C98860

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 935 Linden Ave St. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Lee

(Residence in Baltimore: No. 935 Linden Ave St.; 2 yrs. — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Col.

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Oct. (Month) 5 (Day) 1886 (Year)

7-AGE: 30 yrs. — mos. 6 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: General housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Joseph Lee

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Lucy Merrick

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Victoria Brown

(Address) 935 Linden Ave.

15- Filed OCT 12 1916 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct. (Month) 11 (Day) 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1916, to, Oct. 11 1916, that I saw her alive on Oct. 11 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Ulcer of Stomach

(Duration) yrs 6 mos. ds.

Contributory (SECONDARY) Hemorrage from Stomach

(Duration) yrs mos. 2 ds.

(Signed) H. C. Pelletier M. D.

Oct 12 1916 [Address] 817 Hamilton Terrace

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Oct. 14 1916

20-UNDERTAKER: Geo. M. Holland

ADDRESS: 517 Robert St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13

C98861

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

C98861

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 917 McDonough St.; 7 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Nelson Carey

(Residence in Baltimore: No. 917 McDonough St.: 50 yrs. 1 mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 ~~MARRIED~~ ~~WIDOWED~~ ~~DIVORCED~~ (If any of the Word): Widowed

6 DATE OF BIRTH: Not Known (Month), (Day), 1836 (Year)

7 AGE: 80 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9 BIRTHPLACE (State or country): Va

PARENTS

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (State or country): Not known

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (State or country): Not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John T. Nichols

(Address) 917 McDonough St

15 Oct 12 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 12 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1916, to Oct 12 1916, that I saw ~~him~~ alive on Oct 12, 1916, and that death occurred, on the date stated above, at 6.15 P m.

The CAUSE OF DEATH* was as follows:

Senual Debelity

(Duration) yrs. mos. 5 ds

Contributory (SECONDARY) Coma

(Duration) yrs. mos. 1 ds.

(Signed) Alf S Gage M. D.

10/13/16, 191 (Address) 704 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: National Cemetery

DATE OF BURIAL: Oct 14, 1916

20 UNDERTAKER: Geo. H. Holland

ADDRESS 517 Roberts St.

C98862

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98862

CERTIFICATE OF DEATH.

175

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. New Cr Balto & Gay St. ST.) W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Viola Marker

(Residence in Baltimore: No. 1719 E. Pratt St.: yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb (Month) 25 (Day) 1 (Year)

7-AGE. 12 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE. (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Chas. R. Marker

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Amelia Magney

13-BIRTHPLACE OF MOTHER (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. R. Marker

(Address) 1719 E. Pratt

15- OCT 12 1916 Filed....., 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Injuries (received) received by Thoroughbred stud and dragged when ran by runaway (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Sudden

(Duration) yrs. mos. ds.

(Signed) W. T. Riley (Coroner.) M. D.

Oct 12, 1916 (Address) 16 E Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cem

DATE OF BURIAL. Oct 14, 1916

20-UNDERTAKER Wendell Dippel

ADDRESS Penn & Lombard

Spec.—8-24-14—M. & T. 2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9886 3

CERTIFICATE OF DEATH.

15 1

C9886 3

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. Hebrew Hospital St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Mark

(Residence in Baltimore: No. Hebrew Hospital St.; 5 hrs old yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct. (Month) 12 (Day), 1916 (Year)

7-AGE, ...yrs....mos....ds.

If LESS than 1 day, 5 hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Sol Mark

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rose Katz

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Baltimore St.

15-

OCT 13 1916

Filed....., 191.... ROBERT B. KRAUTER

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 12- 1916, to Oct. 12, 1916, that I saw her alive on Oct 12, 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity - This was a seven month baby.

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) N. W. Voge M. D.

Oct. 12, 191 6 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 hrs. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mortimer and Mount DATE OF BURIAL, 10/13, 191 6

20-UNDERTAKER Jack Lewis ADDRESS 1411 E Baltimore St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98864

CERTIFICATE OF DEATH.

92 C98864

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 N. Luzerne ST.; 6th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Lehmann

(Residence in Baltimore: No. 425 N. Luzerne St.; 45 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 18 (Day) 1853 (Year)

7-AGE, 63 yrs. 2 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. A. Lehmann

(Address) 425 N. Luzerne Ave

15- OCT 13 1916

Filed 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 4 1916, to Oct. 10 1916, that I saw h[illegible] alive on [illegible] 1916, and that death occurred, on the date stated above, at 12 noon

The CAUSE OF DEATH* was as follows:

Coma Diabetes Mellitus

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Valvular Heart Disease (Duration) 3 yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

Oct 17, 1916. (Address) 2602 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetary

DATE OF BURIAL, Oct 13, 1916

20-UNDERTAKER Christian Miller

ADDRESS [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

13 C98865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

80 C98865

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 Enson St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. A. Kreichton

(Residence in Baltimore: No. 1120 Enson St.; ..... yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, April 26, 1853 (Month) (Day) (Year)

7-AGE 63 yrs. 5 mos. 14 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Kreichton

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Charlotte Mass

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henrietta Kreichton

(Address) 1120 Enson St.

15-

Filed OCT 13 1916, 19..... Registrar.

Edward Hartman

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 11, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9.30 a.m. Oct. 11 1916, to 6 P.M. Oct. 11 1916, that I saw h[illegible] alive on October 11. 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Virginia Fever

(Duration) ..... yrs. ..... mos. 11 hrs. ..... ds.

CONTRIBUTORY (Secondary) Cerebro-Spinal

(Duration) ..... yrs. ..... mos. 6 hrs. ..... ds.

(Signed) Geo. H. Hartman M. D.

Oct. 12, 1916 (Address) 1124 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Loudown Park Cemetery DATE OF BURIAL, Oct. 16, 1916

20-UNDERTAKER H. C. Nudgent ADDRESS 1911 Fremont Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98866 152 C98866

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 Bentalou ave ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Helen & Jas P Egan

(Residence in Baltimore: No. 1112 Bentalou ave St.; ..... yrs.. ..... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, 10 (Month) 12 (Day) 1916 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or 1 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Jno P. Egan

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Helen Collins

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father

(Address) 1112 Bentalou ave

15-

OCT 13 1916 ROBERT R. KRAUTER

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10-12 1916, to 10-12 1916, that I saw h[illegible] alive on 10-12 1916, and that death occurred, on the date stated above, at 10 30 a.m.

The CAUSE OF DEATH* was as follows:

Premature Labor. Placenta Previa. Rupture of Uterus.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dr. Bernard Wise M. D.

11-12, 1916 (Address) 914 E. Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

13-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery DATE OF BURIAL, Oct 13, 1916

20-UNDERTAKER H. O. Middleton & Son ADDRESS Govans

C98867

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

113

C98867

REGISTERED NO. C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 344 E 23½ St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A. Calvert

(Residence in Baltimore: No. 344 East 23½ Street St.: 39 yrs. 2 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Aug 9th (Month) (Day), 1877 (Year)

7-AGE: 49 yrs. 2 mos. 2 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Musician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore C. Md,

PARENTS

10-NAME OF FATHER: William Calvert

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Eliza Hoofer

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elsie Calvert (Wife)

(Address) 844 E. 28½ Street

15-Filed OCT 13 1916 — 191

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct. 11th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 10, 1916, to Oct 11 1916, that I saw him alive on Oct. 10, 1916, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Hepatitis with complication

(Duration) — yrs. 3 mos. — ds

Contributory (SECONDARY) Asthma

~~General weakness~~ (Duration) ... yrs. ... mos. ... ds.

(Signed) David J. Reinhart, M. D.

Oct. 11, 1916 (Address) 2508 N. Calvert St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Cemty

DATE OF BURIAL: Oct 13, 191

20-UNDERTAKER: John H Owens

ADDRESS: 1112 Pine

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98868 **CERTIFICATE OF DEATH.** 104

REGISTERED No. C 98868

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 810 N. Calvert St. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Salzman

(Residence in Baltimore: No. 810 N. Calvert St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept (Month) 11 (Day), 1916 (Year)

7-AGE, ...yrs. 1 mos. ...ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Amelia Salzman

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia Salzman

(Address) 810 N. Calvert

15-

Filed OCT 13 1916 ROBERT R. KRAUTER

Burial Permit Clerk Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to *his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diarrhoea & Debilitas

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) 1 week

(Duration) ...yrs. ...mos. ...ds.

(Signed) W. J. Riley M. D.
(Coroner)

Oct 12, 1916 (Address) 1657 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, ..., 19...

20-UNDERTAKER Alby & Carey | ADDRESS

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98869 104 C98869

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeth's Home ST.; ~~Dupont~~ WARD) 4

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph P. Bradley

(Residence in Baltimore: No. St. Elizabeth's Home, St Paul St.; yrs., 5 mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Negro	

6-DATE OF BIRTH, ... (Month) ..... (Day), 1 (Year)

7-AGE, about 11 mos. ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed OCT 13 1916, M., 191.. ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 11th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 28th 1916, to Oct 10th 1916, that I saw him alive on Oct 10th 10:30 A.M. 1916, and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:

~~Pneumonia~~

Epilepsy

Exhaustion

..... (Duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchial Asthma

..... (Duration) ..... yrs. 5 mos. 8 ds.

(Signed) Edgar D. Friedenwald M. D.

Oct 12, 191 6 (Address) 1616 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 5 mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S. DATE OF BURIAL, ..., 191...

20-UNDERTAKER ADDRESS

C98870

HEALTH DEPARTMENT--CITY OF BALTIMORE

154 C98870

CERTIFICATE OF DEATH

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1346 Druid Hill Ave. St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Behr

(Residence in Baltimore: No. 134 N. Duncan St.; ..... yrs. ..... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Sept 14 (Month) ..... (Day) 1843 (Year)

7-AGE: 73 yrs. — mos. 29 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): None.

9-BIRTHPLACE (State or country): Germany.

PARENTS

10-NAME OF FATHER: Stof Kehm

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Stof Kehm

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W Behr

(Address) 134 N Duncan St

15- OCT 13 1916

Filed ..... 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct. 13 (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1- 191 6, to, Oct 13 191 6, that I saw h-er alive on Oct 10- 191 6, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) ..... yrs. ..... mos. 13 ds.

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. C. Blades M. D.

Oct 13 1916 [Address] 143 N. Bway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: Oct 16 191 6

20-UNDERTAKER: Chas. L. Jones ADDRESS: 1542 W. Bway

Spec.—8-24-14—M. & T.—2000 Bks.

C98871

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98871

CERTIFICATE OF DEATH.

37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 14 WARD)

REGISTERED NO. 37

(If death occurred in a hospital or Institution, give Its NAME Instead of street and number and fill out No. 18.)

2-FULL NAME Clinton Edmund Clift

(Residence in Baltimore: No. 1523 McCulloh St St.: yrs., mos. da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: February 21, 1883 (Month) (Day) (Year)

7-AGE: 33 yrs. 7 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Policeman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Oregon

PARENTS.

10-NAME OF FATHER: Wm. Edmund Clift

11-BIRTHPLACE OF FATHER (State or Country): Scotland

12-MAIDEN NAME OF MOTHER: Anna Winsor

13-BIRTHPLACE OF MOTHER (State or Country): Oregon

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Smith

(Address) Johns Hopkins Hospital

15- Filed OCT 13 1916, 191.. ROBERT R. KRAUTER Burial Permit 9143 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: October 11, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 3 1916, to October 11 1916, that I saw him alive on October 11 1916, and that death occurred, on the date stated above, at 2.40 a m.

The CAUSE OF DEATH* was as follows:

Sy. Paralysis of Central Nervous System

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Meningitis

(Duration) yrs. mos. 5 ds.

(Signed) H. L. Koontz M. D.

Oct. 11, 191.. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1523 McCulloh St

19-PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: Oct. 14, 1916.

20-UNDERTAKER: Wm. J. Schaefer

ADDRESS: S. E. Front St

Spec.—8-24-14—M. & T.—2000 Bks.

C98872

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 C98872

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 E. Randall St.; 23 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew L. Stevens

(Residence in Baltimore: No. 104 E. Randall St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 29, 1916 (Month) (Day) (Year)

7-AGE, — yrs. 5 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Andrew Stevens

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Lillian M. Smith

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Stevens

(Address) 104 E. Randall St

15-

Filed OCT 13 1916 191 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 12, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 8, 1916, to Oct 12 1916, that I saw h[illegible] alive on Oct 11 1916, and that death occurred, on the date stated above, at 7.20 m.

The CAUSE OF DEATH* was as follows:

Gastro Carditis & Pleurisy

Toxic Conv. Antitoxin

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Staphs albus

(Duration) yrs. mos. 6 ds.

(Signed) J. F. McSherry M. D.

10-16, 191... (Address) 104 E. Randall St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cedar Hill Cem

DATE OF BURIAL. 10-13, 1916

20-UNDERTAKER J. F. McCully

ADDRESS 39 E. Fort

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98873 — 104 — C98873

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 S Fremont Ave ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Clellan Bayer

(Residence in Baltimore: No. 324 S Fremont Ave St.; ... yrs., 4 mos. 23 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Child

6-DATE OF BIRTH. May (Month) 20th (Day), 1916 (Year)

7-AGE. ... yrs. 4 mos. 23 ds. If LESS than 1 day, ... hrs. or ... mts.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, William H. McClellan

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER, Elizabeth A. Bayer

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Bayer

(Address) 324 S. Fremont Ave.

15- OCT 13 1916 Filed ..., 191... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 13th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 30 1916, to Oct 13 1916, that I saw h[illegible] alive on Oct 13 1916, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Enterocolitis

(Duration) ... yrs. ... mos. 14 ds.

(Signed) Henry Beyer M. D.

Oct 13, 191... (Address) 324 S Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	Oct. 14th, 1916

20-UNDERTAKER Wm. H. Deufel ADDRESS 811 W. Fayette St

Pearley Thomas

C98874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98874

174

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. Md Gen. Hospital St.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pearley Thomas

(Residence in Baltimore: No. 8 Gorsuch Road St.; yrs., mos. da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A LEGAL DOCUMENT.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: Autumn (Month), 1898 (Day) (Year)

7-AGE: 18 yrs. Autumn mos. da. — If LESS than 1 day, hrs. or mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country): Md

PARENTS.

10-NAME OF FATHER: John Thomas

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Margaret Pollard

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Pearley Thomas

(Address): Do

15- Filed OCT 14 1916, 191... ROBERT R. KRAUSER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct. 11 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an August (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said August (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Rupture of Colon & Peritonitis

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) [illegible] M. D. (Coroner.)

Oct 12 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Smithfield Va — DATE OF BURIAL, Oct 13, 1916

20-UNDERTAKER: Samuel S Newsby — ADDRESS 758 Bank

Spec.—8-24-14—M. & T.—2000 Bks.

C98875

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98875

CERTIFICATE OF DEATH.

39

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 Walton ST.: 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest W Freeman

(Residence in Baltimore: No. 1820 Walton St.: 40 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Oct 10 (Month) (Day), 1846 (Year)

7-AGE. 70 yrs. mos. 2 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clothing Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). St Marys Co Md

PARENTS.

10-NAME OF FATHER. John D Freeman

11-BIRTHPLACE OF FATHER (State or Country). St Marys Co Md

12-MAIDEN NAME OF MOTHER Sarah Mum

13-BIRTHPLACE OF MOTHER (State or Country). St. Marys Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maria C Freeman

(Address) 1820 Walton St

15- OCT 14 1916 Filed, 191. HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct 12 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 26 1916, to Oct 13 1916, that I saw h. alive on Oct 13" 1916, and that death occurred, on the date stated above, at 6.45 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver, Jaundice

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) General exhaustion

(Duration) yrs. mos. 10 ds.

(Signed) Henry F Thomas M. D.

Oct 14, 1916 (Address) 1407 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Woodlawn Cemetery DATE OF BURIAL. Oct 16, 1916

20-UNDERTAKER Robt J Turner ADDRESS 1422 W Pratt

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C98876

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C98876

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 675 Key Highway ST.; 22 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Robbins

(Residence in Baltimore: No. 675 Key Highway St.; Life yrs., mos., ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct (Month) 13 (Day), 1915 (Year)

7-AGE, 1 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, William J Robbins

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Lillian Bennett

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm J Robbins

(Address) 675 Key Highway

15- Filed OCT 14 1916, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 7 1916, to Oct 12 1916, that I saw h[illegible] alive on Oct 12 1916, and that death occurred, on the date stated above, at 1200 m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jas A Colonna M. D.

Oct 13, 1916. (Address) 1017 E Wall St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, Oct 14, 1916.

20-UNDERTAKER Fred C. Pearce ADDRESS 703 Hanover St.

Spec.—5-19-13—M. & T.—500 Bks.

C98877

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98877

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 443 N. 26 St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Spencebank

(Residence in Baltimore: No. 443 N. 26 St.; 4 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH: January (Month) 10 (Day), 1872 (Year)

7-AGE: 44 yrs. 9 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Jas W Spencebank

11-BIRTHPLACE OF FATHER (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Selina A Dobson

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William M Spencebank

(Address) 845 W. Saratoga St

15- Filed OCT 14 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 10 1916, to Oct 12 1916, that I saw h.im alive on Oct 12 1916, and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

(Duration) yrs. 3 mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic nephritis & dropsy.

(Duration) yrs. 6 mos. ds.

(Signed) [illegible] M. D.

Oct 12 1916 (Address) 865 N. Gay St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Mary's Hampden — DATE OF BURIAL: Oct 14, 1916

20-UNDERTAKER: Jas B Cook — ADDRESS 1003 W Baltimore St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98878 C98878

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 West Franklin ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Doris Poelmert

(Residence in Baltimore: No. 1502 West Franklin St.; 68 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, July (Month) 11 (Day), 1834 (Year)

7-AGE 82 yrs. 3 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. at Home
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. William Pfeiffer

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Louise Isla

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles C. Poelmert

(Address) 1502 W. Franklin St.

15- HARRY C. ANDREWS

Filed OCT 14 1916, 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 12 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Aug. 1916, to Oct 12 1916, that I saw h[illegible] alive on Oct 12 1916, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Old age

Terminal Stasis

Associated with Myocarditis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Old age

(Duration) yrs. mos. ds.

(Signed) John A. Duncan M. D.

, 191... (Address) 10 W. Mt. Vernon Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Oct 15, 1916

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98879

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C98879

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 42 E.West St. ST. 27 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John R.Rice.

(Residence in Baltimore: No. 42 E.West St. St.: 31 yrs. 6 mos. 20 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male.

4-COLOR OR RACE: White.

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single.

6-DATE OF BIRTH: March 21st. 1885. (Month) (Day), 1 (Year)

7-AGE: 31 yrs. 6 mos. 20 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Grain trimmer.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: Jesse Rice.

11-BIRTHPLACE OF FATHER (State or country): Richmond Va.

12-MAIDEN NAME OF MOTHER: Mary J. Hemling.

13-BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Maggie Tyler. (Sister)

(Address) 42 E. West St.

15- Filed OCT 14 1916, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October 11th. 1916. (Month) (Day), 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 5th. 191 6, to October 11th. 191 6, that I saw h im alive on October 10th 191 6, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY) Exhaustion.

(Duration) yrs. mos. ds.

(Signed) Otto M Reinhardt M. D.

Oct 12th, 191 6 (Address) 1017 S.Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: Oct 14 16

20-UNDERTAKER: H. J. M. L. Flynn — ADDRESS: 1422 Light St.

C98880

HEALTH DEPARTMENT--CITY OF BALTIMORE 28

CERTIFICATE OF DEATH

C98880

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. 2704 Huntingdon Ave ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A. Kinglyon

(Residence in Baltimore: No. 2704 Huntingdon Ave St.: 10 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: April (Month) 18 (Day), 1856 (Year)

7-AGE: 60 yrs. 5 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Tayla
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Rio de Janeiro, Brazil

PARENTS

10-NAME OF FATHER: King Lyon Don't know first name

11-BIRTHPLACE OF FATHER (State or country): Don't know

12-MAIDEN NAME OF MOTHER: Emelia V. Schimmelpfenig

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Therese Kinglyon.

(Address) 2704 Huntingdon

OCT 14 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) 13 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1916, to Oct 13 1916, that I saw him alive on Oct 13, 1916, and that death occurred, on the date stated above, at 11:30 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) W. L. Ingram M. D.

Oct 13, 1916 (Address) 2231 N Clark St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Trinity Cemetery

DATE OF BURIAL: Oct 16, 1916

20-UNDERTAKER: William Cook

ADDRESS: 502 E North ave.

C98881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98881

104

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1501 Cole ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine A Long

(Residence in Baltimore: No. 1654 Cole W

St.: yrs. 1 mos. 18 (ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Sgle

6-DATE OF BIRTH, March (Month) 24 (Day), 1916 (Year)

7-AGE, ...yrs. 1 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Balto maryland

PARENTS.

10-NAME OF FATHER, Wm Long

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sophia Meier

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sophia Long

(Address) 1501 Cole st

15- Filed OCT 14 1916, 191... HARRY C. ANDREWS Registrar. Burial Permit Clark

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteric Colitis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) none

(Duration) yrs. mos. ds.

(Signed) James M Benton M. D. (Coroner.)

Oct 13 1916 (Address) 1002 Chas st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Oct 14, 1916

20-UNDERTAKER Harry A Witzke — ADDRESS 1501 N Lombard st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C98882 134 C98882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. University Hospt. St.; 8th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amy Grumbling

(Residence in Baltimore: No. 912 Lemmon St.; 33 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: June (Month) (Day) 1883 (Year)

7-AGE: 33 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Thomas Cain

11-BIRTHPLACE OF FATHER (State or Country): Balto Md

12-MAIDEN NAME OF MOTHER: Mary Barnett

13-BIRTHPLACE OF MOTHER (State or Country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Grumbling

(Address) 912 Lemon St

15- Filed OCT 14 1916, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 11 1916, to Oct 13 1916, that I saw her alive on Oct 13 1916, and that death occurred, on the date stated above, at 1:45 P. m.

The CAUSE OF DEATH* was as follows:

Toxic vomiting of Pregnancy ?

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. J. Wolf M. D.

Oct 13, 1916 (Address) University Hospt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State 2 yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 912 Lemmon St.

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Oct 16, 1916

20-UNDERTAKER: John Howard & Son — ADDRESS: 761 Hollins

C98883 HEALTH DEPARTMENT—CITY OF BALTIMORE C98883

CERTIFICATE OF DEATH.

REGISTERED No. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2745 Prospect ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth M Koch

(Residence in Baltimore: No. 2745 Prospect St., 23 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: June (Month) 28 (Day), 1893 (Year)

7-AGE: 43 yrs. 3 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Va

PARENTS.

10-NAME OF FATHER: Geo. M Muse

11-BIRTHPLACE OF FATHER (State or Country): Va.

12-MAIDEN NAME OF MOTHER: Fanny Bayfield

13-BIRTHPLACE OF MOTHER (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Husband

(Address) 2745 Prospect

15- Filed OCT 14 1916 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Dysentery, or enteritis with fever

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C F Mitchell M. D.
(Coroner)

Oct 13, 1916 (Address) 516 Canton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Frederick Md — DATE OF BURIAL, Oct. 14, 1916

20-UNDERTAKER, F B Hunt & Son — ADDRESS 739 Frederick

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. This is a [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

C98884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 C98884

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 S. Garrison ave St.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Stapf

(Residence in Baltimore: No. 218 S. Garrison ave St.: 61 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April (Month) 6 da (Day), 1838 (Year)

7-AGE, 78 yrs. 6 mos. 7 da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dairy man
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Julius Stapf

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Catherine Stapf

(Address) 218 S. Garrison ave

15- Filed OCT 14 1916, 191.....

HARRY T. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 13. (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15 1916, to October 13 1916, that I saw him alive on October 12 1916, and that death occurred, on the date stated above, at 1 a, m.

The CAUSE OF DEATH* was as follows:

Brights Disease

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) yrs. 4 mos. ds.

(Signed). Asa L. Wessels M. D.

Oct. 13, 191.6 (Address) 2565 Frederick Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Oct. 15th, 191...

20-UNDERTAKER F. B. Wisner

ADDRESS #2238 Fredk Ave

C98885

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98885

CERTIFICATE OF DEATH.

REGISTERED NO. C 15 / 15 / 1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 Lorman ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Mary Stitz

(Residence in Baltimore: No. 1714 Lorman St.; Home yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct 12, 1916 (Month) (Day) (Year)

7-AGE, — yrs. — mos. — ds.

If LESS than 1 day, 5 hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto City

PARENTS.

10-NAME OF FATHER. Anton Stitz

11-BIRTHPLACE OF FATHER (State or Country). Balto City

12-MAIDEN NAME OF MOTHER Anna Kister

13-BIRTHPLACE OF MOTHER (State or Country). Carroll Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anton Stitz

(Address) 1714 Lorman St

15- Filed OCT 14 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 12, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 12 1916, to Oct 12 1916, that I saw her alive on Oct 12, 1916, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth about 7½ Mos. in utero.

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Chas. E. Corner M. D.

Oct 12, 1916. (Address) 1101 N. Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and, (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery DATE OF BURIAL, Oct 13th, 1916

UNDERTAKER J. B. Kluppert ADDRESS 773 Frederick Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98886

CERTIFICATE OF DEATH.

28 C98886

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 36 E. Church ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethyl V. Robinson

(Residence in Baltimore: No. Same (36 E Church) St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec. (Month) 5th (Day), 1900. (Year)

7-AGE, 15 yrs. 9 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: worked in Mills
(b) General nature of industry, business, or establishment in which employed (or employer): Shirt Factory & Mills

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George Robinson

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Nellie Johnson

13-BIRTHPLACE OF MOTHER (State or Country), N. Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie Robinson (Mrs Miller)

(Address) 36 E. Church St.

15- Filed OCT 14 1916, 191... ROBERT R. KRAUTER Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 11 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1916, to Oct 11 1916, that I saw her alive on Oct 7 1916, and that death occurred, on the date stated above, at 10 9 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Tuberculosis

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. D. [illegible] M. D.

Oct. 13, 1916 (Address) 522 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Oct 14, 191...

20-UNDERTAKER J. R. Young & Son — ADDRESS 101 N. Monto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C98887

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98887

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 533 Truman Alley ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Stoughton.

(Residence in Baltimore: No. 533 Truman Alley St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Cd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1853 (Year)

7-AGE: 47 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER, Harry Diggs

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel Easton

(Address) 916 Orchard

15- OCT 14 1916 191.....

ROBERT R. KRAUTER
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH Oct, 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Insufficiency of the Mitral Valves
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. W. Elsom, M. D.
(Coroner.)
Oct, 1916. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Laurel Cem. DATE OF BURIAL, Oct 17 1916.

20-UNDERTAKER Daniel Easton ADDRESS 916 Penna Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98888

CERTIFICATE OF DEATH.

5 / 157

C98888

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 417 N Eden st ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cleamens Karfgin Sr

(Residence in Baltimore: No. 417 N Eden st St.; yrs., 56 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Sept 21 1860, 1
(Month) (Day) (Year)

7-AGE, 56 yrs. mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Grocer

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Charles Karfgin

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Alvina M Fulger

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gertrude Karfgin

(Address) 417 N Eden st

15-

Filed OCT 14 1916, 191.... ROBERT R. KRAUTER Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 12 1916, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide By hanging by rope around neck.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D Knox Fussell M. D.
(Coroner.)

Oct 12 1916 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Oct. 15th, 1916.

20-UNDERTAKER George Schilling & Sons — ADDRESS 1126 E. Monument st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C98889 — CERTIFICATE OF DEATH — 92 C98889

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1706 Riverside Av. St.: 24th WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Adolphus A. Katzenberger

(Residence in Baltimore: No. 1706 Riverside Av St.: 38 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: ——, 1 (Month) (Day) 879 (Year)

7 AGE: 37 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Shipbuilder
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Adolphus A. Katzenberger

11 BIRTHPLACE OF FATHER (State or country): Ohio

12 MAIDEN NAME OF MOTHER: Mary Steinel

13 BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mrs. Adolphus A. Katzenberger
(Address): 1706 Riverside Av

15 Filed OCT 14 1916 19— ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 12 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 9th, 1916, to Oct 12 1916, that I saw h[illegible] alive on Oct 12, 1916, and that death occurred, on the date stated above, at 2a m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 1 ds

Contributory (SECONDARY) Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

(Signed) Jas A. Bonniwell M. D.

Oct 13, 1916 (Address) 1016 Mt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Catholic Cem — DATE OF BURIAL: Oct 14, 1916

20 UNDERTAKER: [illegible] — ADDRESS: [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98890 — 10 — 4098890

CERTIFICATE OF DEATH.

1-PLACE OF DEATH. CITY OF BALTIMORE: (No. 813 W. West St.; 21 WARD) — REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert M. Flynn

(Residence in Baltimore: No. 813 W. West St. ....St.; ....yrs., ...mos. ....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: May (Month) 5 (Day), 1916 (Year)

7-AGE: 0 yrs. 5 mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant.
(b) General nature of industry, business, or establishment in which employed (or employer): 0

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Robert Flynn

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Elizabeth Doulony.

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Flynn

(Address) 813 W. West St.

15- Filed OCT 14 1916 ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct. (Month) 13 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 8 1916, to Oct 13 1916, that I saw ~~her~~ alive on Oct 12 1916, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Ileo colitis

(Duration) hr. yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Raymond V. Hannan M. D.

Oct 13, 1916 (Address) Mt Vernon -

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL, Oct 14, 1916

20-UNDERTAKER: H. Zander Sons — ADDRESS 1310 Riesterstown

1111

C98891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167 C98891

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Md. Gen. Hospital S. W. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Jno. A. Reeves

(Residence in Baltimore: No. 608 Hampden Ave St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH PENCIL OR INK

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Sept. 12 (Month) (Day) 1912 (Year)

7-AGE, 4 yrs. 1 mos. [illegible] ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School Girl
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt. Md

PARENTS.

10-NAME OF FATHER, H. M. Reeves

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Alberta Price

13-BIRTHPLACE OF MOTHER (State or Country), Pa. (Pa.)

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father

(Address) 608 Hampden Ave

15- Filed OCT 14 1916 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 12 (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1. Burns on front body

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Pneumonia Malignant

(Duration) yrs. mos. ds.

(Signed) J. H. Mettam M. D.

Oct 13, 191.6 (Coroner) (Address) 819 N. Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 1 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? On St. at Back Cove 7th Hampden Ave

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL. St. Mary's Hampden DATE OF BURIAL. Oct. 15, 1916

20-UNDERTAKER. Clemons & Son ADDRESS 347 Chestnut Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98892

CERTIFICATE OF DEATH.

119 C98892

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 Jefferson ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. League

(Residence in Baltimore: No. 1516 Jefferson St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Sept. 30, 1840 (Month) (Day) (Year)

7-AGE, 76 yrs. ..... mos. 12 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). Self

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. William Thompson

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Elizabeth French

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William League

(Address) 1516 Jefferson St.

15- Filed OCT 14 1916, 191.. ROBERT R. KRAUTER Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 12, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 22 1916, to October 12 1916, that I saw her alive on October 12 1916, and that death occurred, on the date stated above, at 7 10 p. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ... yrs. 1 mos. 12 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ... yrs. ... mos. ... ds.

(Signed) Francis A. Sondheim M. D.

Oct. 14th, 1916. (Address) 937 N. Broadway.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Oak Lawn Cemy — DATE OF BURIAL. Oct. 16., 1916

20-UNDERTAKER Albert E. Fuller — ADDRESS 221 N Broadway

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Ida Reininger

HEALTH DEPARTMENT OF CITY OF BALTIMORE

C98893

CERTIFICATE OF DEATH.

9V C98893

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Reininger

(Residence in Baltimore: No. 25 E Randall St.; 37 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ..., 1879
(Month) (Day) (Year)

7-AGE, 37 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Geo. Reininger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Apfalonia Kleinaff

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital Record

(Address) Greene & Lombard Sts.

15- Filed OCT 14 1916, 191 ROBERT R. KRAUTER Registrar.
Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10/11 1916, to 10/13 1916, that I saw her alive on 10/13 1916, and that death occurred, on the date stated above, at 11:45 Am.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
Pneumococcus

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) yrs. mos. ½ ds.

(Signed) [illegible] M. D.

10/13, 191 6 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State 37 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 25 E Randall St

19-PLACE OF BURIAL OR REMOVAL, Lowden Park — DATE OF BURIAL, Oct 15, 1916

20-UNDERTAKER John Howard & Son — ADDRESS 901 Hollins St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98894 C98894

CERTIFICATE OF DEATH.

80

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 N. Mulberry ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F Langschmidt

(Residence in Baltimore: No. 914 N Mulberry St.; 55 yrs. 8 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Wh

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, January 31, 1861. (Month) (Day) (Year)

7-AGE, 55 yrs. 8 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Stonemaker
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm Langschmidt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Henriotta Scherker

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Langschmidt

(Address) 914 N Mulberry St

15-

Filed OCT 14 1916, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 13, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 7 1916, to Oct 13 1916, that I saw h[illegible] alive on Oct 12 1916, and that death occurred, on the date stated above, at 3 Pm.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Nephritis Chronic

(Duration) 2 yrs. ....mos. ....ds.

(Signed) Wm C Fellows M. D.

10/13/ 1916. (Address) 2042 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Pauls Luth Cemetery

DATE OF BURIAL. Oct 16. 1916

20-UNDERTAKER Wm A Rohde & Son

ADDRESS 730 Gemmler

IMPORTANT. See instructions on back of certificate.

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

...tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.—5-19-13—M. & T.—500 Bks

(98895)

HEALTH DEPARTMENT—CITY OF BALTIMORE

29

CERTIFICATE OF DEATH.

(98895)

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 Argyle Ave 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Israel D. Lee, Jr.

(Residence in Baltimore: No. 1520 Argyle Ave — 24 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, ... (Month) Unknown; ..... (Day) 1892 (Year)

7-AGE, 24 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country) Charleston S.C.

PARENTS.

10-NAME OF FATHER, Israel Lee

11-BIRTHPLACE OF FATHER (State or Country), S.C.

12-MAIDEN NAME OF MOTHER Duffield

13-BIRTHPLACE OF MOTHER (State or Country) Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ruth B. McCabe

(Address) 1520 Argyle Ave

15-

Filed OCT 14 1916 191.. ROBERT M. KRAUTER

Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 3 1916, to Oct. 12 1916, that I saw him alive on Oct. 11 1916, and that death occurred, on the date stated above, at 5A m.

The CAUSE OF DEATH* was as follows:

1a. Pulmonary Tuberculosis (Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Asthenia (Duration) yrs. 1 mos. ds.

(Signed) Wm. J. Carr M. D.

Oct. 14, 1916 (Address) 515 Mosher St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, Oct. 14, 1916

20-UNDERTAKER Samuel F. Kelly ADDRESS 518 Park Ave.

C98896

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98896

CERTIFICATE OF DEATH.

98

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. 1134 Jurkensaly ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Johns.

(Residence in Baltimore: No. 1134 Jurkens alley St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fmale

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, October, (Month) (Day) 1867 (Year)

7-AGE, 49 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Loyd Simms

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Johns

(Address) 1134 Jurkens alley

15- OCT 14 1916 Filed, 191. ROBERT R. KRAUTER Burial Permit Clerk Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 12, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cirrhosis

(Duration) yrs. mos. ds.

(Signed) J. Whitridge Williams M. D. (Coroner.)

Oct 14, 1916. (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Michaels Md. DATE OF BURIAL, Oct 14, 1916

20-UNDERTAKER Samuel S Handley ADDRESS 518 W Baltimore

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Miranda Holliday

C98897

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C98897

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 634 Mosher ST. 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maranda Holliday

(Residence in Baltimore: No. 634 Mosher St.; yrs., mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Single

6-DATE OF BIRTH: May (Month), (Day), 1884 (Year)

7-AGE: 32 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Maid
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Md

PARENTS.

10-NAME OF FATHER: Alexander Holliday

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Carrie Johnson

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Essie Campbell

(Address) 634 Mosher

15- OCT 14 1916 Filed ... 191... ROBERT R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

I
Tuberculosis Pul-
Monary -
4 Mos.
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Known to Cold

(Duration) yrs. mos. ds.

(Signed) M. D.
(Coroner)

Oct 14, 1916. (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Glen Harford Co. Md DATE OF BURIAL: Oct 16 191...

20-UNDERTAKER: Samuel Hensley ADDRESS: 578 Biddle

C98898

CERTIFICATE OF DEATH.

C98898

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 2204 Frederick Ave ST.; 20 WARD) 150

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattaway J. Walker

(Residence in Baltimore: No. 2204 Frederick Ave St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct (Month) 12 (Day), 1916 (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, 18 hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm W. Walker

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Carrie Keuler

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm W. Walker

(Address) 2204 Frederick Ave

15-

Filed OCT 14 1916 ROBERT R. KRAUTER

Burial Permit Issued Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 13 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 12 1916, to Oct 13 1916, that I saw h[illegible] alive on Oct 13 1916, and that death occurred, on the date stated above, at 5P m.

The CAUSE OF DEATH* was as follows:

Convulsions

.....(Duration)....yrs....mos. 4hrs. ds.

CONTRIBUTORY (Secondary) Congenital Heart disease

.....(Duration)....yrs....mos. 4hrs. ds.

(Signed) M A O'Neill M. D.

Oct 13, 1916 (Address) 108 N Bulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Oct 14, 1916

20-UNDERTAKER William Cook — ADDRESS 507 E North ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT, CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

C98899

HEALTH DEPARTMENT—CITY OF BALTIMORE

87

C98899

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Protestant Infirmary

CITY OF BALTIMORE: (No. 1514 Division St.: 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Lee Stiles

(Residence in Baltimore: No. (137) 137 W. Lafayette ave St.: 57 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, December 8 (Month) (Day), 1858 (Year)

7-AGE, 57 yrs. 10 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work clerk
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), maryland

PARENTS.

10-NAME OF FATHER, William Lee Stiles

11-BIRTHPLACE OF FATHER (State or Country), maryland

12-MAIDEN NAME OF MOTHER mary Black

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Union Protestant Infirmary

(Address) Records

15-

Filed OCT 14 1916, 191.. ROBERT R. KRAUTER Registrar.

Burial Permit issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH October (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 27 1916, to Oct 13 1916, that I saw him alive on Oct 13 1916, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Perichondritis of Larynx

following alcolar abscess

(Operations — Gastrostomy & tracheotomy)

(Duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia

(Duration) yrs. mos. 5 ds.

(Signed) R. T. Kieffer M. D.

Oct 13, 191.6 (Address) 1514 Division St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 16 ds. In the State 57 yrs. 10 mos. 5 ds.

Where was disease contracted, if not at place of death? 137 W Lafayette Ave

Former or usual residence 137 W. Lafayette Ave

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Presbyterian Church Cemetery

DATE OF BURIAL, 10/16/, 191.6

20-UNDERTAKER Tommy W. Mears Son

ADDRESS 1031 Calvert St.

Spec.—8-24-14—M. & T.—2000 Bks.

C98900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C98900

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1335 Division ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Julia A Thomas

(Residence in Baltimore: No. 1335 Division St.; 46 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH. Unknown 1860 (Month) (Day) (Year)

7-AGE. 56 yrs. X mos. X ds. If LESS than 1 day, X hrs. or X min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Virginia

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jeanne A Thomas

(Address) 1335 Division St

15- OCT 14 1916 ROBERT R. KRAUTER

Filed....., 191.. Burial Permit Issued Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 11st, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 10th 1916, to Oct 11th 1916, that I saw her alive on Oct 10th & 11th 1916, and that death occurred, on the date stated above, at 6½ m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease of Heart

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Disease of Vessels

Unknown (Duration) yrs. mos. 1 ds.

(Signed) George L Holland M. D.

Oct 13, 1916. (Address) 1628 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cemetery

DATE OF BURIAL. Oct 12, 191.6

20-UNDERTAKER Geo. M. Holland

ADDRESS 567 Robert St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9890[illegible] C9890[illegible]

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1840 N. Caroline ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Kamberger

(Residence in Baltimore: No. 1840 N. Caroline St. St.; ..... yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH INK OR INDELIBLE PENCIL.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Single

6-DATE OF BIRTH, Aug. (Month) 1 (Day), 1913 (Year)

7-AGE, 3 year 2 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant.
(b) General nature of industry, business, or establishment in which employed (or employer).....

PARENTS.

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, Chas. M. Kamberger

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Annie O'Neill

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Kamberger

(Address) 1840 N. Caroline st.

15-

Filed, OCT 14 1916, 191..... ROBERT B. KRAUTER Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 12, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 10 1916, to October 12 1916, that I saw her alive on October 11 1916, and that death occurred, on the date stated above, at 7 40 a m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Marasmus Returned

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) R. J. Hardy M. D.

Oct. 12 1916. (Address) 1952 Bank St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL. New Cathedral Cem.

DATE OF BURIAL. Oct. 15th 1916

20-UNDERTAKER George F. Ruth

ADDRESS 1735 Hayford Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98902

CERTIFICATE OF DEATH.

151 C98902

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3400 Canton ave St.) WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Seuschel

(Residence in Baltimore: No. 3400 Canton Ave or Hunt St St.; yrs., 6 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	single

6-DATE OF BIRTH, Dec 13, 1916
(Month) (Day) (Year)

7-AGE, ——— yrs. ——— mos. ——— da.

If LESS than 1 day, 6 hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Wallie Seuschel

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Margaret Wagner

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Seuschel

(Address) 3400 Canton Ave

15-

Filed OCT 14 1916, 191 ROBERT R. KRAUTER

Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar 6 days

(Duration) ... yrs. ... mos. ... da.

CONTRIBUTORY ...
(Secondary)

(Duration) ... yrs. ... mos. ... da.

(Signed) Henry Grawitz M. D.
(Coroner.)

Oct 14, 1916. (Address) 1610 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Trinity Cemetary	Oct 14, 1916

20-UNDERTAKER	ADDRESS
Christian Miller	2334 E. Pratt St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98903 120 C98903

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: No. 1021 Forrest Place St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Driscoll

(Residence in Baltimore: No. 1021 Forrest Place St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY WITH PEN AND INK.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov 18, 1874 (Month) (Day) (Year)

7-AGE. 31 yrs. 11 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Horse
(b) General nature of industry, business, or establishment in which employed (or employer): Shoer

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Dennis Driscoll

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Fenton

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary C Connor

(Address) 1504 Holbrook St

15- Filed OCT 14 1916, 191.... ROBERT B. KRAUTER Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 12, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 20 1916, to Oct 12 1916, that I saw h... alive on Oct 12 1916, and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

(Signed) James M Fenton M. D.

Oct 14, 1916. (Address) 100 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Oct 16, 1916

20-UNDERTAKER H. C. Rudefeld — ADDRESS 914 Gaunt Av

HEALTH DEPARTMENT---CITY OF BALTIMORE

C98904 — 29 — 698904

CERTIFICATE OF DEATH

1 PLACE OF DEATH — Registered No. C

CITY OF BALTIMORE: (No. 714 Ensor St.; 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Hendrix

(Residence in Baltimore: No. 714 Ensor St.; 10 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: ~~Sex~~ Female

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: June (Month) 13 (Day) 1882 (Year)

7-AGE: 34 yrs. 8 mos. 28 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: William Marshall

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Julia Johnson

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) her brother Julian Marshall

(Address) 714 Ensor St.

15- Filed OCT 14 1916 191 ROBERT R. KRAUTER Registrar

Burial Permit [illegible]

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) 11 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 20, 1916, to, Oct 11 1916, that I saw h[illegible] alive on Oct 10 1916, and that death occurred, on the date stated above, at 1 30 a m.

The CAUSE OF DEATH* was as follows:

Acute Pyelitis
Pulmonalis
(Duration) yrs 4 mos. ds.

Contributory (SECONDARY)
(Duration) yrs. mos. ds.

(Signed) John D Peck M. D.

Oct 11, 1916. [Address] 936 Hanover St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Oct 13 1916

20-UNDERTAKER: M. Robert A Elliott — ADDRESS: 504 East St

Spec.—8-24-14—M. & T.—2000 Bks.

C98905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 C98905

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 512 N. Preston St.; 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie K Brown

(Residence in Baltimore: No. 512 N. Preston St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH INK OR INDELIBLE PENCIL.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1846 (Year)

7-AGE, 70 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home work
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Eaton Shore, Md

PARENTS.

10-NAME OF FATHER, Samuel Stewart

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Nancy Stewart

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Her Daughter Naomi Toffen

(Address) 372 N. Preston

15- OCT 14 1916 Filed ....., 191.... ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 (Month) 13 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Oct. 7 1916, to Oct 13 1916, that I saw h ER alive on Oct 12 1916, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ..... yrs. 7 mos. 4 ds.

(Signed) Jno. H. S. Tompkins M. D.

Oct 13, 1916 (Address) 1019 Druid Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, Oct 16, 1916.

20-UNDERTAKER Mrs. T. A. Elliott — ADDRESS 716 East N.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98906 C98906

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhelmina Donohue

(Residence in Baltimore: No. 823 N. Collington Ave St.; yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WHITE PEARL, WITH CHROMIUM

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word.) Married

6-DATE OF BIRTH, Feb 29, 1880 (Month) (Day) (Year)

7-AGE, 36 yrs. 7 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Edward Stamp

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Wilhelmina Joiner

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Donohue

(Address) 823 N. Collington Ave

15- Filed OCT 14 1916, 191... ROBERT R. KRAUTER Registrar Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 12, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 10 191... to Oct 12 1916, that I saw h... alive on Oct 12 1916 and that death occurred, on the date stated above, at 1245 p. m.

The CAUSE OF DEATH* was as follows:

Intra Cranial Abscess

Chronic Endocarditis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bright's Disease Gastric Dilatation

(Duration) yrs. 1/2 mos. ds.

(Signed) Edward L. Stamp M. D.

Oct 12, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 2 ds. In the State 6 yrs. ... mos. ds.

Where was disease contracted, if not at place of death? 823 N. Collington Ave

Former or usual residence 823 N. Collington Ave

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Oct. 14, 1916.

20-UNDERTAKER Wm. J. Schaeffer ADDRESS 18 & 17 Front St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98907 × 126 C98907

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hosp St. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fabian Gough

(Residence in Baltimore: No. Leonardtown Md St.; ....yrs.. ....mos. ....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH. Saint Inard (Month), (Day), 1860 (Year)

7-AGE. 56 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of Industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Fabian Gough

11-BIRTHPLACE OF FATHER (State or Country). Saint Inard

12-MAIDEN NAME OF MOTHER Saint Inard

13-BIRTHPLACE OF MOTHER (State or Country). Saint Inard

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Records

(Address) St. Joseph Hospital

15-

Filed OCT 14 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued (Drew)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct 13th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 9 1916, to Oct 13 1916, that I saw h.m alive on Oct 13th 1916, and that death occurred, on the date stated above, at 6.00 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilitation

Operation Removal of Prostate Gland (Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Surgical Shock

.....(Duration) ....yrs. ....mos. 1 ds.

(Signed) William F. O'Malley M. D.

Oct 13, 1916 (Address) St Joseph's Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. 2 mos. 4 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Leonard Town Md

19-PLACE OF BURIAL OR REMOVAL. Leonard Town Md — DATE OF BURIAL. Oct 14, 1916

20-UNDERTAKER. Chas H Lowe & Son — ADDRESS 1718 N Charles

Spec.—8-24-14—M. & T.—2000 Bks.

C98908

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98908

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 Ashburton St.; 15 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel A. Addison

(Residence in Baltimore: No. 1726 Ashburton St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 11, 1868 (Month) (Day) (Year)

7-AGE, 48 yrs. 9 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Salesman
(b) General nature of industry, business, or establishment in which employed (or employer),

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, George C. Addison

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Martha Bond

13-BIRTHPLACE OF MOTHER (State or Country), Md. City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Addison

(Address) 1726 Ashburton St.

15- Filed OCT 14 1916 191... ROBERT R. KRAUTER Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 12, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to Oct 12 1916, that I saw h[illegible] alive on Oct 11 1916, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Myocarditis (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(Duration) yrs. mos. ds.

(Signed) Harry A. Flack M. D.

Oct 13, 191... (Address) 3 W. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Garrison Forest Cem. DATE OF BURIAL, Oct 14 191 6

20-UNDERTAKER W. F. Lockard for Norman

ADDRESS N. Allegheny Rolands Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98909 — 63 — C98909

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Fremont Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Wm Kirby Jr

(Residence in Baltimore: No. 1621 Fremont Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1913

7-AGE, ... yrs. 3 mos. 2 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, George W. Kirby Jr

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Annie Clemonts

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo W Kirby Jr

(Address) 1621 Fremont Ave City

15- OCT 14 1916 ROBERT B. KRAUTER

Filed ..... 191.. Registrar

Dr. Bibbert

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 13 ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 11, 1916, to Oct 13 1916, that I saw him alive on Oct 13. 1916, and that death occurred, on the date stated above, at 6.13 m.

The CAUSE OF DEATH* was as follows:

Infantile Paralysis

Autopsy showed Acute poliomyelitis Posterior horn type

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. immediate ds.

(Signed) Chas C. Bibbert M. D.

Oct 17, 1916 (Address) 1529 N. Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem

DATE OF BURIAL, Oct 16, 1916

20-UNDERTAKER W J Jackson for

ADDRESS North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C98910 8 C98910

Registered No. C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No 706 Eutaw St. Ward) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Etta A. Zepp.

(Residence in Baltimore: No. 706 Eutaw St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: July 29, 1915 (Month) (Day) (Year)

7 AGE: 1 yrs. 2 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): 1

9 BIRTHPLACE (State or country): Md.

PARENTS

10 NAME OF FATHER: James. A. Zepp.

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Sarah E. Sullivan

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James A. Zepp

(Address) 706 Eutaw St

15 Filed OCT 14 1916 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 13, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1916 to Oct 13 1916 that I saw h alive on Oct 3, 1916, and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia.

(Duration) yrs. mos. ds.

Contributory (SECONDARY): Pertussis & Teething

(Duration) yrs. mos. ds.

(Signed) Richard E. Hanley M. D.

(Oct 13, 1916) (Address) 3012 Eastwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Druid Ridge | DATE OF BURIAL: Oct 15, 1916

20 UNDERTAKER: A. E. Marshall | ADDRESS: 3539 Fallsway

Spec.—8-24-14—M. & T.—2000 Bks.

C98914 13

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 C98914

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3617 Roland Ave. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Clarence Wisner

(Residence in Baltimore: No. 3617 Roland Ave. St.; ..... yrs. ..... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec. (Month) 29th. (Day), 1867 (Year)

7-AGE, 49 yrs. 9 mos. 14 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mill hand
(b) General nature of industry, business, or establishment in which employed (or employer): Labor

9-BIRTHPLACE, (State or Country), Balto. Co. Md.

PARENTS.

10-NAME OF FATHER, George Wisner

11-BIRTHPLACE OF FATHER (State or Country), Balto. Co. Md.

12-MAIDEN NAME OF MOTHER Rachel Murrey

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Mrs. Ida M. Wisner (Informant)
3617 Roland Ave. (Address)

15-
OCT 14 1916 Filed ....., 191.... ROBERT B. KRAUTER Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 13th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1915, to Oct 13th 1916, that I saw h alive on Oct 13th 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Fair M. D.

Oct 14 1916 (Address) 1 V E 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Hankstead Rd DATE OF BURIAL, Oct 16, 1916

20-UNDERTAKER H. S. Marshall ADDRESS 2509 Falls Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98912 175 C98912

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospital St. 7 W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. William T. Heiderman

(Residence in Baltimore: No. 309 Hanover St.; yrs., Life mos. time da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Not Known, 1853
(Month) (Day) (Year)

7-AGE, 63 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Newspaper
(b) General nature of industry, business, or establishment in which employed (or employer). Cabinet

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Augustus Heiderman

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Mary Land

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Harry M Marley

(Address) 1107 Paysons St

15- Filed OCT 14 1916 191 ROBERT R. KRAUTER Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 11, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Investigation find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture base of Skull
Accidental by fall from
Steel Car

(Duration) yrs. mon. 5 hrs

CONTRIBUTORY (Secondary) Hemorrhage Int.
Brain (Duration) yrs. mon. 5 hrs

(Signed) Jones M. Renton M. D.
(Coroner)

Oct 13, 1916. (Address) 100 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death Franklin Sq Hosp yrs. mos. 5 Days In the State 309 Hanover St yrs. mos. da.

Where was disease contracted, if not at place of death? Frederick & Hollins Sts

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Baltimore Cemetery DATE OF BURIAL, Oct 15 16

20-UNDERTAKER Leo A Gerety ADDRESS Balto Paysons St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PAINT, WITH CREATIONS FOR [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98913 1 C98913

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. Mercy Hospital St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Havlek

(Residence in Baltimore: No. 7425 Eager Place St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec 21, 1907
(Month) (Day) (Year)

7-AGE, 8 yrs. 9 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Newsboy
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Frank Havlek

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Mary Havlek

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. Mercy Hosp

(Address) Calvert St.

15- Filed OCT 14 1916, 191... ROBERT R. KRAUTER Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 27 1916, to Oct 13 1916, that I saw him alive on Oct 13 1916 and that death occurred, on the date stated above, at 12:30 P.M. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Oct 13, 191... (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 7425 Eager Pl.

Former or usual residence 7425 Eager Pl.

19-PLACE OF BURIAL OR REMOVAL, Oak Hill Cem

DATE OF BURIAL, Oct 15, 191...

20-UNDERTAKER Geo M Frank

ADDRESS 811 N. Wolfe

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C98914 **CERTIFICATE OF DEATH** 64 C98914

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS could state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH — Registered No. C

CITY OF BALTIMORE (No. 937 E. Madison St. 10 Ward) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Scott

(Residence in Baltimore: No. 937 E. Madison St St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Fe	Black	Widow

6-DATE OF BIRTH unknown, 1 (Month) (Day) (Year)

7-AGE 84 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER Peter Gaff

11-BIRTHPLACE OF FATHER (State or country) unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or country) Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ida Benson

(Address) 1723 Carlisle Place

OCT 14 1916 Filed ..., 191...

ROBERT R. KRAUTER REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH 10 (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 7, 1916, to Oct 12 1916. that I saw her alive on Oct 12, 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
apoplexy.

(Duration) yrs. mos. 7 ds

Contributory (SECONDARY) General Sclerosis

(Duration) yrs. mos. ds.

(Signed) G. L. Hornstein M. D.

10/13, 1916 (Address) 733 Asquith St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL — DATE OF BURIAL ..., 191...

20-UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND
Health.
Burial Permit Sect.
FOR ANATOMICAL PURPOSES.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98915 X 1 C98915

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Faulkner

(Residence in Baltimore: No. 24 days. St.; ..... yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Sing'

6-DATE OF BIRTH, Unknown, (Month) (Day) 1890 (Year)

7-AGE, 26 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15- ROBERT R. KRAUTER

Filed ....., 191.... Registrar.

OCT 14 1916 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: October 4, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 10 1916, to Oct. 4 1916, that I saw h[illegible] alive on Oct. 4, 1916, and that death occurred, on the date stated above, at 1255 p.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) 0 yrs. 0 mos. 28 ds.

CONTRIBUTORY (Secondary) Gastric Perforation

(Duration) 0 yrs. 0 mos. 2 ds.

(Signed) Harvey W. Meisser M. D.

Oct. 4, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 24 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Bergsville, Va.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL OCT 14 1916 Commissioner Health

FOR ANATOMICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98916

CERTIFICATE OF DEATH.

151

REGISTERED No. C 98916

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Cotman

(Residence in Baltimore: No. Mercy Hospital St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	Bl.	Sing.

6-DATE OF BIRTH, Oct (Month) 11 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
....yrs. ....mos. ....ds.	....hrs. or 20 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Albert Cotman

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Rebecca Rawnie

13-BIRTHPLACE OF MOTHER (State or Country), N. Ca.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca Cotman

(Address) 1554 Leslie St.

15- OCT 14 1916 ROBERT R. KRAUTER

Filed ....., 191.... Registrar.

Burial Permit ....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 11 1916, to Oct 11 1916, that I saw him alive on Oct 11 1916, and that death occurred, on the date stated above, at 10:20 a.m.

The CAUSE OF DEATH* was as follows:

Premature birth.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward H. Smith M. D.

Oct 11, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 20 min. ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Mercy Hosp

Former or usual residence Mercy Hosp

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH OUTSIDE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98917 — 15-79 — C98917

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hahnemann Emerg Hospital ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Hopkins

(Residence in Baltimore: No. 1614 Brookbury St.; 10 yrs., mos., ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, Constantinus (Month) (Day) 1887 (Year)

7-AGE, 29 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Daniel Taylor

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Mary Hill

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Bibbo

(Address) 1354 Woodyear

15- OCT 15 1916 Filed ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 22 1916, to Oct. 13 1916, that I saw h.e alive on Oct 12 1916, and that death occurred, on the date stated above, at 5 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease — Cardiac Stenosis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. E. Jones M. D.

Oct 13, 1916 (Address) 1235 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 23 ds. In the State 10 yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1614 Brookbury St.

19-PLACE OF BURIAL OR REMOVAL, Richmond Va — DATE OF BURIAL, Oct 15 1916

20-UNDERTAKER James H. Dennis — ADDRESS 1303 Eastern

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98918 — 13

CERTIFICATE OF DEATH.

92 — C98918

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 131 W Hill ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Brown

(Residence in Baltimore: No. 131 W Hill St.; 40 yrs. — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Unknown (Month), (Day), 1857 (Year)

7-AGE, 59 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Brick Yard

9-BIRTHPLACE, (State or Country), Calvert Co Md

PARENTS.

10-NAME OF FATHER, Jessie Brown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edith Whittaker

(Address) 131 W Hill St

15- Filed OCT 15 1916, 191.... ROBERT R. FRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 9 1916, to Oct 12 1916, that I saw h[illegible] alive on Oct 12 1916, and that death occurred, on the date stated above, at 2 30 m.

The CAUSE OF DEATH* was as followa:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Circulatory Collapse

(Duration) yrs. mos. ds.

(Signed) J. Guy Bowles M. D.

10/15/1916 (Address) 136 W Hill St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, Oct 15, 1916

20-UNDERTAKER John H. Toadvine — ADDRESS 142 W. Hill St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98919

CERTIFICATE OF DEATH.

C98919

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1703 N Payson ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Berman

(Residence in Baltimore: No. 1703 N Payson St.; 25 yrs., mos., da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH PENCIL OR PEN AND INK.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown — (Month) (Day), 1865 (Year)

7-AGE, 51 yrs. 9 mos. — da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Mendel Zeltzer

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Lewis

(Address) 1411 E Balt St

15-

Filed OCT 15 1916 191... ROBERT B. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 13/16, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1916 191..., to Oct 13/1916 191..., that I saw h[illegible] alive on Oct 12 1916, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 7 yrs. mos. da.

CONTRIBUTORY (Secondary) Diabetic Gangrene

(Duration) 1 yrs. 2 mos. 20 da.

(Signed) Albert L. Levy M. D.

10/14/16 191... (Address) 1207 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Herzon Rosedale

DATE OF BURIAL, 10/15/16, 191...

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Balt

Spec.—8-24-14—M. & T.—2000 Bks.

C 98920

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 98920

CERTIFICATE OF DEATH.

79

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Fulton ave ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Garnett

(Residence in Baltimore: No. 608 Fulton ave St.; ..... yrs., ... mos. ..... da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Aug 1 (Month) (Day), 1852 (Year)

7-AGE, 64 yrs. ..... mos. ..... da.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, John Roberts

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Annie Willis

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joanna S. Garnett

(Address) 608 S. Fulton Ave.

15- Filed OCT 15 1916, 191..... ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to Oct 13 1916, that I saw h— alive on Oct 13 1916, and that death occurred, on the date stated above, at 7 m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

heart failure

(Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) Jno. C. A. Cof M. D.

....., 191... (Address) Fairmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western

DATE OF BURIAL, Oct. 15., 1916.

20-UNDERTAKER N. S' Finch

ADDRESS 1521 W. Pratt

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98921 × 45 C98921

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C:

CITY OF BALTIMORE: (No.) John Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John M. Roberts

(Residence in Baltimore: No. 25 Day's St.: ..... yrs., ... mos., ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: ..... January ..... (Month) 1 ..... (Day) ..... (Year)

7-AGE: 42 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Coal Miner
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Va.

PARENTS.

10-NAME OF FATHER: Preston Roberts.

11-BIRTHPLACE OF FATHER (State or Country): Va

12-MAIDEN NAME OF MOTHER: Minnie Collins

13-BIRTHPLACE OF MOTHER (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. A. Roberts

(Address) Lundsay ..... Va.

15- Filed OCT 15 1916 191.... Registrar. ROBERT B. KRAUTER DEPUTY REGISTRAR

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 15, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 20 1916, to Oct 15 1916, that I saw him alive on Oct 15 1916, and that death occurred, on the date stated above, at 12.20 P m.

The CAUSE OF DEATH* was as follows:

Uremia

Chronic (Duration) ..... yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Hypertension

(Duration) 6 yrs. ..... mos. ..... ds.

(Signed) J. Edward Bruns M. D.

Oct 15 1916. (Address) John Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 25 ds. In the State ..... yrs. ..... mos. 25 ds.

Where was disease contracted, if not at place of death? 3

Former or usual residence Lundsay Va.

19-PLACE OF BURIAL, OR REMOVAL, Lundsay Va — DATE OF BURIAL, Oct 17, 1916

20-UNDERTAKER Kibler & Fuller — ADDRESS 22 N Bradley

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98922 C98922

CERTIFICATE OF DEATH.

REGISTERED NO. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1640 Hanover ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Selby

(Residence in Baltimore: No. 1640 Hanover st St. Yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Oct 23, 1860 (Month) (Day) (Year)

7-AGE, 55 yrs. 11 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm H Heidlitch

11-BIRTHPLACE OF FATHER (State or Country) State of Md

12-MAIDEN NAME OF MOTHER Annie McCotter

13-BIRTHPLACE OF MOTHER (State or Country) State of Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry H Heidlitch

(Address) 1640 Hanover st

15-

Filed OCT 15 1916, 191.. ROBERT R. KRAUTER

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 13, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 23 191 , to Oct 12 1916, that I saw h[illegible] alive on Oct 12 1916, and that death occurred, on the date stated above, at 5:10 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Oct 13, 1916. (Address) Forrest & Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Oct 16, 1916

20-UNDERTAKER Wm Cook

ADDRESS 502 E North

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH INDELIBLE PENCIL.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98923 C98923

CERTIFICATE OF DEATH.

78

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilmer Cole

(Residence in Baltimore: No. 116 E North avenue St.; ..... yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH INK AND DO NOT FOLD THIS CERTIFICATE.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. July (Month) 12 (Day), 1901 (Year)

7-AGE. 15 yrs. 3 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Clerk in
(b) General nature of industry, business, or establishment in which employed (or employer) department store

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER. Warren E Cole

11-BIRTHPLACE OF FATHER (State or Country). Balto Md.

12-MAIDEN NAME OF MOTHER. Gertie Watson

13-BIRTHPLACE OF MOTHER (State or Conntry). Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Warren E. Cole

(Address) 1162 E. North Ave

15- OCT 15 1916 Filed....., 191.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. October (Month) 14th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 2 1916, to Oct 14 1916, that I saw h im alive on Oct 14 1916, and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Insufficiency,

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Malignant Endocarditis (Duration) ..... yrs. ..... mos. 2½ ds.

Myocarditis. Pulmonary peritonitis

(Signed) Milton L Rawson M. D.

Oct 14, 191.6 (Address) St Josephs Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 2 mos. 13 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence 116 E North avenue

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cem. DATE OF BURIAL. Oct 17, 191.6

20-UNDERTAKER. Robt J. Turner ADDRESS Broadway & Eutaw St.

Spec.—8-24-14—M. & T.—2000 Bks.

15 C98924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 C98924

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cora Ballauf

(Residence in Baltimore: No. 1516 Federal St. St.; 48 yrs. 10 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December (Month) 12th (Day), 1867 (Year)

7-AGE, 48 yrs. 10 mos. 2 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Chas E Ballauf

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Jane Hamill

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ormsby M Ballauf

(Address) 2251 First St Wilmington Del

15-OCT 15 1916 ROBERT R. KRAUTER

Filed....., 191.... Burial Permit ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 26 1916, to Oct 14 1916, that I saw h e alive on Oct 14 1916, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Diffuse Peritonitis due to ruptured appendix

(Duration) yrs. 1 mos. 18 ds.

CONTRIBUTORY (Secondary) Shock & Exhaustion

(Duration) yrs. 1 mos. 18 ds.

(Signed) G. A. Saunders M. D.

Oct 14, 1916 (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 18 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 1516 Federal St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Greenmount Cemetery	Oct 16th, 1916.
20-UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK.

James Dunn.

B

C98925

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

C98925

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1114 Wholecote St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Dunn

(Residence in Baltimore: No. 1114 Wholecote St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 10, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. 7 mos. 3 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Washington

PARENTS.

10-NAME OF FATHER, Thomas Dunn

11-BIRTHPLACE OF FATHER (State or Country), Washington Co. Md.

12-MAIDEN NAME OF MOTHER Mary Jones

13-BIRTHPLACE OF MOTHER (State or Country), Washington Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father

(Address) 1114 Wholecote

15-

Filed OCT 15 1916 191.... ROBERT R. KRAUTER Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 14, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bad diet

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. B. Wiltshire M. D.
(Coroner)

Oct 15, 191... (Address) 849 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State Born yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Oct 15 1916

20-UNDERTAKER James H. Dennis

ADDRESS 1303 Preastman

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98926 C98926

CERTIFICATE OF DEATH.

REGISTERED NO. C 9

1-PLACE OF DEATH Mech. Gen. Hospital

CITY OF BALTIMORE: (No. Lindsen & Madison ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph R. Thone

(Residence in Baltimore: No. 74 Sarah Anne St.; ....yrs.,....mos.....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS CERTIFICATE MUST NOT BE FOLDED.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ...(Month) Jan....(Day), 1....(Year)

7-AGE, ...yrs. 9 mos.....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Robert Thone

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Madden

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. H. Bright

(Address) 117 Dolphin

15-

Filed OCT 15 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 14 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 12 1916, to Oct 14 1916, that I saw h[illegible] alive on Oct 14 1916, and that death occurred, on the date stated above, at 12:30 P m.

The CAUSE OF DEATH* was as follows:

Diphtheria

(Duration)....yrs....mos. 2 ds.

CONTRIBUTORY (Secondary) ?

(Duration)....yrs....mos....ds.

(Signed) Elmer Stevenson M. D.

10-14-; 191.6 (Address) 711 W. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 2 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 74 Sarah Anne St

19-PLACE OF BURIAL OR REMOVAL, Loud County DATE OF BURIAL, Oct 17, 1916

20-UNDERTAKER John A. Burke ADDRESS 117 Dolphin

2 P M.

Spec.—8-24-14—M. & T.—2000 Bks.

C98927 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C98927

CERTIFICATE OF DEATH.

B 122

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. Mercy Hospital St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Townsend

(Residence in Baltimore: No. 3621 Maple Ave. St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 54 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saloon
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Brooks

(Address) Calhoun & Hollins

15- OCT 16 1916 Filed ..... 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 26 1916, to Oct 15 1916, that I saw him alive on Oct 15 1916 and that death occurred, on the date stated above, at 2.45 a. m.

The CAUSE OF DEATH* was as follows:

Dysentery

atmt 2 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Septicaemia

Floxdap (Duration) yrs. mos. ds.

(Signed) Edward P. Smith M. D.

Oct 15, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 19 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 3621 Maple Ave

Former or usual residence 3621 Maple Ave

19-PLACE OF BURIAL OR REMOVAL, St Thomas Cemy DATE OF BURIAL, 18, 1916

20-UNDERTAKER Harrison Forrest Calhoun Robert Brooks Hollins

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK.

C98928

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98928

CERTIFICATE OF DEATH.

167

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannah Ridgely Preston

(Residence in Baltimore: No. 53 W Biddle St

St. Yrs. 66 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, January (Month) 16 (Day), 1880 (Year)

7-AGE, 36 yrs. 8 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, William M. Norris M.D.

11-BIRTHPLACE OF FATHER (State or Country) Howard Co. Md.

12-MAIDEN NAME OF MOTHER Mary Gaither

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ridgely Gaither

(Address) Baltimore

15-

Filed OCT 16 1916, 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 14 (Day) 1916 (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns Accidentally With a match setting fire to clothing

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) G. H. Cullen M. D.
(Coroner)

Oct 16 1916 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State 66 yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

50 W. Biddle St.

Former or usual residence 50 W. Biddle St. City

19-PLACE OF BURIAL OR REMOVAL, St Johns Cem Ellicotts City Md DATE OF BURIAL, Oct 16 1916

20-UNDERTAKER Henry W. Jenkins & Sons Co ADDRESS Orchard & McCulloh Sts

Spec.—8-24-14—M. & T.—2000 Bks.

C98929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1920 C98929

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 Hanover St. ST.; 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Kane

(Residence in Baltimore: No. 1406 Hanover St St.; 70 yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS CERTIFICATE MUST NOT BE FOLDED.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dec. (Month) — (Day), 1847 (Year)

7-AGE, 68 yrs. 10 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Julias Whalen

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER M. Fitzpatrick

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss M. Kane

(Address) 1406 Hanover St

15- Filed OCT 16 1916, 191.. HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 13 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 5 1916, to Oct 13 1916, that I saw h[er] alive on Oct 13 1916, and that death occurred, on the date stated above, at 1:20a m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. mos. 2 ds.

(Signed) J. A. Dorsey M. D.

Oct 13, 191.. (Address) 101 E. 21st St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Oct 16, 191.6

20-UNDERTAKER H. F. McElgun

ADDRESS 1422 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98930 C98930

CERTIFICATE OF DEATH.

119

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fred. Whitmer

(Residence in Baltimore: No. 2316 Fleet St.; 7 yrs., 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December (Month) 15 (Day), 1908 (Year)

7-AGE, 7 yrs. 10 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work School boy
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Charles Whitmer

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lizzie Bentrup

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred. Whitmer

(Address) 2316 Fleet St.

15- Filed OCT 16 1916 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 11 1916, to Oct. 14 1916, that I saw him alive on Oct 14 1916, and that death occurred, on the date stated above, at 10.40 P. m.

The CAUSE OF DEATH* was as follows:

Acute Diffuse Nephritis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) yrs. mos. 4 ds.

(Signed) Bernard S. Jacobson M. D.

Oct. 14, 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 34 ds. In the State 7 yrs. 10 mos. ds.

Where was disease contracted, if not at place of death? (?)

Former or usual residence 2316 E. Fleet St.

18-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery

DATE OF BURIAL, Oct. 17., 1916

20-UNDERTAKER William Cook

ADDRESS 502 E. North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK

Spec.—8-24-14—M. & T.—2000 Bks.

C98931 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 C98931

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 6 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Silver

(Residence in Baltimore: No. 111 N. Bond St.: 0 yrs., 0 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, October 7, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. ... mos. 9 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Sam Silver

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Lina Silver

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sam Silver

(Address) 111 N. Bond St

15-

Filed OCT 16 1916, 191.. HARRY D. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 13 1916, to October 16 1916, that I saw him alive on October 16 1916, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Epilepsy

(Duration) ... yrs. ... mos. 9 ds.

CONTRIBUTORY (Secondary) Acute Inanition

(Duration) ... yrs. ... mos. 3 ds.

(Signed) I. Bernard S. Jacobson M. D.

Oct 16, 191.. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 9 ds. In the State ... yrs. ... mos. 9 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 111 N. Bond St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel — DATE OF BURIAL, Oct 16, 191..

20-UNDERTAKER J. Guinan & Bro — ADDRESS 1107 E Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH

C989.32

REGISTERED No. C 104 C989.32

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 218 S. Eden St. 3 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Meltzer

(Residence in Baltimore: No. 218 S. Eden St.; yrs. 2 mos. One ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: W

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Infant

6-DATE OF BIRTH: August (Month) 14, (Day) 1916 (Year)

7-AGE: ____ yrs. 2 mos. 1 ds.

If LESS than 1 day, ____ hrs. or ____ min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): U. S. City

PARENTS

10-NAME OF FATHER: Dave Meltzer

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Cohen

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rebecca Meltzer

(Address) 218 S. Eden St.

15. DEC OCT 16 1916 HARRY C. ANDREWS Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October (Month) 15 (Day), 1916 (Year)

17. I HEREBY CERTIFY. That I attended deceased from Oct. 15, 1916, to Oct-15 1916. that I saw him alive on Oct 15, 1916, and that death occurred on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

Entero-colitis,

(Duration) yrs. 2 mos. 1 ds

Contributory (SECONDARY) Decomposition

(Duration) yrs. ____ mos. 1 ds.

(Signed) Herman Seidel M. D.

Oct-16, 1916 (Address) 1931 E. Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence 218 S. Eden St

19-PLACE OF BURIAL OR REMOVAL: Hebrew Mt Carmel

DATE OF BURIAL: Oct 16, 1916

20-UNDERTAKER: S. Lennon & Bro

ADDRESS: 1107 E Balto St

HEALTH DEPARTMENT--CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98933 104 C98933

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Campbell

(Residence in Baltimore: No. 205 E. 20th St. St.; — yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Single

6-DATE OF BIRTH, May 9, 1911 (Month) (Day) (Year)

7-AGE, 1 yrs. 2 mos. 5 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William Campbell

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Eliz. Boucer

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hosp

(Address) Calvert St

15- OCT 16 1916 Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 25 1916, to Oct. 14 1916, that I saw him alive on Oct 14 1916, and that death occurred, on the date stated above, at 10.00 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary

Ulcer Intestine

Chronic (Duration) yrs. mos. ds.

CONTRIBUTORY, (Secondary) Tuberculosis (Duration) 0 yrs. mos. ds.

(Signed) Jno. A. L. Smith M. D.

Oct. 16, 1916. (Address) 5 E. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 12 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 205 E 20th St

Former or usual residence 205 E. 20th St.

19-PLACE OF BURIAL OR REMOVAL, Interment Cathedral Cem. DATE OF BURIAL, Oct. 16, 1916

20-UNDERTAKER Thomas Downing ADDRESS 1222 Division

Spec.—8-24-14—M. & T.—2000 Bks.

C98934 C98934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

69

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 Aisquith St. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beyman Jacobson

(Residence in Baltimore: No. 1204 Aisquith St. St.; 28 yrs., 11 mos. 3 da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS PERMANENT.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November 12, 1887 (Month) (Day) (Year)

7-AGE, 28 yrs. 11 mos. 3 da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Senior Jacobson

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Minnie Klemansky

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Balto St.

15- OCT 16 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 13 1916, to Oct 15 1916, that I saw h[illegible] alive on Oct 14 1916, and that death occurred, on the date stated above, at 5 25 m.

The CAUSE OF DEATH* was as follows:

Status epilepticus

(Duration) ....yrs. ....mos. 2 da.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) ....yrs. ....mos. 1 da.

(Signed) Charles F. Kolb M. D.

Oct 15, 1916. (Address) 205 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Hebrew Friendship DATE OF BURIAL 10/17/ 1916

20-UNDERTAKER Jack Lewis ADDRESS 1411 E Balto

098935

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

098935

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 3452 Hickory Ave. St.; 13 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Durham

(Residence in Baltimore: No. 3452 Hickory Ave, St.; 6 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: July (Month) 8th. (Day) 1888 (Year)

7-AGE: 28 yrs. 3 mos. 6 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Weaver in
(b) General nature of industry, business, or establishment in which employed (or employer): Cotton mills

9-BIRTHPLACE (State or country): Wlimington Del.

PARENTS

10-NAME OF FATHER: George Durham

11-BIRTHPLACE OF FATHER (State or country): Wilmington Del.

12-MAIDEN NAME OF MOTHER: Sarah Booze

13-BIRTHPLACE OF MOTHER (State or country): Wilmington Del.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George W. Durham

(Address) 3452 Hickory Ave.

15- Filed OCT 16 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct. (Month) 14 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 15, 191 , to Oct. 14 191 6, that I saw h— alive on Oct. 13 191 , and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) 1 yrs. mos ds.

Contributory (SECONDARY) Exposure to cause.

(Duration) yrs mos. ds.

(Signed) C. T. Caugle M. D.

10/16, 191 6 [Address] 3701 Roland Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Wilmington Del.

DATE OF BURIAL: Oct. 17th. 1916

20-UNDERTAKER: A.S. Marshall

ADDRESS: 3539 Falls Road

Spec.—8-24-14—M. & T.—2000 Bks.

C98936

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98936

CERTIFICATE OF DEATH.

96

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 Harlem ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman C A Buchner

(Residence in Baltimore: No. 705 Harlem ave St.; ....yrs., ...mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1865
(Month) (Day) (Year)

7-AGE, 51 yrs. ....mos. ....da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Gardener
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER. Don't know

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Don't know

13-BIRTHPLACE OF MOTHER (State or Country). Don't know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna B Buchner

(Address) 1511 E Eager St

15-

Filed OCT 16 1916 HARRY C. ANDREWS Burial Permit Clerk (Registrar)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 14 1916, to Oct 14 1916, that I saw him alive on Oct 14 1916, and that death occurred, on the date stated above, at 6.10 A m.

The CAUSE OF DEATH* was as follows:

Unknown

(Duration) ....yrs. ....mos. 2 hours da.

CONTRIBUTORY (Secondary) Don't Know

(Duration) ....yrs. ....mos. ....da.

(Signed) H. E. Knauft M. D.

Oct 14, 1916. (Address) 1102 N. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westens Cem — DATE OF BURIAL, Oct 16, 1916

20-UNDERTAKER Wm Easton — ADDRESS 916 Pine ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

C98937 C98937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH — Registered No. C 64

City of Baltimore (No. 526 S. Ellwood Ave St. 1 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Emma Mrs Garrison

(Residence in Baltimore: No. 526 S. Ellwood Ave St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: — (Month) — (Day), 1 (Year)

7 AGE: 78 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Garrison
(Address) 526 S. Ellwood

15 OCT 16 1916 Filed ....., 191 .....
HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct. (Month) 16 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1916, to Oct 16, 1916, that I saw h— alive on Oct. 15, 1916, and that death occurred, on the date stated above, at — m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 1 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Frank A. Krantz M. D.

Oct 16, 1916 (Address) 2216 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Oct 17, 1916

20 UNDERTAKER: Philip Henry — ADDRESS 2016 Allens

C98938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

C98938

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 819 S Bond St ST. 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wladyslaus Kaczynski

(Residence in Baltimore: No. 819 S. Bond St

St.; yrs., mos. 2 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Oct (Month) 14 (Day), 1916 (Year)

7-AGE, ...yrs. ...mos. 2 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). Infant

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Joseph Kaczynski

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Valentza Parzyp

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Kaczynski

(Address) 819 S Bond St

15-

Filed OCT 16 1916 191... HARRY C. ANDERS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Intestinal
Acute Indigestion

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Thomas J. Smith M. D.
(Coroner.)

Oct 16, 191.. (Address) 1610 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary Cem	Oct 16, 1916
20-UNDERTAKER	ADDRESS
Jacob Frankowski	428 S Bond St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98939 C98939 64

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 E Biddle ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie M Jackson

(Residence in Baltimore: No. 907 E. Biddle St.: 40 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Mar 25, 1855
(Month) (Day) (Year)

7-AGE, 61 yrs. 6 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House
(b) General nature of industry, business, or establishment in which employed (or employer)..... House

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Michael Cannon

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Mary Jackson

(Address) 907 E. Biddle St

15-

Filed OCT 16 1916 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 12 1916, to Oct 13 1916, that I saw her alive on Oct 13 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) yrs. mos. ds.

(Signed) James M Rhea M. D.

Oct 16, 191... (Address) 1005 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Oct 17, 1916.

20-UNDERTAKER H. C. Wedefeld & Sons — ADDRESS Funeral Dirs

Burial Permit Clerk

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A LEGAL DOCUMENT.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98916 C98946

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U. S. Marine Hospital REGISTERED NO. C

CITY OF BALTIMORE: (No. ... St.; 120 ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Cavanough.

(Residence in Baltimore: No. U. S. Marine Hosp. St.; ... yrs., ... mos. 11 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH. Oct. ... (Month) ..., 1 ... (Day) (Year)

7-AGE. 35 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Seaman
(b) General nature of industry, business, or establishment in which employed (or employer). Ocean

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. Not Known

11-BIRTHPLACE OF FATHER (State or Country). Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not. Known.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Records

(Address) ...

15-OCT 16 1916 Filed ..., 191... Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 13, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 2 1916, to Oct. 13 1916, that I saw him alive on Oct. 13 1916, and that death occurred, on the date stated above, at 9.45 P m.

The CAUSE OF DEATH* was as follows:

Pernicious Malarial Fever (Cerebral Type)

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) —

(Duration) ... yrs. ... mos. ... ds.

(Signed) Chas. V. Vogel M. D.

Oct. 13, 1916 (Address) U. S. M. Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. 11 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Not Known

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, Boston Mass DATE OF BURIAL, OCT 16 1916

20-UNDERTAKER Joseph B. Cook ADDRESS 104 W Balto

Spec.—8-24-14—M. & T.—2000 Bks.

C98941 C98941

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1531 W. Franklin ST.) 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augusta Schmitt

(Residence in Baltimore: No. 1531 W. Franklin St.: 70 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow.

6-DATE OF BIRTH, March (Month) 9 (Day), 1842 (Year)

7-AGE, 74 yrs. 7 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): Grocery store

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Does not know.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Don't know.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Schmitt

(Address) 1531 W. Franklin St.

15- OCT 16 1916 Filed, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 17 1916, to Oct 15 1916, that I saw h[er] alive on Oct 5 1916, and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(Duration) Suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary) Previous attacks + arteriosclerosis

(Duration) 1 yrs. mos. ds.

(Signed) W. H. Baumann M. D.

Oct. 16, 1916. (Address) 626 W. Lilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park	Oct 17, 1916
20-UNDERTAKER	ADDRESS
Wm Cook	502 E. North Ave

C98942

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98942

CERTIFICATE OF DEATH.

41

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1332 Cleveland St.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Viola Wood Williams

(Residence in Baltimore: No. 1332 Cleveland St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, Aug. (Month) 8 (Day), 1890 (Year)

7-AGE,	If LESS than 1 day,
26 yrs. 2 mos. 6 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Charles Williams

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Laura Clark

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Williams

(Address) 1444 Ward St

15- Filed OCT 16 1916, 191.... HARRY C. ANDERS, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisty (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jurors (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Endocarditis from Rheumatism

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion

(Duration) yrs. mos. 7 ds.

(Signed) James M. Faulkner M. D. (Coroner.)

Oct 16 1916 (Address) 700 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn — DATE OF BURIAL, Oct 17, 1916

20-UNDERTAKER John J. Cowan & Son — ADDRESS 701 Hollins St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B C98943 9 **CERTIFICATE OF DEATH.** 9V C98943

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. A N Carlton ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Warner

(Residence in Baltimore: No. A N Carlton St.: 40 yrs., 6 mos. 19 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Mar

6-DATE OF BIRTH, Mar 25, 1876 (Month) (Day) (Year)

7-AGE, 40 yrs. 6 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Thomas Warner

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Sarah Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Rogers

(Address) 9 N Carlton St

15-

Filed OCT 16 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 14, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 13 1916, to Oct 14 1916, that I saw h alive on Oct 14 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Kidney Disease

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. Norwood M. D.

Oct 16, 191.. (Address) 137 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Lubyone — DATE OF BURIAL, Oct 18 1916

20-UNDERTAKER Robert J. Corrigan — ADDRESS 1119 Holland St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98944 C98944

CERTIFICATE OF DEATH.

105

1-PLACE OF DEATH REGISTERED NO. C

CITY OF BALTIMORE: (No. 2438 Maryland Ave St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sabina M. Young

(Residence in Baltimore: No. 2438 Maryland ave St.; 24 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, July (Month) 25 (Day), 1837 (Year)

7-AGE, 79 yrs. 2 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Baller

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. C. Young

(Address) 913 E. Fayette St.

15- Filed OCT 16 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 1 1916, to Oct 15 1916, that I saw h.. alive on Oct 15 1916, and that death occurred, on the date stated above, at 12.40 PM

The CAUSE OF DEATH* was as follows:

Enterocolitis

(Duration) yrs. 7 mos. 15 ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency

(Duration) yrs. mos. ds.

(Signed) Frederick Thomas M. D.

Oct 15 1916 (Address) 2438 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Thurmont Frederick Co Md. DATE OF BURIAL, Oct 18.. 1916

20-UNDERTAKER Chas G. Black ADDRESS 120 W. Madison St

1916
79
1837

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98945 C98945

CERTIFICATE OF DEATH.

× 31

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Proctor

(Residence in Baltimore: No. 2 mos. 15 days in Johns Hopkins Hospital yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, September 22, 1895
(Month) (Day) (Year)

7-AGE, 21 yrs. — mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

PARENTS.

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, A. Proctor

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country). "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A Proctor

(Address) Johns Hopkins Hospital

15-OCT 16 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26 1916 to October 11 1916, that I saw h lmalive on October 11 1916, and that death occurred, on the date stated above, at 10 48 p m.

The CAUSE OF DEATH* was as follows:

Tuberculous peritonitis and pleurisy

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) M. Ileum Tuberculosis

(Duration) yrs. 1 mos. ds.

(Signed) Alan Le Sutton M. D.

Oct. 12, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 15 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence La Plata Md

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, ..., 191....

20-UNDERTAKER | ADDRESS

FOR ANATOMICAL PURPOSES.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 C38946

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Elizabeth Home St.; 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME June Agnes Jones

(Residence in Baltimore: No. St. Paul St.; yrs. 6 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): single

6-DATE OF BIRTH: April (Month) 10 (Day), 1916 (Year)

7-AGE: yrs. 6 mos. 4 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: ?

11-BIRTHPLACE OF FATHER (State or Country): ?

12-MAIDEN NAME OF MOTHER: ?

13-BIRTHPLACE OF MOTHER (State or Country): ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother M. Winifred

(Address) St. Elizabeth Home

15- OCT 16 1916 Filed, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 21 1916, to Oct 14 1916, that I saw h[illegible] alive on Oct 14 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Abdominal Carcinoma Decomposition
(Chronic Gen. Malignant Disease.)

(Duration) yrs. 2+ mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edgar D. Fitzgerald M. D.

Oct. 13, 191 6 (Address) 1616 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death 0 yrs. 1 mos. 23 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Mt. Wilson Sanitarium

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL. , 191

20-UNDERTAKER ADDRESS

COLLEGE OF P. & S. OCT 16 1916 Commissioner Health.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

50

Spec.—8-24-14—M. & T.—2000 Bks.

C98947 C98947

HEALTH DEPARTMENT—CITY OF BALTIMORE

63

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 7 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Morton.

(Residence in Baltimore: No. 1516 Ashland Ave. St.: yrs., mos. ds.)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, May 6, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. ...ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, Arthur Morton

11-BIRTHPLACE OF FATHER (State or Country). md.

12-MAIDEN NAME OF MOTHER Sarah Red

13-BIRTHPLACE OF MOTHER (State or Country). md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phillips

(Address) Johns Hopkins Hosp.

15- OCT 16 1916 Filed ... 191... Registrar.

HARRY C. ARMSTRONG
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1916 to Oct 13 1916, that I saw h[illegible] alive on Oct. 13 1916, and that death occurred, on the date stated above, at 3-30 pm.

The CAUSE OF DEATH* was as follows:

Poliomyelitis, acute

(Duration) 0 yrs. 0 mos. 3 ds.

CONTRIBUTORY (Secondary) none

(Duration) 0 yrs. 0 mos. 0 ds.

(Signed) D. C. W. Swift M. D.

Oct. 14, 191 6 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1516 Ashland Ave.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

HOPKINS HOSPITAL
Commissioner Health.
FOR ANATOMICAL PURPOSES

C98948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167 C98948

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Hebrew Hospital ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Gottlieb

(Residence in Baltimore: No. 7 Irvin place St.) 1 yrs. 6 mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.): Baby

6-DATE OF BIRTH, Sept. 21 1912 (Month) (Day), 1 (Year)

7-AGE, 4 yrs. [redacted] mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): [redacted] Balto

PARENTS.

10-NAME OF FATHER: Morris Gottlieb

11-BIRTHPLACE OF FATHER (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Pauline Sulzman

13-BIRTHPLACE OF MOTHER (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Pauline Gottlieb

(Address) 7 Irvin Pl

15- Filed OCT 16 1916 HARRY C. ANDREWS Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 15 1916 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns Accidental

Set clothes afire while playing with matches (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] (Coroner.) M. D.

Oct 16, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale

DATE OF BURIAL, 10-16-, 1916

20-UNDERTAKER [illegible]

ADDRESS 1711 E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98949 C98949

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 419 Lombard ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann Minerva Cole

(Residence in Baltimore: No. 819 S Arnold Wood ave St.; ....yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.)
female	white	widow

6-DATE OF BIRTH, ... Dec (Month) 11 (Day), 1854 (Year)

7-AGE.	If LESS than 1 day,
61 yrs. 8 mos. 3 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), maryland

PARENTS.

10-NAME OF FATHER, Enos Jaffney

11-BIRTHPLACE OF FATHER (State or Country), maryland

12-MAIDEN NAME OF MOTHER Caroline Phipps

13-BIRTHPLACE OF MOTHER (State or Country), maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Estherwood Cole

(Address) 819 S Arnold Wood

15- OCT 16 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1916, to Oct 14 1916, that I saw h[illegible] alive on Oct 14 1916, and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

..... (Duration) ....yrs. two hours mos. ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Martha A Cox M. D.

10.16., 191C (Address) Garrison Blvd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Laurel County	Oct. 16, 191...
20-UNDERTAKER	ADDRESS
W J Tschiegan	north Ave

B (98950)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172 (98950)

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospital 18 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E Mitchell

(Residence in Baltimore: No. 1037 W Mulberry St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept (Month) 12 (Day), 1855 (Year)

7-AGE, 61 yrs. 1 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Robert Mitchell

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Hilda Moor

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C Mitchell

(Address) 1037 W Mulberry St

15-Filed OCT 16 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fall from 2nd story window of 1037 W Mulberry accidental

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

(Signed) James M Kenlon (Coroner) M. D.

Oct 16 1916 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. State in the 1037 Mulberry St yrs. mos. ds.

Where was disease contracted, if not at place of death?

1037 Mulberry St

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Pleasant Cemetery — DATE OF BURIAL, Oct 18 16

20-UNDERTAKER Wm J Fuchs & Sons — ADDRESS North & Penna Aves

C98951

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104

C98951

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 1926 E. Eager 7 ST.: WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John Boice Butler

(Residence in Baltimore: No. 1926 E. Eager St.: — yrs. 8 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: February 1, 1916 (Month) (Day) (Year)

7 AGE: yrs. 8 mos. 16 ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore City.

PARENTS

10 NAME OF FATHER: Thomas. D. Butler

11 BIRTHPLACE OF FATHER (State or country): Baltimore City.

12 MAIDEN NAME OF MOTHER: Laurie E. Riley

13 BIRTHPLACE OF MOTHER (State or country): Baltimore City.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. John Cape

(Address) 1926 E. Eager,

15 OCT 16 1916 Filed ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October 16, 1916 (8) (Month) 16 (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from September 23. 1916. to. October 16 1916. that I saw him alive on October 15 .1916. and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Acute Diarrhoea

(Duration) — yrs. — mos. 23 ds

Contributory (SECONDARY) Exhaustion

(Duration) — yrs. — mos. 2 ds.

(Signed) Frederick E. Hoover M. D.

October 16, 1916 (Address) 112 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt. Carmel — DATE OF BURIAL: Oct 18, 1916

20 UNDERTAKER: Zickler & Zickler — ADDRESS 1538 E. Eager

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98952 64 C98952

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp ST.; 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E. Stewart

(Residence in Baltimore: No. 1284 Riverside Ave St.; 35 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec 8, 1836 (Month) (Day) (Year)

7-AGE, 79 yrs. 10 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Masonic Engineer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Delaware.

PARENTS.

10-NAME OF FATHER, James E Stewart.

11-BIRTHPLACE OF FATHER (State or Country), Delaware.

12-MAIDEN NAME OF MOTHER Mary E Clark

13-BIRTHPLACE OF MOTHER (State or Country), Delaware

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Stewart

(Address) 1284 Riverside

15- OCT 16 1916 ROBERT P. KRAUTER

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 16th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 15 1916, to Oct 16 1916, that I saw him alive on Oct 16 1916, and that death occurred, on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

(Signed) William F. Mueller M. D.

Oct 16, 1916. (Address) St. Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. 2 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1284 Riverside Ave

19-PLACE OF BURIAL, OR REMOVAL, Cedar Hill - Cem

DATE OF BURIAL, Oct 18, 1916

20-UNDERTAKER J. Fred McCauley

ADDRESS 39 E. Fort Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98953

CERTIFICATE OF DEATH.

170 C98953

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Md General Hospt ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Shelkoski

(Residence in Baltimore: No. 2541 Flat St St.; 23 yrs. ..... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov. (Month) 15 (Day), 1866 (Year)

7-AGE, 49 yrs. 11 mos. 1 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... House work
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Poland.

PARENTS.

10-NAME OF FATHER, Philip Zuckowski

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Mary L Buchowska

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Shelkoski

(Address) 2541 Flat St

15-

Filed ..... 191.....

ROBERT B. KRAUTH

Registrar.

OCT 16 1916

DEPUTY COMPTROLLER

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 13. 1916, to Oct 15 1916, that I saw h[illegible] alive on Oct 15 1916, and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Pneumonitis

Myocardosis

Chronic Contusion with Hemoptysis

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Edward Hunkemeyer M. D.

10-15, 1916 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 2541 Flat St

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary (Conv) — DATE OF BURIAL, Oct 18., 1916

20-UNDERTAKER, Stephen J Shelkowski — ADDRESS 1519 Lemmon St

GENERAL AFFIDAVIT THE DAILY RECORD CO. PRINT, BALTIMORE, MD

State of Maryland, Baltimore City **to wit:**

BE IT REMEMBERED, *That on this* 26 *day of* January *A. D., 1917, before me, the subscribey, a* Notary Public *of the said state, in and for the* City *aforesaid, personally appeared* John Chilcoski

and made oath in due form of law that his wife was Mary Chilkoski And She died October 15th 1916 at the Maryland General Hospital. And her residence was 2341 Fleet St at the time of her death. And her Correct age was Forty nine (49) years old when She died to the best of his Knowledge and belief.

John Chelchowsky

William D. Gould
Notary Public

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98954 172 C98954

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2237 Eastern ave ST.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Weil

(Residence in Baltimore: No. 2237 Eastern ave 50 St.; yrs.. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): widow

6-DATE OF BIRTH: May (Month) 4 (Day), 1849 (Year)

7-AGE: 67 yrs. 7 mos. 10 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: George Engel

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Anna Engel

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank J. Weil

(Address) 2237 Edwood ave

15- ROBERT R. KRAUTER

Filed OCT 16 1916, 191.... Burial Permit Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of base of skull

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) accidental fall while walking across floor

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry Von Dunten M. D. (Coroner.)

Oct 14, 1916 (Address) 1610 Eutaw st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Sacred Heart

DATE OF BURIAL, Oct 17, 19...

20-UNDERTAKER: Kendall Apple Co.

ADDRESS 3781

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98955 C98955

CERTIFICATE OF DEATH.

64

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 1709 Abbottston st St.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Anna M Kampes

(Residence in Baltimore: No. 1709 Abbottston st St.; 5-8 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, White Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct 18 (Month) 1848 (Day) (Year), 1

7-AGE, 68 yrs. 11 mos. 26 da. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work H W.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Adam Aull

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo M Kampes

(Address) 1709 Abbottston st

15-

Filed OCT 16 1916 191 ROBERT R. KRAUTER Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 14 1916 (Month) (Day) (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) E. Wm. Sussler (Coroner.) M. D.

Oct 15 1916, 191... (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 56 yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, October 17 1916

20-UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument

HEALTH DEPARTMENT—CITY OF BALTIMORE.

B C98956 150 C98956

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE (No.) 1718 S.Charles St. ST.: 23rd (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Warren P.Erey.

(Residence in Baltimore: No. 1718 S.Charles St. St.: 11 yrs., 1 mos. 8 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male.	White.	Single.

6-DATE OF BIRTH, September 7th. 1916.
(Month) (Day) (Year)

7-AGE, ----- yrs. 1 mos. 8 ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Franklin P.Erey.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Anita M.Feigley.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs.Anita M.Erey.(Mother)

(Address) 1718 S.Charles St.

15- OCT 16 1916 ROBERT R. KRAUTER
Filed....., 191.... Registrar.
Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 15th. 1916., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Congenital.

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Otto M. Reinhardt (County) M. D.

Oct 15, 1916. (Address) 1017 S.Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, Oct 17, 1916

20-UNDERTAKER H.J.M.A. Flynn — ADDRESS 1422 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98957 105 C 32957

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 N. Durham ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Kadlec

(Residence in Baltimore: No. 917 N. Durham St.; 3 yrs., 1 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant X

6-DATE OF BIRTH, Sept (Month) 13 (Day), 1913 (Year)

7-AGE, 3 yrs. 1 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Kadlec

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Kodicka

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Kadlec

(Address) 917 N. Durham St

15- OCT 16 1916 Filed..... 191. ROBERT R. KRAUTER Social Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 15 3 PM 1916, to October 15 10 PM 1916, that I saw h[im] alive on Oct 15 10 PM 1916, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

.....Convulsions.....

..... (Duration) one day yrs. mos. ds.

CONTRIBUTORY (Secondary) Tracheo-bronchitis

..... (Duration) yrs. mos. 1 ds.

(Signed) Thomas J. Fleming M. D.

Oct 16, 1916 (Address) 1025 N. Wolfe St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Oct 18, 1916

20-UNDERTAKER Frank Crouch & Son — ADDRESS 1906 E. Monument

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Frank Posedenti

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C98958 — PLACE OF DEATH

91 — REGISTERED No. C

C98958

CITY OF BALTIMORE (No. 1730 Maryland Ave ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank posedenti

(Residence in Baltimore: No. 1730 Maryland Ave St.; yrs. mos. 19 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Aug (Month) 27 (Day), 1916 (Year)

7-AGE: yrs. 1 mos. 19 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Nonn
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Angelo posedenti

11-BIRTHPLACE OF FATHER (State or country): Italy

12-MAIDEN NAME OF MOTHER: Mary DeToni

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-I THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Antonia Posedenti

(Address) 1730 Md Ave

15. OCT 16 1916 Filed, 191.

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) 16 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1916. to. Oct 16 1916.
that I saw h[illegible] alive on Oct 15, 1916.
and that death occurred, on the date stated above, at 1.30 p. m.
The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 5 ds

Contributory (SECONDARY)

(Duration) yrs. 1 mos. ds.

(Signed) N Maryland Ave M. D.

Oct 16, 1916. (Address) 1815 N. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Vincents (DATE OF BURIAL) Oct 17, 191[illegible]

UNDERTAKER: A. S. Marshall (ADDRESS) 1539 Eden St

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98959 C98959

CERTIFICATE OF DEATH.

B 5 120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 618 Sterling st ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Author Dickerson

(Residence in Baltimore: No. 618 Sterling st Sty. yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Jan (Month) 13 (Day) 1890 (Year), /

7-AGE: 26 yrs. 9 mos. I ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer (Day)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: Wm H Dickerson

11-BIRTHPLACE OF FATHER (State or Country): Balto

12-MAIDEN NAME OF MOTHER: Mammie Diggs

13-BIRTHPLACE OF MOTHER (State or Country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Mable Dickerson

(Address): 618 sterling st

15-

Filed OCT 17 1916 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct (Month) 14 (Day) 1916 (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Wood Teackoyer (Coroner.) M. D.

Oct 15 1916 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery DATE OF BURIAL: Oct 17 1916

20-UNDERTAKER: Leo H Hooper ADDRESS: 607 Mt Ave

C38960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C38960

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Scott E. Eden St.: 15 WARD) 79

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lou Chapman

(Residence in Baltimore: No. 1405 N Mount St. (Yrs. — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 24 (Day), 1879 (Year)

7-AGE. 37 yrs. 2 mos. 20 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Chauffeur.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Andrew Chapman

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Rebecca Wilson

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Chapman

(Address) 1834 N. Ave.

15-
Filed OCT 17 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Oct 16 1916 Albert D. Driscoll (Coroner) M. D.

(Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn cemetery

DATE OF BURIAL, Oct 17 1916

20-UNDERTAKER Ives & Hooper

ADDRESS 604 E. Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98961 C98961

CERTIFICATE OF DEATH.

REGISTERED NO. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 850 W. 34 ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Oliva Rhoder

(Residence in Baltimore: No. 850 W 34 St St.; yrs. 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Dec 16 (Month), (Day), 1915 (Year)

7-AGE, ... yrs. 10 mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Earl Rhoder

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Goldie Wamn

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Earl Rhoder

(Address) 850 W 34 St

15- Filed OCT 17 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 16 (Month), (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 14 1916, to Oct 16 1916, that I saw h[illegible] alive on Oct 16 1916, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Exposure to cold

(Duration) ... yrs. ... mos. ... ds.

(Signed) C. T. Coughlin M. D.

10/16, 1916 (Address) 2201 Rolandpark

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys Hampden — DATE OF BURIAL, Oct 17, 1916

20-UNDERTAKER Chenoweth Long — ADDRESS Chestnut Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98962 C98962

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1517 Fleet ST.; 3 WARD.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Teresa Stankiewicz

(Residence in Baltimore: No. 1517 Fleet St.; — yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. 5, 1915 (Month) (Day) (Year)

7-AGE, ... yrs. 10 mos. 11 ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Auburn, N. Y.

PARENTS.

10-NAME OF FATHER, Walter Stankiewicz

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Helen Gujacwska

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alexander Stankiewicz

(Address) 221 S. Broadway

15- HARRY C. ANDERS

Filed OCT 17 1916 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 14th 1916, to Oct 15th 1916, that I saw her alive on Oct. 15th 1916, and that death occurred, on the date stated above, at 1A m.

The CAUSE OF DEATH* was as follows:

Chronic Intest. Colitis.

(Duration) ... yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary) Acute Endocarditis

(Duration) ... yrs. ... mos. 3 ds.

(Signed) E. Cox Smith M. D.

Oct 16, 1916 (Address) 221 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 00 mos. ds. In the State 1 yrs. 00 mos. ds.

Where was disease contracted, if not at place of death? 1517 Fleet St

Former or usual residence 1517 Fleet St.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St. Stanislaus	Oct. 17..., 1916.
20-UNDERTAKER John Grabliauskas	ADDRESS

Spec.—8-24-14—M. & T.—2000 Blks.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98963

CERTIFICATE OF DEATH.

28

C98963

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 S. Dallas ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Cwirk

(Residence in Baltimore: No. 510 S. Dallas St.; 15 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Not Known (Month), (Day), 1866 (Year)

7-AGE, about 50 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Joseph Barnasz

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER, Mary Bielatowicz

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Cwirk

(Address) 510 S. Dallas

15. Filed OCT 17 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 15 1916, to Oct 16 1916, that I saw her alive on Oct 16, 1916, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Emil Novak M. D.

Oct 16, 191 6 (Address) 24 Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Oct 18, 191 6

UNDERTAKER, William Fiall (Wolfe)

ADDRESS 1618 Eastern

(Wolfe 1529

C98964

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98964

CERTIFICATE OF DEATH.

109

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2443 E Monu ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Jones

(Residence in Baltimore: No. 2443 E Monu St.; yrs., mos., ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	Col	Single

6-DATE OF BIRTH, Feb 20, 1894
(Month) (Day) (Year)

7-AGE, 22 yrs. 6 mos. 27 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Messenger Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, Henry Jones

11-BIRTHPLACE OF FATHER (State or Country). Balto.

12-MAIDEN NAME OF MOTHER Dinah Myers

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible]

(Address) 2443 E Monu St

15- Filed OCT 17 1916, 191... HARRY C. ANDERSON Registrar. Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 15, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hydrocephalus

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Epilepsy

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.
(Coroner.)

Oct 16, 1916. (Address) 815 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State None yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn DATE OF BURIAL, Oct 18 1916, 19..

20-UNDERTAKER Jas. E. Wright ADDRESS 66 N Mary

C98965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C98965

151

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. 610 n Chapel St. WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Lawrence Downing

(Residence in Baltimore: No. 610 n Chapel St.: yrs. 1 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): single

6 DATE OF BIRTH: Sept (Month) 7 (Day), 1916 (Year)

7 AGE: 0 yrs. 1 mos. 8 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto city

PARENTS

10 NAME OF FATHER: Lawrence Downing

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Minnie Wallace

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Green

(Address) 610 n Chapel St

15 Filed OCT 17 1916, 191 HARRY C. ANDERSON Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 15 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1916, to Oct 15 1916, that I saw h— alive on Oct 14, 1916, and that death occurred, on the date stated above, at — m. or a— m.

The CAUSE OF DEATH* was as follows:

marasmus

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Congenital Debility

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J Edward Finlen M. D.

Oct 17, 1916 (Address) 1612 E monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Oct 17, 1916

20 UNDERTAKER: Harry A Vosburg

ADDRESS: 1726 Eden St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98966 C98966

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 Hanover St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Magdaline Edwards

(Residence in Baltimore: No. 1820 Hanover St.; Life yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): widow

6-DATE OF BIRTH, Oct (Month) 14 (Day), 1848 (Year)

7-AGE, 68 yrs. 1 ds. If LESS than 1 day ....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md (Baltimore)

PARENTS.

10-NAME OF FATHER: Frederick Mills

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Mary Walker

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Edwards

(Address) 1820 Hanover St

15- OCT 17 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1916, to Oct 15 1916, that I saw h[illegible] alive on Oct 15 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Interstitial Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) A. T. Cameron M. D.

Oct 16 191 6 (Address) 16[illegible] Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Crm. DATE OF BURIAL, Oct 19, 1916

20-UNDERTAKER C. Schlosman & Son ADDRESS 1039 Hanover St

C98967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43 C98967

REGISTERED No. C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1413 Hanover St. 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Matilda Grecht

(Residence in Baltimore: No. 1413 Hanover St. St.: Sick mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: March 27, 1867 (Month) (Day) (Year)

7 AGE: 49 yrs. 6 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Charles Gundlach

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Christina Loufeld

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Christian Grecht

(Address) 1413 Hanover St

15. Filed OCT 17 1916 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 15th (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 4th, 1916, to Oct 15th 1916, that I saw her alive on Oct 15th, 1916, and that death occurred, on the date stated above, at 5P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(Duration) 2 yrs. 0 mos. 0 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) August Storm M. D.

Oct 16 1916 (Address) 406 20th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park Cem. DATE OF BURIAL: Oct 18th 1916

20 UNDERTAKER: E. Schloman & Son ADDRESS: 1039 Hanover St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98968 X122 C98968

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lord Burbank, (Burbank)

(Residence in Baltimore: No. 14 days in Johns Hopkins Hospital St.; yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. (Month) 21 (Day), 1913 (Year)

7-AGE, ~~—~~ yrs. 10 mos. ~~25~~ ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William Burbank

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Marion Stowell

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15- OCT 17 1916 HARRY C. ANDREWS Registrar

Filed....., 191.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 2 1916, to Oct. 16 1916, that I saw h alive on Oct. 16 1916, and that death occurred, on the date stated above, at 2 15 p.m.

The CAUSE OF DEATH* was as follows:

Pyelonephritis, acute

(Duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) K. Thomas M. D.

Oct. 16, 191.6 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 14 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Relay, Md.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Oct. 18, 191.6

20-UNDERTAKER E. M. Mitchell & Co

ADDRESS 1201 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

C98969

HEALTH DEPARTMENT—CITY OF BALTIMORE.

C98969

CERTIFICATE OF DEATH.

B 120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 133 N. Ann ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James J. Kube

(Residence in Baltimore: No. 133 N. Ann St.; 42 yrs., 11 mos. 15 ds.)

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, October (Month) 31 (Day) 1873 (Year)

7-AGE, 42 yrs. 11 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Supt. Mail Wagon
(b) General nature of industry, business, or establishment in which employed (or employer): Drivers

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Louis M. Kube

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Kane

13-BIRTHPLACE OF MOTHER (State or Country), Liverpool Eng

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary L. Kube

(Address) 133 N. Ann St.

15- Filed OCT. 17 1916, 191.. EMMET ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 16 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 10 1915, to Oct 16 1916, that I saw h[illegible] alive on Oct 15 1916, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

probably

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial asthma and bronchitis with chronic bronchitis

(Duration) 5 yrs. mos. ds.

(Signed) Paul Steffe M. D.

10/16, 1916 (Address) 1317 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, October 17, 1916

20-UNDERTAKER Henry Horck Son

ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98970 C98970

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 E. Lafayette Ave.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Irwin Stopps

(Residence in Baltimore: No. 1413 E Lafayette ave St.; 2 yrs., 6 mos. 18 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, March (Month) 29 (Day), 1914 (Year)

7-AGE, 2 yrs. 6 mos. 18 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, William A. Stopps

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Mary F. Ethel

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. William A. Stopps

(Address) 1413 E. Lafayette Ave

15- OCT 17 1916 Filed, ..., 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 12 1916, to Oct 17 1916, that I saw h[illegible]live on Oct 17 1916, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) ..... (Duration) ....yrs. ....mos. ....ds.

(Signed) J. Walter T. Thomas M. D.

Oct 17, 1917. (Address) 1238 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Oct 18, 1916

20-UNDERTAKER Henry Knecht & Son — ADDRESS 1301 E Eager

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98971 151 C98971

CERTIFICATE OF DEATH.

1-PLACE OF DEATH The Johns Hopkins Hospital. REGISTERED NO. C

CITY OF BALTIMORE: (No. ..... ST.; 7 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oline Peck

(Residence in Baltimore: No. ..... St.; ..... yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct (Month) 2 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Ira Peck.

11-BIRTHPLACE OF FATHER (State or Country), Del.

12-MAIDEN NAME OF MOTHER Oline Gail

13-BIRTHPLACE OF MOTHER (State or Country), Wis

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W Clifford McKee

(Address) The Johns Hopkins Hospital

15-

Filed OCT 17 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 15 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 2 1916, to Oct 15 1916, that I saw her alive on Oct 15 1916, and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

Primary Peritonitis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Prematurity

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John W. Harris M. D.

Oct. 15th 1916 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL. ....., 191...
20-UNDERTAKER	ADDRESS

HARRY C. JONES, M.D. Commissioner of Health.

Burial Permit Clerk

FOR ANATOMICAL PURPOSES

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

98972 — 46 — 98972

1-PLACE OF DEATH: Little Sisters of the Poor — REGISTERED NO. C

CITY OF BALTIMORE: (No. ..... ST.: 10 ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME: Patrick Gillin

(Residence in Baltimore: No. Little Sisters of the Poor St.: 60 yrs., mos. da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Widower

6-DATE OF BIRTH: July (Month) 22 (Day), 1828 (Year)

7-AGE: 88 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: Robert Gillin

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Gillin

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Sister Benedict

(Address): Little Sisters of the Poor

15- Filed OCT 17 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct (Month) 16th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from No Record 191, to 191, that I saw h[illegible] alive on Oct 15 1916, and that death occurred, on the date stated above, at 7 30 p. m.

The CAUSE OF DEATH* was as follows:

Abdominal tumor

Arteriosclerosis (Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Debility of age (Duration) yrs. mos. da.

(Signed) F. H. Warner M. D.

Oct 17, 1916 (Address) 1133 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence: Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Oct 18, 1916

20-UNDERTAKER: H. C. Wedefeld — ADDRESS: 814 Fremont Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98973 C98973 170

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1845 McHenry ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Lumbrey

(Residence in Baltimore: No. 1845 McHenry St.; 59 yrs. 11 mos. 6 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, November (Month) 10 (Day), 1856 (Year)

7-AGE, 59 yrs. 11 mos. 6 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Baltd city

PARENTS.

10-NAME OF FATHER, George Lumbrye

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs L Kaelle

(Address) 1845 McHenry St

15- OCT 17 1916 Filed ..., 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 9 1916, to October 15 1916, that I saw her alive on October 15th 1916, and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH* was as follows:

Coma

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial nephritis (Duration) ... yrs. ... mos. 6 ds.

(Signed) Mrs. J. F. Blayr M. D.

Oct 16, 1916 (Address) 1105 S. Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Western Cemetery — DATE OF BURIAL, Oct 18 1916

20-UNDERTAKER Geo D Gerding — ADDRESS Balto

FB

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 938974 — 92 — 938974

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1813 Vine St St.: 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances E. Williams

(Residence in Baltimore: No. 1813 Vine St.: yrs., mos. 8 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Single

6-DATE OF BIRTH: Oct (Month) 8 (Day), 1916 (Year)

7-AGE: ....yrs. ....mos. 8 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Baltimore Maryland

PARENTS.

10-NAME OF FATHER: Charles Williams

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Marie Pinkney

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marie Williams

(Address) 1813 Vine St

15-

Filed OCT 17 1916

Rec'd

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) found that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchitis acute

(Duration) ....yrs. ....mos. 3 ds.

(Signed) James M. Linton (Coroner) M. D.

Oct 17 1916. (Address) 400 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Arbutus Md — DATE OF BURIAL: Oct 17 1916

20-UNDERTAKER: Geo A Gerty — ADDRESS: Baltimore

Spec.—8-24-14—M. & T.—2000 Blks.

C98975

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98975

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Women Home 19 ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beulah McElwane

(Residence in Baltimore: No. 1400 W Lexington St St.: 14 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Fem

4-COLOR OR RACE: Wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Wid

6-DATE OF BIRTH: Feb 12 (Month) (Day), 1832 (Year)

7-AGE: 84 yrs. 7 mos. 5 ds. If LESS than 1 day, hrs. or mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Burlington N J.

PARENTS.

10-NAME OF FATHER: Wm McElwane

11-BIRTHPLACE OF FATHER (State or Country): N. J.

12-MAIDEN NAME OF MOTHER: Sarah Fort

13-BIRTHPLACE OF MOTHER (State or Country): N. J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Ella J. Jones

(Address): Matron

15- OCT 17 1916 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 17 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1916, to Oct 17 1916, that I saw h alive on Oct 16 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. ds.

(Signed) C. F. Norwood M. D.

Oct 17, 1916 (Address) 939 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death 15 yrs. mos. ds. In the State 74 yrs. mos. ds.

Where was disease contracted, if not at place of death? Can

Former or usual residence Aged Woman Home

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Oct 18, 1916

20-UNDERTAKER George J Smith — ADDRESS 1000 Fayette No 11

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98976 64 C98976

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Woman Home St.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C Moore

(Residence in Baltimore: No. 1400 W Lexington St.; 14 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, November, 1 (Month) (Day) (Year)

7-AGE, 74 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jost Bromwell

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md.

12-MAIDEN NAME OF MOTHER Mary C Vane

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella J Jones

(Address) Matron

15- MARY C. ANDREWS

Filed OCT 17 1916 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1916, to Oct 16 1916, that I saw h alive on Oct 14 1916, and that death occurred, on the date stated above, at 4 30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 4 ds.

(Signed) F. Norris M. D.

Oct 16, 1916 (Address) 1939 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 17 mos. ds. In the State yrs. 24 mos. ds.

Where was disease contracted, if not at place of death? Aged Woman Home

Former or usual residence Aged Woman Home

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Oct. 18, 1916

20-UNDERTAKER George J Smith

ADDRESS 1000 Fayette

C98977

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

C98977

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2803 York Road ST.: 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME George R. V. Dillehunt

(Residence in Baltimore: No. 2803 York Road St.: yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: April (Month) 6 (Day), 1842 (Year)

7 AGE: 74 yrs. 6 mos. 9 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, particular kind of work: Foreman Rail Road Co "Retired"
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Wm. Dillehunt

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sarah Hennebryger

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Dillehunt

(Address) 2803 York Road

15 Filed OCT 17 1916 19... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 15th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 11th, 1916, to Oct 15th 1916, that I saw him alive on Oct 15th, 1916, and that death occurred, on the date stated above, at 1145 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 4 ds

Contributory (SECONDARY) Arterial Sclerosis

(Duration) 2 yrs. ... mos. ... ds.

(Signed) Wm. J. Pillsbury M. D.

Oct. 17th, 1916 (Address) 2803 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Mary's Govans — DATE OF BURIAL: Oct 18, 1916

20 UNDERTAKER: E. C. Wedefield — ADDRESS: 2113 Greenmount Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98978 61 C98978

CERTIFICATE OF DEATH.

1-PLACE OF DEATH CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 17 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rohnella Dungee.

(Residence in Baltimore: No. 93½ Angyle Ave St.: Life yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sing

6-DATE OF BIRTH, Sept. (Month) 18 (Day), 1906 (Year)

7-AGE, 10 yrs. 1 mos. 25 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Hanny Dungee

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Louisa Holland

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Fuller

(Address) Johns Hopkins Hosp

15. OCT 17 1916 ROBERT R. KRAUTER

Filed ..... 191.. Registrar

Burial Permit No.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 16. (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1916 to Oct. 16 1916, that I saw h[illegible] alive on Oct. 16 1916, and that death occurred, on the date stated above, at 6 40 P. m.

The CAUSE OF DEATH* was as follows:

Pneumococcus Meningitis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) I. F. Wagner M. D.

Oct. 16, 1916. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. — mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 93 2 Angyle Ave

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, Oct. 19, 1916.

20-UNDERTAKER Geo. W. Holland

ADDRESS 512 Robert St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98979

CERTIFICATE OF DEATH.

92 C98979

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 N. Lakewood Ave; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace Carlyn Eifert

(Residence in Baltimore: No. 825 N. Lakewood Ave

Ser. 1 yrs., 8 mos. 24 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, January (Month) 22 (Day), 1915 (Year)

7-AGE, 1 yrs. 8 mos. 24 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Carl Eifert

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Grace M. Dubbert

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carl H. Eifert

(Address) 825 N. Lakewood Ave

15-

Filed OCT 17 1916 ROBERT R. KRAUTER Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1916, to Oct. 16, 1916, that I saw h[illegible] alive on Oct 16, 1916, and that death occurred, on the date stated above, at 2.00 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Grace M. Marks M. D.

Oct. 16, 1916 (Address) 1807 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, Oct 18, 1916

20-UNDERTAKER Jos Joerdens Son ADDRESS 217 N. Pen[illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B C98980 — 120 — C98980

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 802 N Bond St.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie M. Murray

(Residence in Baltimore: No. 802 N Bond St.; yrs. 41 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH. May 17, 1867 (Month) (Day) (Year)

7-AGE. 49 yrs. 5 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. Patrick Gilleen

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Dont Know

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph B. Murray

(Address) 802 N Bond St

15- ROBERT B. KRAUTER

Filed OCT 17 1916 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct. 16 1916, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) [signature] (Coroner.)

Oct. 17 1916 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
New Cathedral	Oct. 18, 19..
20-UNDERTAKER	ADDRESS
Wm. Cook	502 North a

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98981 C98981

CERTIFICATE OF DEATH.

80

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2811 Parkwood ave St., 13 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adolph Weide

(Residence in Baltimore: No. 2811 Parkwood Ave St.; 42 yrs., 11 mos. 13 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, November 3 (Month) 1873 (Day) , 1 (Year)

7-AGE, 42 yrs. 11 mos. 13 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cutter Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): Gomelsen

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jacob Weide

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Minnie Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank M. Pfisterer

(Address) 2809 Parkwood ave

15- OCT 17 1916 ROBERT R. KRAUTER
Filed ..... 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 16th (Day) Monday, 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 15 1916, to Oct 16 1916, that I saw h[illegible] alive on Oct 16 1916, and that death occurred, on the date stated above, at 4.35 P m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

3 (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

6 (Duration) ... yrs. ... mos. ... ds.

(Signed) Clement Fox M. D.

Oct 17, 191.. (Address) 2731 Madison ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Baltimore Cem

DATE OF BURIAL, Oct 18, 1916

20-UNDERTAKER H. Schneider Sons

ADDRESS Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98982 C98982

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2211 E. Fayette ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kunigunda Fitzberger

(Residence in Baltimore: No. 2211 E. Fayette St.; ....yrs....mos....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. May (Month) 8 (Day), 1842 (Year)

7-AGE. 62 yrs. 5 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Adam Eyhardt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Bayer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Ruby

(Address) 2211 E. Fayette St.

15-

Filed OCT 17 1916 ROBERT P. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 13 1916, to Oct 16 1916, that I saw h alive on Oct 16 1916, and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward Kleeb M. D.

Oct 16 1916 (Address) 463 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Oct 18 1916

20-UNDERTAKER, Lilly & Zeller — ADDRESS 401 N. Wolfe St.

C98983

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C98983

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1350 Columbia Ave ST. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fredericka Koethen

(Residence in Baltimore: No. 1350 Columbia ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Dec 7, 1828 (Month) (Day) (Year)

7-AGE: 87 yrs. 10 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Home duties
(b) General nature of industry, business, or establishment in which employed (or employer): —

PARENTS

9-BIRTHPLACE (State or country): Germany

10-NAME OF FATHER: Carl Meyer

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Juliana Lotto

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elsie Gumbrecht

(Address) 1350 Columbia Ave

15-Filed OCT 17 1916, 191

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Feb. (Month) 16 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 25, 1916, to Oct. 16, 1916 that I saw h[illegible] alive on Oct. 25, 1916 and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY): Same

(Duration) yrs. 6 mos. ds.

(Signed) Geo. E. Mickley M. D.

Oct 17, 1916 (Address) Mount Royal

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem | DATE OF BURIAL: Oct 18th, 1916

20-UNDERTAKER: Chas. W. Dill | ADDRESS: 2109 Eutaw Pl.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98984

CERTIFICATE OF DEATH.

89 C98984

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 Argyle ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wendell D. Wilson

(Residence in Baltimore: No. 1412 Argyle St.: ..... yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col	Single

6-DATE OF BIRTH, 11 (Month) 23 (Day), 1915 (Year)

7-AGE, ... yrs. 10 mos. 23 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William L. Watson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Olivia Collis

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William L. Watson

(Address) 554 Baker St.

15-

Filed OCT 17 1916, 191.. ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 (Month) 16 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct 6 1916, to Oct 16 1916, that I saw him alive on Oct 16 1916, and that death occurred, on the date stated above, at 7 p.m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

..... (Duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

Signed P. Garland Brunell M. D.

Oct 17, 1916, (Address) 1534 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery DATE OF BURIAL, Oct 18, 1916

20-UNDERTAKER John F. Bibert ADDRESS 1117 N. Ohio Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

098985 151 098985

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 S Bradford St. 1st WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Hesselbach

(Residence in Baltimore: No. 603 S Bradford St.; — yrs., 4 mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 20 (Day), 1916 (Year)

7-AGE, — yrs. 4 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). City

PARENTS.

10-NAME OF FATHER, George B Hesselbach

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Mammie Zellar

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Hesselbach

(Address) 603 S Bradford St

15-

Filed OCT 17 1916, 191.... ROBERT R. KRAUTER

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 10th 1916, to October 16th 1916, that I saw h[illegible] alive on October 16th 1916, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Cachexia
Exhaustion
Indefinite (Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Drunkiness
about (Duration)....yrs. 1 mos. 5 ds.

(Signed) J. Albert Mullan M. D.

10/17/1916 (Address) 2231 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mount Carmel DATE OF BURIAL, Oct 18, 1916

20-UNDERTAKER Peter Nicolaus ADDRESS 2046 Eastern Ave

C98986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C98986

69

REGISTERED No. C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Eutaw & Weat Sts. ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christian Lieb.

(Residence in Baltimore: No. 1343 Richardson St. St.; yrs., 11 mos., 1 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, July 25th. 1887. (Month) (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
29 yrs. 2 mos. 21 da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabinet Maker.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Hungary.

PARENTS.

10-NAME OF FATHER, Matthias Lieb.

11-BIRTHPLACE OF FATHER (State or Country), Hungary

12-MAIDEN NAME OF MOTHER Josephine Rennert.

13-BIRTHPLACE OF MOTHER (State or Country), Hungary.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matthias Lieb. Father.

(Address) 1343 Richardson St.

15- OCT 17 1916 ROBERT R. KRAUTER

Filed ....., 191.... Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 16th. 1916. (Month) (Day) 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Epilepsy.

(Duration) ....yrs. ....mos. ....da.

CONTRIBUTORY (Secondary) ..... (Duration) ....yrs. ....mos. ....da.

(Signed) Otto M. Lennhoff M. D.

Oct 17 1916, 191... (Coroner) (Address) 1017 S. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....da. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park | DATE OF BURIAL, Oct 18, 19..

20-UNDERTAKER, J. E. Young & Son | ADDRESS 31 E. Saratoga St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98987

CERTIFICATE OF DEATH.

78 C98987

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 Seadenhall St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma V Spriggs

(Residence in Baltimore: No. 922 Seadenhall St.; 27 yrs., mos., ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word) Married

6-DATE OF BIRTH, ..., 1889
(Month) (Day) (Year)

7-AGE. 27 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Operate machine
(b) General nature of industry, business, or establishment in which employed (or employer): Shirt Factory

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Archebald Clash

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Carrie See

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Clash

(Address) 922 Seadenhall St

15- Filed OCT 17 1916, 191.. ROBERT R. KRAUTER Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 16 1916, to Oct 16 1916, that I saw her alive on Oct 15 1916, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

..... (Duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Hemorrhage

..... (Duration) ..... yrs. 4 mos. ..... ds.

(Signed) C. H. Hoffert M. D.

Oct 17, 1916 (Address) 714 S. Strand St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, ..., 191..

20-UNDERTAKER John H Soadner

ADDRESS Carroll St

Spec.—8-24-14—M. & T.—2000 Bks.

C98988

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

C98988

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 W Hill ST.; 22 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Robinson

(Residence in Baltimore: No. 105 W. Hill St.; 2 yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) ....., 1870 (Year)

7-AGE, 46 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Collector
(b) General nature of industry, business, or establishment in which employed (or employer) Insurance Co.

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Emerson Robinson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Caroline Tingle

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline Robinson

(Address) 105 W Hill St

15- Filed OCT 17 1916, 191... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 15 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 15 191... to Oct 15 191..., that I saw him alive on Oct 14 1916, and that death occurred, on the date stated above, at 12.05 a.m.

The CAUSE OF DEATH* was as follows:

Paralysis Antecedent Hemorrhage

..... (Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Heart Failure

..... (Duration) ....yrs. 1 mos. ....ds.

(Signed) C. A. Fowler M. D.

Oct. 16, 1916 (Address) 712 S. Chas. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, ..., 191...

20-UNDERTAKER John F. Loudenslager

ADDRESS 1432 W Pratt

Spec.—8-24-14—M. & T.—2000 Bks.

C98989

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170

C98989

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 N. Milton Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha C. E. Betz

(Residence in Baltimore: No. 527 N. Milton Ave St.; 47 yrs., 7 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, February 25, 1869 (Month) (Day) (Year)

7-AGE, 47 yrs. 7 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Stuckert

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Mary Wolf

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm L. Stuckert

(Address) 527 N. Milton Ave

15- Filed OCT 17 1916, 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 5 1916, to Oct 16 1916, that I saw h[illegible] alive on Oct 16 1916 and that death occurred, on the date stated above, at 8:00 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis, Angina Pectoris

(Duration) Several years

CONTRIBUTORY (Secondary) Cardiac Dyspnea.

(Duration) yrs. 6 mos. ds.

(Signed) Francesco Carbone M. D.

Oct 17, 1916 (Address) 201 Madison Ave Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Immanuel Cemetary

DATE OF BURIAL, OCT 19 1916.

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98990

CERTIFICATE OF DEATH.

154

C98990

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 817 N. Patterson Park Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johanna Huth

(Residence in Baltimore: No. 817 N Patterson Park Ave St.; 69 yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, September 22, 1837 (Month) (Day) (Year)

7-AGE, 79 yrs. — mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, House work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Lauf

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Helen Borner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Wm A. Klein

(Address) 817 N. Patterson Park Ave

15- Filed OCT 17 1916, 191.... ROBERT R. KRAUTER Registrar.

BURIAL PERMIT

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 1916, to October 1916, that I saw h[illegible] alive on October 15th 1916, and that death occurred, on the date stated above, at 5.45 m.

The CAUSE OF DEATH* was as follows:

Paralysis cerebrum

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

October 16, 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Oct. 18, 191..

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98991

CERTIFICATE OF DEATH.

REGISTERED NO. C 98991

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Aged Home ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chia Lasdon

(Residence in Baltimore: No. Aisquith & Fayette St St.; 30 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Feb — (Month) (Day), 1818 (Year)

7-AGE, 98 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Baltst

15-

Filed OCT 18 1916, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 17 (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1916, to Oct 17 1916, that I saw her alive on Oct 17 1916, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

? (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) H. J. Taylor M. D.

Oct 17 1916. (Address) 28 Fairmount

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 9 mos. ds. In the State 30 yrs. mos. ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 1239 McElderry St

19-PLACE OF BURIAL OR REMOVAL, Before Paid Hebrew Southern Ave

DATE OF BURIAL, 10/18, 1916

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Baltst

Spec.—8-24-14—M. & T.—2000 Bks.

C98992

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98992

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1759 Sargeant ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Marie Mist

(Residence in Baltimore: No. 1759 Sargeant St. 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH. Aug. 17, 1912 (Month) (Day) (Year)

7-AGE. 4 yrs. 2 mos. 5 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER. John Mist

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Beulah Rodman

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) John Mist

(Address) 1759 Sargeant

15- Filed OCT 18 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 13 1916, to Oct 17 1916, that I saw him alive on Oct 17 1916, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Diphtheria

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 1 ds.

(Signed) Shipley Dixon M. D.

Oct 19, 191.. (Address) 1727 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park

DATE OF BURIAL. Oct. 18, 191.6

20-UNDERTAKER True Cook.

ADDRESS 30 E Monument

11 4 16

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98993 C98993

CERTIFICATE OF DEATH.

REGISTERED NO. C 40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 Greenmount Ave ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Wolf.

(Residence in Baltimore: No. 809 Greenmount Ave St.: 35 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Widowed

6-DATE OF BIRTH: Dec 9 (Month) (Day), 1872 (Year)

7-AGE: 43 yrs. 10 mos. 7 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Henry Kurtz

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Katherine Scherer

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss. Hoffman

(Address) 809 Greenmount Ave

15- Filed OCT 18 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: October (Month) 16th (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from August 4th 1916, to October 16th 1916, that I saw her alive on October 16th 1916, and that death occurred, on the date stated above, at 12.20 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

(Signed) Wm. Conrad Bode M. D.

Oct. 17th, 1916. (Address) 190 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In this State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: Oct. 19, 1916.

20-UNDERTAKER: H. Sander & Sons

ADDRESS 1710 Eutaw St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98994 C98994

CERTIFICATE OF DEATH.

B 45

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2021 N. Washington St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel R. Waters

(Residence in Baltimore: No. 2021 N. Washington St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Aug 4th (Month) (Day), 1865 (Year)

7-AGE	If LESS than 1 day,
51 yrs. 2 mos. 12 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto City Md

PARENTS.

10-NAME OF FATHER: John Waters

11-BIRTHPLACE OF FATHER (State or Country): Denmark

12-MAIDEN NAME OF MOTHER: Emily J. Orem

13-BIRTHPLACE OF MOTHER (State or Country): Balto City Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma E. Waters

(Address) 2021 N. Washington St

15-

Filed OCT 18 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 16th (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1916, to Oct 16 1916, that I saw him alive on Oct. 16 1916, and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Gastritis

(Duration) 1 yrs. mos. ds.

(Signed) G. M. Lineweaver M. D.

10-17, 1916. (Address) 6 W. Fayette St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Oct. 18, 1916.

20-UNDERTAKER A. Sander & Sons — ADDRESS 1710 E. Lat

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C98995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

138 C98995

1-PLACE OF DEATH The Johns Hopkins Hospital.

CITY OF BALTIMORE: (No. N. Broadway ST.; 6 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara McFord

(Residence in Baltimore: No. 1735 Jefferson St.; 34 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, August (Month) 21 (Day), 1881 (Year)

7-AGE, 35 yrs. 1 mos. 25 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE (State or Country). Falls Md.

PARENTS.

10-NAME OF FATHER. John Hirt

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Reefer

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Willard McKee.

(Address) The Johns Hopkins Hospital

15- Filed OCT 18 1916, 191. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 16 1916, to Oct 16 1916, that I saw h[illegible] alive on Oct 16 1916, and that death occurred, on the date stated above, at 9:15 P m.

The CAUSE OF DEATH* was as follows:

Eclampsia. Puerperal

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John W. Harris M. D.

Oct. 16, 1916 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 1 ds. In the State Life mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1735 Jefferson St.

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery. DATE OF BURIAL, Oct 20, 1916.

20-UNDERTAKER Henry Lutz ADDRESS 1007 N. Bond St.

Spec.—8-24-14—M. & T.—2000 Bks.

C98996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 C98996

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 Burgundy ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Charles

(Residence in Baltimore: No. 820 Burgundy St.; 2 yrs., 4 mos. de.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb 1 (Month) (Day), 1916 (Year)

7-AGE, ...yrs. 8 mos. 15 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Balt Md

PARENTS.

10-NAME OF FATHER, Harry Charles

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Barbara Hoff

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Charles

(Address) 820 Burgundy Ave

15- Filed OCT 18 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 16 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Oct 13 19[illegible], to Oct 16 191[illegible], that I saw h— alive on Oct Oct 16 191[illegible], and that death occurred, on the date stated above, at 11 [illegible] m.

The CAUSE OF DEATH* was as follows:

Just Studying intubation

Intestinal

(Duration) ...yrs. 4 mos. ...ds.

CONTRIBUTORY (Secondary) London Asthma

(Duration) ...yrs. ...mos. 3 ds.

(Signed) E Mendelsohn M. D.

Oct 16, 191... (Address) 24 N Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, Oct 18, 191..6

20-UNDERTAKER Geo Leinbach & Son — ADDRESS 64 [illegible] Ave.

Spec.—5-19-13—M & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98997 C98997 104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1833 Portland St ST.; 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Brooks

(Residence in Baltimore: No. 1833 Portland St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, unknown (Month) (Day), 1916 (Year)

7-AGE, ... yrs. 6 mos. ... ds. If LESS than 1 day, ... hrs. or ... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), city

PARENTS.

10-NAME OF FATHER, Wm Brooks

11-BIRTHPLACE OF FATHER (State or Country). md

12-MAIDEN NAME OF MOTHER Virginia Coleman

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Brooks

(Address) 1833 McCulloh St

15-

Filed OCT 18 1916, 191... HARRY C. ANDERSON Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1916, to Oct 17 1916, that I saw h[illegible] alive on Oct 16 1916, and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Bladder Hemorrhage

Uremia

Gastro Enteritis

(Duration) ... yrs. ... mos. 1hr. ds.

CONTRIBUTORY (Secondary) Syphilis

(Duration) ... yrs. ... mos. 11 ds.

(Signed) ... M. D.

Oct 17, 191.. (Address) 717 S. Paca St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Interment City

DATE OF BURIAL, Oct 19, 1916

20-UNDERTAKER Frank Hall

ADDRESS 1741 Druid Hill Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98998 C98998

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morgan Haynie Jr.

(Residence in Baltimore: No. 1639 Fulton St. St.; 0 yrs., 0 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 10 (Month) 15 (Day), 1916 (Year)

7-AGE, 0 yrs. 0 mos. 1 ds. If LESS than 1 day, 0 hrs. or 0 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Morgan Haynie

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Ethel Irene Jones

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15. OCT 18 1916 Filed, 191. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10 15 1916, to 10 16 1916, that I saw h alive on 10-16 1916, and that death occurred, on the date stated above, at 2.45 a m.

The CAUSE OF DEATH* was as follows:

Meningitis Acute

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia lobar

(Duration) yrs. mos. ds.

(Signed) J. J. Watt M. D.

Oct. 16, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ..., 191

20-UNDERTAKER ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C98999

HEALTH DEPARTMENT—CITY OF BALTIMORE

C98999

CERTIFICATE OF DEATH.

170

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. University Hospital St. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James W Price

(Residence in Baltimore: No. 42 E York St St.; ... yrs., ... mos. ... da.)

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1873 (Year)

7-AGE.	If LESS than 1 day,
43 yrs. ... mos. ... da.	... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James Price

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Virginia Zimmerman

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital Resd.

(Address) Greene & Lombard Sts.

15- OCT 18 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 10 1916, to Oct 15 1916, that I saw him alive on Oct 15 1916, and that death occurred, on the date stated above, at 11:25 Am.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 2 yrs. ... mos. ... da.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) ... yrs. 2 mos. 2 hrs

(Signed) J. W. Goff M. D.

Oct 17, 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 6 da. In the State 43 yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence 42 E York St.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL. ....., 191...
20-UNDERTAKER	ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED No. C 99000

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 N Chapel ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna Johnson

(Residence in Baltimore: No. 613 N Chapel St.; ....yrs.... mos.... da.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, April 23, 1914. (Month) (Day) (Year)

7-AGE, 2 yrs. 5 mos. 24 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Perry Johnson

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Nellen Hutchins

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Nellen Hutchins

(Address) 613 N. Chapel St

15-

Filed OCT 18 1916 HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 17, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 9 1916, to Oct 17 1916, that I saw her alive on Oct 17 1916, and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. 3 ds.

(Signed) Adolph E. Eisenberg M. D.

Oct 17, 1916. (Address) 7201-3 Orleans St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Asbury	Oct 18, 1916.
20-UNDERTAKER John W Henderson	ADDRESS 319 Caroline

Mary Ondersic

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1734 Allesana St ST. W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ondersic

(Residence in Baltimore: No. 1734 Allesana St

St.; yrs. 50 mos. — dys.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug 6 (Month) (Day), 1863 (Year)

7-AGE, 53 yrs. 2 mos. 10 ds.

If LESS than 1 day, ...hrs. or ....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frank Frederick G

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Katie Kodolan

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred Ondersic

(Address) 1734 Allesana St

15- OCT 18 1916

Filed ....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry Lyon Sweeney M. D. (Coroner.)

Oct 16, 1916. (Address) 1610 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cem

DATE OF BURIAL, Oct 19, 1916

20-UNDERTAKER Jacob Falkowski

ADDRESS 415 S Bond St

B 1925 C99002

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99002

CERTIFICATE OF DEATH.

167

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. [illegible] ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr. Louis Theamongos

(Residence in Baltimore: No. 224 Hanover St.; [illegible] yrs., [illegible] mos. [illegible] ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
male	white	single

6-DATE OF BIRTH, [illegible] (Month), 1 (Day), [illegible] (Year)

7-AGE, [illegible] yrs. [illegible] mos. [illegible] ds. If LESS than 1 day, [illegible] hrs. or [illegible] min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Strati Theamongos

11-BIRTHPLACE OF FATHER (State or Country), Greece

12-MAIDEN NAME OF MOTHER E. G. Nichola

13-BIRTHPLACE OF MOTHER (State or Country), Greece

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Theamongos

(Address) 224 Hanover

15- OCT 18 1916 Filed, 191. HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns
Accidental
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Fell in a tub of scalding water
(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)
Oct 18, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death [illegible] yrs. [illegible] mos. [illegible] ds. In the State [illegible] yrs. [illegible] mos. [illegible] ds.

Where was disease contracted, if not at place of death? 224 Hanover St

Former or usual residence 224 Hanover St

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem — DATE OF BURIAL, Oct 18, 1916

20-UNDERTAKER Robt Brooks & Son — ADDRESS Calhoun & Hall

Spec.—8-24-14—M. & T.—2000 Bks.

Agnes F Ward

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99083

CERTIFICATE OF DEATH.

29

C99083

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2333 Eastern Ave 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Floris Ward.

(Residence in Baltimore: No. 2333 Eastern ave St.; 16 yrs., 10 mos. 1 ds.)

MAKE NO ERASURES, ALTERATIONS OR ILLEGIBLE ENTRIES

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec 11 (Month) (Day), 1899 (Year)

7-AGE, 16 yrs. 10 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, George A. Ward.

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Dora Schultz.

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George A. Ward

(Address) 2333 Eastern Ave

15-

Filed OCT 18 1916 191.... ROBERT B. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1916, to Oct 16 1916, that I saw h[er] alive on Oct 16 1916, and that death occurred, on the date stated above, at 11 30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation

(Duration) ....yrs. ....mos. 48 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.

Oct 17, 191.6 (Address) 16 S Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, Oct. 20, 1916

20-UNDERTAKER Lilly Zuber — ADDRESS 403 S. Wolfe St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9904 C9904

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 230 N Chapel ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maxmilan Endres Jr

(Residence in Baltimore: No. 230 N Chapel St.; ... yrs., ... mos. ... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH. January 4, 1880 (Month) (Day) (Year)

7-AGE. 36 yrs. 8 mos. 10 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Street Cleaning
(b) General nature of industry, business, or establishment in which employed (or employer). Department of Sanitary

9-BIRTHPLACE, (State or Country), Balt

PARENTS.

10-NAME OF FATHER. Maxmilan Endres

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Kunigunda Endres

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maxmilan Endres

(Address) 230 N Chapel

15-

Filed OCT 18 1916 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. October 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 7 1916, to Oct 16 1916, that I saw him alive on Oct 16 1916, and that death occurred, on the date stated above, at 1:15 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) ... yrs. 3 mos. ... ds.

(Signed) Edward [illegible] M. D.

10/18, 1916 (Address) 411 E N Wolfe St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Woodlawn Cemetery DATE OF BURIAL. Oct 19 1916

20-UNDERTAKER Holy Redeemer ADDRESS 378 N

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C99005 C99005

REGISTERED No. C 64

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 211 E. Mt Royal ave St. 11th WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Samuel Wordruff

(Residence in Baltimore: No. 211 E. Mt Royal ave St.: yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: May (Month) 20th (Day), 1839 (Year)

7 AGE: 77 yrs. 4 mos. 28 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto Co Md

PARENTS

10 NAME OF FATHER: A. Wordruff

11 BIRTHPLACE OF FATHER (State or country): Balto Co Md

12 MAIDEN NAME OF MOTHER: Louisa Spencer

13 BIRTHPLACE OF MOTHER (State or country): Balto Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr Charles Wordruff

(Address) 211 E. Mt Royal ave

15 Filed OCT 18 1916 191 ROBERT R. KRAUTER Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October (Month) 18th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from October 6th, 1916, to. October 18th 1916, that I saw h[illegible] alive on October 18th, 1916, and that death occurred, on the date stated above, at 10.40 A m.

The CAUSE OF DEATH* was as follows:

Paralysis of Respiration

(Duration) ..... yrs. ..... mos. 2, ds

Contributory (SECONDARY) Cerebral Hemorrhage Arteriosclerosis

(Duration) ..... yrs. 3 mos. — ds.

(Signed) Joseph B. Saunders M. D.

Oct 18th, 1916 (Address) 719 E Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cathedral [redacted] DATE OF BURIAL: Oct 19, 1916

20 UNDERTAKER: Wm Cook ADDRESS: 502 E North

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99006 C99006

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 149 N Linwood ave ST.; 6th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Burke

(Residence in Baltimore: No. 149 N Linwood ave St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH: Sept 15 (Month) (Day); 1844 (Year)

7-AGE: 72 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Gardener

9-BIRTHPLACE, (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: Patrick Burke

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Dunfrann

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno J Burke

(Address) 149 N Linwood ave

15- Filed OCT 18 1916, 191.... ROBERT B. KRAUTER Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct 15 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1916, to Oct 15 1916, that I saw h im alive on Oct 14 1916, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) 2 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

....(Duration) ....yrs. ....mos. ....ds.

(Signed) John T. Buckwalter M. D.

....; 191... (Address) 211 E Balto st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cem — DATE OF BURIAL: Oct 17, 191 6

20-UNDERTAKER: Jno G Moran — ADDRESS: Bunbtam

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

#391 C99007

119 C99007

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2212 Boyer ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Fossmann

(Residence in Baltimore: No. 2212 Boyer St.; Yrs. Not Known Mos. 0 Ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Not Known (Month) (Day), 1873 (Year)

7-AGE, 43 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic S77
(b) General nature of industry, business, or establishment in which employed (or employer): House work

9-BIRTHPLACE, (State or Country) Ireland

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. M. Fossmann

(Address) 2212 Boyer St

15-

OCT 18 1916

Filed....., 191.....

ROBERT B. KRAUTER

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 15 1916, to Oct 16 1916, that I saw her alive on Oct 16 1916, and that death occurred, on the date stated above, at 4.50 p. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 2 ds.

(Signed) Geo. Keller M. D.

Oct 17, 1916 (Address) 1937 Gough St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Oct. 19... 1916.

20-UNDERTAKER John A. Inman ADDRESS Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99008

CERTIFICATE OF DEATH.

64 C99008

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.: 1 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Thomas.

(Residence in Baltimore: No. 2404 Hudson St. St.: ..... yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... Apr. (Month) 16 (Day), 1870 (Year)

7-AGE, 46 yrs. 6 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Machinist
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Thomas

(Address) Johns Hopkins Hosp.

15- OCT 18 1916

Filed ..... 191.....

ROBERT B. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1916, to Oct. 16, 1916, that I saw h.. alive on Oct. 16, 1916, and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Intraventricular Haemorrhage.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hypertension, Arteriosclerosis

..... (Duration) 10 yrs. ..... mos. ..... ds.

(Signed) W. W. B. Martin M. D.

Oct. 16, 1916 (Address) Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 6 mos. ..... ds. In the State ..... yrs. 6 mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 2404 Hudson St.

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel Cem. DATE OF BURIAL, Oct. 19th, 1916.

20-UNDERTAKER John A. Moran ADDRESS Baltimore

C99069 C99069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

155

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Franklin Square Hospital ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Chenowith

(Residence in Baltimore: No. 719 N Mount St St.; yrs 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 1 (Day), 1891 (Year)

7-AGE, 26 yrs. 3 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Waitress
(b) General nature of industry, business, or establishment in which employed (or employer) Lunch Room

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Edward Chenowith

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Emma Shoemaker

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Chenowith

(Address) Garrison Balto Co Md

15- OCT 18 1916 ROBERT R. KRAUTER

Filed ....., 191... Assistant Registrar. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bichloride Poison
Taken will Suicidal Intent

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. 1 ds.

(Signed) James H. Feudra M. D.
(Coroner)

Oct 19 1916. (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 14 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 719 N Mount St

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Reisterstown Cemetery

DATE OF BURIAL, Oct 18 1916

20-UNDERTAKER L F Edwin

ADDRESS Reisterstown

MARGINS RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99010 C99010

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 428 N. Fremont ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick McGinley

(Residence in Baltimore: No. 428 N. Fremont St.; 25 yrs., mos. da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... (Month) ..... (Day), 1874 (Year)

7-AGE, 42 yrs. — mos. — da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Plumber

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Hugh McGainey

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Dowd

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John McMahon

(Address) 11 Frankfurst

15- Filed OCT 18 1916 ROBERT P. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Oct. 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 26 — 1916, to Oct. 16 — 1916, that I saw h— alive on Oct. 16 — 1916, and that death occurred, on the date stated above, at 5.10 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

about 4 months

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) about 3 months yrs. mos. da.

(Signed) Carlton McCook M. D.

Oct. 16, 1916. (Address) 1107 W. Laurale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....da. In the State ....yrs....mos....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Oct. 19, 1916.

20-UNDERTAKER H. C. Browning Son — ADDRESS 517 N. Schroeder St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(99017) 64 (99017)

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1126 Myrtle Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John McNally

(Residence in Baltimore: No. 1126 Myrtle Ave. St.; 25 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 4, 1850 (Month) (Day) (Year)

7-AGE, 66 yrs. 9 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Plumber
(b) General nature of industry, business, or establishment in which employed (or employer)..... Laborer

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Patrick McNally

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ann Cosgrove

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary McNally

(Address) 1126 Myrtle Ave

13- OCT 18 1916 ROBERT R. KRAMER

Filed....., 191.... Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 17th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 15th 1916, to Oct 17th 1916, that I saw him alive on Oct 17th 1916 and that death occurred, on the date stated above, at 1130 m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

Cerebral Hemorrhage

(Duration)..... yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy

(Duration)..... yrs. mos. 3 ds.

(Signed) Lilian Baldwin M. D.

Oct 18, 1916 (Address) 700 W. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, Oct. 20, 1916

20-UNDERTAKER H. C. Brauning Son

ADDRESS 617 N Schroeder St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9901?

CERTIFICATE OF DEATH.

28 C9901?

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 Forrest ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christopher Lindner

(Residence in Baltimore: No. 427 Forrest St. St.; 6/6 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, [illegible] 3 (Month) (Day), 1884 (Year)

7-AGE, 30 yrs. 4 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Butcher
(b) General nature of industry, business, or establishment in which employed (or employer). Corbin & Hall & Co

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Lindner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Schaefer

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Elizabeth Lindner

(Address). 427 Forrest St

15- Filed OCT 18 1916, 191.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1915, to Oct 17 1916, that I saw h[illegible] alive on Oct 17 1916, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Contributory Influenza

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

(Signed) Mortimer Patrick M. D.

Oct 18, 191.. (Address) 1349 Hillman Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral — DATE OF BURIAL. Oct 20, 191.6

20-UNDERTAKER Robt. J. Turner — ADDRESS Broadway & Oliver St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99013 ×15 C99013

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE, (No. Johns Hopkins Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Oldberry

(Residence in Baltimore: No. 18 days (Johns Hopkins Hosp.) St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan. 31 (Month) (Day) 1848 (Year)

7-AGE, 68 yrs. 8 mos. 18 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), W. Va.

PARENTS.

10-NAME OF FATHER, Daniel Oldberry

11-BIRTHPLACE OF FATHER (State or Country), W. Va.

12-MAIDEN NAME OF MOTHER Magalin Dyman

13-BIRTHPLACE OF MOTHER (State or Country), W. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter C. Snyder

(Address) Johns Hopkins Hospital

15- Filed OCT 18 1916, 191.. ROBERT R. KRAUTER Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 28 1916, to Oct. 18 1916, that I saw h[illegible] alive on Oct. 18 1916, and that death occurred, on the date stated above, at 3 40 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate
Urinal Urinary
with Spinal Metastases
(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Prostate
Dennis Donahey (Duration) yrs. 9 mos. ds.

(Signed) E. Edward Farr M. D.

, 191.. (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 18 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Montrose, W. Va.

19-PLACE OF BURIAL OR REMOVAL, Meadowville Va. DATE OF BURIAL, Oct. 18, 1916.

20-UNDERTAKER Hilbert & Fuller ADDRESS [illegible] Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C99014

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

REGISTERED NO. C 99014

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 North Calvert St. St.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Callahan

(Residence in Baltimore: No. 602 North Calvert St. St.: 10 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: ---------- / ---- (Month) (Day) (Year)

7-AGE: 67 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Hugh Callahan

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Margaret Lyon

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas. Callahan

(Address) 621 North Calvert St

15- Filed OCT 18 1916 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October (Month) 17th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 23, 1916, to, October 17th 1916, that I saw h-r alive on October 17th 1916, and that death occurred, on the date stated above, at 2.35 p.m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma

(Duration) yrs. mos. 4 ds.

Contributory (SECONDARY) Interstitial Nephritis

(Duration) 2 yrs. — mos. — ds.

(Signed) Jno. B. Lamar M. D.

Oct 18th 1916 [Address] 219 E. Preston St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Mary's Cemetery Govans

DATE OF BURIAL: 10/19 1916

20-UNDERTAKER: Henry W. Meas & Son

ADDRESS: 1025 N. Calvert St.

C99015

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99015

CERTIFICATE OF DEATH.

169

REGISTERED NO. C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. East of Broadway ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Washington McGowan

(Residence in Baltimore: No. 913 Greenmount Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 28 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Daniel McGowan

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Duffy

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gladys Dillon

(Address) 423 N. Glenwood Ave

15- Filed OCT 19 1916, 191... HENRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry Lyon Gundry M. D. (Coroner.)

10.19., 1916. (Address) 1610 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Carmel Cemetery | DATE OF BURIAL, March 19..., 1916

20-UNDERTAKER Christian Miller | ADDRESS 233 S. Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

28 C9016

REGISTERED NO. C

B

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 Hagan al ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Barnett

(Residence in Baltimore: No. 1004 Hagan al St.; ... yrs., ... mos., ... da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Wife

6-DATE OF BIRTH, ... (Month) ..... (Day) 1900 (Year)

7-AGE, 16 yrs. ... mos. ... da.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At School
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John A Barnett

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Liliam Barnett

(Address) 1004 Hagan Alley

15- OCT 19 1916 Filed ....., 191.. Registrar HARRY C. ANDREWS

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 17th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 4 1916, to Oct 17 1916, that I saw h[er] alive on Oct 17 1916, and that death occurred, on the date stated above, at 11:30 m.

The CAUSE OF DEATH* was as follows:

Pulmo Tuberculosis

(Duration) ... yrs. 2 mos. 13 da.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... da.

(Signed) H. A. Tuttle M. D.

Oct 17, 1916. (Address) 1127 E Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Westview

DATE OF BURIAL, Oct 19th, 1916.

20-UNDERTAKER John L. Cowan Hon

ADDRESS 901 Hollins St

C99017

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99017

CERTIFICATE OF DEATH.

64

REGISTERED No. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1735 E. Eager ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert F. Fischer

(Residence in Baltimore: No. 1735 E. Eager St. Lifetime Co.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct 25, 1847
(Month) (Day) (Year)

7-AGE, 68 yrs. 11 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country) Balto City

PARENTS.

10-NAME OF FATHER, G. Fischer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Fredericka Krause

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. F. Zirkler

(Address) 1739 E. Eager

15- Filed OCT 19 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or inquiry, thereon and from the evidence obtained by said Inquest, Autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) J. J. Morrison M. D.
(Coroner.)

Oct 17, 1916 (Address) 3632 Boston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted? If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, Oct. 19, 1916

20-UNDERTAKER Zirkler & Zirkler — ADDRESS 1739 Eager st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99018

CERTIFICATE OF DEATH.

104 C99018

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Lilly

(Residence in Baltimore: No. 931 S. Ellwood Ave St.; Life yrs., mos., ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April 26, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 5 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Maryland

PARENTS.

10-NAME OF FATHER, Howard Lilly

11-BIRTHPLACE OF FATHER (State or Country). Pa

12-MAIDEN NAME OF MOTHER Ida. Yeager

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- OCT 19 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 17 1916 to October 17 1916, that I saw h er alive on October 17 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Indigestion

(Duration) 0 yrs. 0 mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry F. Conrad M. D.

Oct. 17, 191.6 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 931 S. Ellwood Ave

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery

DATE OF BURIAL, Oct. 19. 191.6

20-UNDERTAKER Pinkler & Pinkler

ADDRESS 1738 Eager

HEALTH DEPARTMENT--CITY OF BALTIMORE

C99019 C99019

CERTIFICATE OF DEATH

1 PLACE OF DEATH — Registered No. C

CITY OF BALTIMORE (No.) 3535 Benson St. (Ward) 13

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2 FULL NAME Helen Jr McGhee

(Residence in Baltimore: No.) 3535 Benson st. St.: 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 SINGLE, ~~MARRIED~~ WIDOWED OR DIVORCED (Write the word): single

6 DATE OF BIRTH: Feb 21, 1910 (Month) (Day) (Year)

7 AGE: 6 yrs. 7 mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Va

PARENTS

10 NAME OF FATHER: William McGhee

11 BIRTHPLACE OF FATHER (State or country): Va

12 MAIDEN NAME OF MOTHER: Helen Miller

13 BIRTHPLACE OF MOTHER (State or country): Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William McGhee

(Address) 3535 Benson st.

OCT 19 1916 Filed 191

HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 18, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from October 10, 1916, to October 18 1916, that I saw her alive on October 18, 1916, and that death occurred, on the date stated above, at 11.30 P.M.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) Diptheria

(Duration) ..... yrs. ..... mos. 8 ds.

(Signed) C. J Downes M. D.

10-18, 1916 (Address) 800 N 33rd St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Harp's Hampden — DATE OF BURIAL: Oct 19, 1916

20 UNDERTAKER: Lemmon & Son — ADDRESS: 361 N. Eutaw

N. B.—Every item of information should be carefully supplied. As far as possible state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact information is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99020

CERTIFICATE OF DEATH.

151 C99020

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 210 S Bond St., Hill Apt. ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Child Grace Gray

(Residence in Baltimore: No. 210 S Bond St. Apt. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. C

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Oct. 18th., 1916
(Month) (Day) (Year)

7-AGE. ...yrs...mos...ds. If LESS than 1 day, 1 hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Chas. Gray

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Grace Bellows

13-BIRTHPLACE OF MOTHER (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace Gray

(Address) 210 S. Bond St.

15- OCT 19 1916 HARRY C. ANDREWS

Filed ..., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 18th., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 18th 1916, to Oct. 18th 1916, that I saw h— alive on Oct. 18th 1916, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation
Premature Birth

(Duration) ...yrs...mos...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs...mos...ds.

(Signed) A. Lee Ellis M. D.

Oct. 18, 1916 (Address) 9 E. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL. ..., 191...
20-UNDERTAKER	ADDRESS

N.B.—Every CAUSE OF DEATH in plain terms, so that important. See instructions on back of certificate.

Per Wm. E. WOODALL.

4238

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99021 138 C99021

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. University Hospital ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Brewer (Betty Berry)

(Residence in Baltimore: No. 540 Bruce St.; 32 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 32 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Robert Richardson (Va)

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Roberta Richardson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. H. Berry

(Address) Mitchell Marsh Pa.

15- Filed OCT 19 1916, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 16, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 12 1916, to Oct 16 1916, that I saw her alive on Oct. 16 1916, and that death occurred, on the date stated above, at 8:05 P.m.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous nephritis

Puerperal Albuminuria

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. 3 ds.

(Signed) D. F. West M. D.

Oct 17, 1916. (Address) University Hospt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State 30 yrs. mos. ds.

Where was disease contracted, if not at place of death? Un

Former or usual residence 540 Bruce St

19-PLACE OF BURIAL, OR REMOVAL, Mt. Olivet Cem. Md

DATE OF BURIAL, Oct. 19, 1916.

20-UNDERTAKER Charles B. Jones

ADDRESS 2355 St Pine

N. B.—Every item must be answered. If unknown, or if not important, so state. See CAUSE OF DEATH in plain terms, and instructions on back of certificate.

NERAL AFFIDAVIT — The Daily Record Print, Baltimore, Md.

State of Maryland, City of BALTIMORE to wit:

BE IT REMEMBERED, That on this 19th day of October

A. D., 1916, before me the subscriber, a JUSTICE OF THE PEACE

of the said state, in and for the City aforesaid, personally appeared

William H. Berry, aged 47 years, residing

at White Marsh, Montgomery County, Penna

and made oath in due form of law that the Person, who died at

the University Hospital, on October 16th. 1916,

under the name of Bessie Turner, was my wife,

and her full and correct name is Betty Berry

William H. Berry.

Subscribed and sworn to before me

this 19th day of October 1916.

David K. Lucchesi

JUSTICE OF THE PEACE

528 W. FRANKLIN STREET

BALTIMORE, MD.

Spec.—5-19-13—M. & T.—500 Bks.

B 99022

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99022

CERTIFICATE OF DEATH.

1

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 327 E Biddle ST.; 11 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George I Benson

(Residence in Baltimore: No. 327 E Biddle St.: Life yrs.... mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Apr (Month) 30 (Day), 1891 (Year)

7-AGE, 25 yrs. 5 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bar Tender
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore MD

PARENTS.

10-NAME OF FATHER, John E Benson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore MD

12-MAIDEN NAME OF MOTHER Jessie Yates

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore MD

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles W Benson

(Address) 866 E Pratt St.

15- Filed OCT 19 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 16 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 9 1916, to Oct 16 1916, that I saw h m alive on Oct 16 1916, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Endocarditis Bells Palsy

(Duration) yrs. 1 mos. 14 ds.

(Signed) Joseph E Howe M. D.

Oct 16, 1916 (Address) 1520 Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park — DATE OF BURIAL. Oct 19. 1916

20-UNDERTAKER F A Kranae — ADDRESS 1303 Hanover

N.B.—Every item of information must be given in plain terms, so that it may be understood. CAUSE OF DEATH in plain terms, so that it may be understood. CAUSE OF DEATH must be stated. All items are important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C99023

REGISTERED No. C 99023

PLACE OF DEATH

OF BALTIMORE (No. Found dead at Mill, Fort Ave. WARD) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Cummings

idence in Baltimore: No. 2 S. High & near Pratt St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

TE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

GE, 54 yrs. mos. ds. If LESS than 1 day, hrs. or min.

CCUPATION:
a) Trade, profession, or particular kind of work: Blacksmith
b) General nature of industry, business, or establishment in which employed (or employer): helper

BIRTHPLACE, State or Country), Balto. Md

10-NAME OF FATHER, Geo. Cummings

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Owen

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Moran

(Address) 108 N Lee

15- Filed OCT 19 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Lesion

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. mos. ds.

(Signed) H. J. Riley M. D. (Coroner.)

Oct 18, 191.6 (Address) 1639 Boundary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Patricks	Oct 18, 19.6
20-UNDERTAKER F. A. Krause	ADDRESS 703 Hanover

Spec.—8-24-14—M. & T.—2000 Bks.

C99024 C99024

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. Church Home & Infy. ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Claude A. Diffenderffer Jr.

(Residence in Baltimore: No. Church Home & Infy. St.) yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: October 18, 1916 (Month) (Day) (Year)

7-AGE: 0 yrs. 0 mos. 2 ds.

If LESS than 1 day, ...hrs. or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Claude A. Diffenderffer

11-BIRTHPLACE OF FATHER (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Susan C. Diffenderffer

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Claude A. Diffenderffer

(Address) 20 E. Lexington St.

15- OCT 19 1916 Filed ..., 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: October 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ... 191 ... to ... 191 ..., that I saw h[illegible] alive on Oct 18 1916, and that death occurred, on the date stated above, at 11 45 A.M.

The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) C. M. Hallmen M. D.

Oct. 18, 1916 (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ½ hour In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Green Mount Cemetery — DATE OF BURIAL: Oct 19, 1916

20-UNDERTAKER: Stewart Memorial Co — ADDRESS: 108 N. Monroe

N. B.—Every item of information should be given, so that it may be properly recorded. CAUSE OF DEATH in plain terms, so that it may be properly understood. All items important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C99025

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99025

CERTIFICATE OF DEATH.

REGISTERED NO. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1432 Presstman ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wesley Disco

(Residence in Baltimore: No. 1432 Presstman St.: Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Jan 22 (Month) (Day), 1895 (Year)

7-AGE, 21 yrs. 8 mos. 26 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Joshua Disco

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Alice Thatchman

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joshua Disco

(Address) 1432 Prestman St

15- OCT 19 1916 Filed, 191

HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10/14 1916, to 10/18 1916, that I saw h[illegible] alive on 10/17 1916, and that death occurred, on the date stated above, at 4 40 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonis Tuberculosis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 2 ds.

(Signed) B. Lee Crockett M. D.

10/18, 1916 (Address) 1323 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Oct 20, 1916

20-UNDERTAKER James L. Dunn

ADDRESS 1303 Preston

N. B.—Every item of information should be given, so that it may be properly entered. CAUSE OF DEATH in plain terms, so that it may be properly classified. Ages important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99026 151 C99026

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1128 Woodyear ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and ward. See No. 18.)

2-FULL NAME Infant child of Clarence & Ulnette Campbell

(Residence in Baltimore: No. 1128 Woodyear St.: yrs. mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct 16, 1916 (Month) (Day) (Year)

7-AGE, yrs. mos. 1 ds. If less than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Clarence Campbell

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Ulnette Richardson

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence Campbell

(Address) 1128 Woodyear St

15- Filed OCT 19 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 16 1916, to Oct 17 1916, that I saw h[illegible] alive on Oct 16 1916, and that death occurred, on the date stated above, at 3.15 a.m.

The CAUSE OF DEATH* was as follows:

Premature Birth,

Born in Buckd was in Buckets 1/2 hour (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) O. K. Davis M. D.

, 191... (Address) 942 N Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Zion — DATE OF BURIAL, Oct 19, 1916.

20-UNDERTAKER James H Dinan — ADDRESS 130 Preston

N.B.—Every item of information called for in this CAUSE OF DEATH in plain terms, so that it may be understood, is important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 99027 151 C 99027

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 134 Lanvale St.: 20 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred M. Miller

(Residence in Baltimore: No. 134 Lanvale St.; yrs., 1 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: Sept 17, 1916 (Month) (Day) (Year)

7-AGE: ....yrs. 1 mos. 1 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Balto Maryland

PARENTS.

10-NAME OF FATHER: William H Miller

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Julia Lang

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Wm H Miller

(Address): 134 Lanvale St

15-

Filed OCT 19 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct 18, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital debility

Cause unknown

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) 7 Mos Gestation was born

(Duration) ....yrs. ....mos. ....ds.

(Signed) James McFenton M. D. (Coroner.)

Oct 18 1916 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Western Cemetery

DATE OF BURIAL: Oct 19th 1916

20-UNDERTAKER: F B Wiseman

ADDRESS: 2738 Fleet Ave

N. B.—Every item of information should be given. CAUSE OF DEATH in plain terms, so that it may be properly classified. important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C99028 HEALTH DEPARTMENT—CITY OF BALTIMORE C99028

CERTIFICATE OF DEATH. X108

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Richards

(Residence in Baltimore: No. Md General Hospital St.; yrs. mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH, Unknown, 1877
(Month) (Day) (Year)

7-AGE, 39 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Isaac Richards

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER E. E. Faith

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm J Tickner

(Address) Baltimore

15- OCT 19 1916 HARRY C. ANDREWS
Filed ....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 19, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 16 1916, to Oct 19 1916, that I saw h[illegible] alive on Oct 19 1916, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Appendicitis & Adhesions intestines,

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Surgical Intestinal Perforation (Duration) yrs. mos. 1 ds.

(Signed) Elmer Henderson M. D.

10-19-1916 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Hanover Md.

19-PLACE OF BURIAL OR REMOVAL, Leonard Md — DATE OF BURIAL, Oct 20, 1916

20-UNDERTAKER, Wm J Tickner & Son — ADDRESS Md Ave

N.B.—[illegible] CAUSE OF DEATH in plain terms, as this is important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C99029 — REGISTERED NO. C 99029

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1214 N Bond st ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susie Mc Kewen.

(Residence in Baltimore: No. 1214N Bond st St.; 43 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Not Known (Month), 1 (Day), (Year)

7-AGE, 54 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) H W

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Domenick Kelly

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos MCKewen

(Address) 1214 N Bond st

15- Filed OCT 19 1916, 191 ROBERT R. KRAUTER Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 18 1916 (Month) (Day), 191 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Fust. Jenkins (Coroner.)

Oct 19 1916 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State 33 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, Oct 21, 191

20-UNDERTAKER Stanley Hosch & Son — ADDRESS 1301 E Eager St

N. B.—Every item of information called for in CAUSE OF DEATH in plain terms, so that it may be properly classified. All items important. See instructions on back of certificate.

C99030

HEALTH DEPARTMENT--CITY OF BALTIMORE

C99030

CERTIFICATE OF DEATH

104

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 114 S Duncan St. 1 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Stockman

(Residence in Baltimore: No. 114 S Duncan St St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Infant

6-DATE OF BIRTH: September 26, 1916 (Month) (Day) (Year)

7-AGE: yrs. mos. 23 ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: John Stockman

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Lina Smith

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Stockman

(Address) 114 S Duncan St

15-Filed OCT 19 1916 ROBERT R. KRAUTER Registrar

Burial Permit [illegible]

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 10 (Month) 18 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 10/14, 1916, to, 10/18 1916, that I saw h[illegible] alive on 10/16, 1916, and that death occurred, on the date stated above, at 11 p m.

The CAUSE OF DEATH* was as follows:

Enterocolitis -

(Duration) yrs. mos. 4 ds

Contributory (SECONDARY) [illegible] (Duration) yrs. mos. 23 ds.

(Signed) [illegible] M. D.

10/18, 1916 (Address) 248 E Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cem — DATE OF BURIAL: Oct 19, 1916

20-UNDERTAKER: Rudell Supply Co — ADDRESS: 37 S Gamble

N. B.-Every item of information should be carefully supplied. AGE must be stated. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of DISEASE is very important. See instructions on back of certificate.

C99031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175

C99031

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 0 Josiah 2125 Eagle ST. 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Soloman Carliner

(Residence in Baltimore: No. 605 S Smallwood St.; 7 yrs., 5 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 16 (Day), 1909 (Year)

7-AGE, 7 yrs. 5 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Michal Carliner

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Esther Parada

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Levin

(Address) 1411 E. Balto St

15-

Filed OCT 19 1916 ROBERT R. KRAUTER

Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Crushing Chest
pressing in rib driving
them into the lungs by
automobile (Duration) ..... yrs. few hours

CONTRIBUTORY (Secondary) Hemorrhage

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Taylor (Coroner) M. D.

Oct 18 1916 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Rd DATE OF BURIAL, 10/19 1916.

20-UNDERTAKER Jack Levin ADDRESS 1411 E Balto St

N. B.—Every item of information should be given, so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. CAUSE OF DEATH in plain terms

Spec.—8-24-14—M. & T.—2000 Bks.

C9932

HEALTH DEPARTMENT—CITY OF BALTIMORE

60 C9932

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 6 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Marshall

(Residence in Baltimore: No. 1640 E Fayette St

St.; 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, ... (Month) ....., (Day) 1873 (Year)

7-AGE, 43 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Frank Marshall

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Margaret Taylor

13-BIRTHPLACE OF MOTHER (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital Records

(Address) Linden & Southwark Sts

15-

Filed OCT 19 1916 ROBERT R. KRAUTER 191.

Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 1916, to Oct 18 1916, that I saw h alive on Oct 18 1916, and that death occurred, on the date stated above, at 11 A.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchitis, Abscess of Lung

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis & Dropsy

(Duration) yrs. mos. 1 ds.

(Signed) Frank G. Marshall M. D.

10.11.8., 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 13 ds. In the State 30 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1640 E Fayette St.

19-PLACE OF BURIAL OR REMOVAL, Trinity Cem

DATE OF BURIAL, Oct 19, 1916

20-UNDERTAKER Wm Leath

ADDRESS 502 E Walk ave

N. B.—Every question must be answered. CAUSE OF DEATH in plain terms, so that its nature may be understood. Every item important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99033 43 C99033

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 Patapsco ST.: 23 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances V. Layman

(Residence in Baltimore: No. 1520 Patapsco St.: 12 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH, Nov. (Month) 29 (Day), 1862 (Year)

7-AGE, 53 yrs. 10 mos. 19 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establiahment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Fulton Co Pa

PARENTS.

10-NAME OF FATHER, David Myers

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Virginia Sipes

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. R. Layman

(Address) 1520 Patapsco St.

15- Filed OCT 19 1916 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 18 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 19th 1916, to Oct 18th 1916, that I saw her alive on Oct 18— 1916, and that death occurred, on the date stated above, at 12— m.

The CAUSE OF DEATH* was as follows:

Cancer of Breast

(Duration) 1½ yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Oct 18— 1916. (Address) 1728 N Howard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Martinsburg W. Va. DATE OF BURIAL, Oct. 17, 1916

20-UNDERTAKER R & M. E. Glynn ADDRESS 142 Light St

N. B.—Every item of information called for should be given, so that if any is omitted, the certificate may be returned for completion. CAUSE OF DEATH in plain terms, so that it may be properly classified. Ages, dates and birthplaces must be stated. Be particular and write plainly. All items are important. See instructions on back of certificate.

C99034

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

C99034

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 720 Bevan St. ST.: 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Murray(col'd.)

(Residence in Baltimore: No. 720 Bevan St. St.: 49 yrs. 11 mos. 18 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female.	Colored.	Married.

6-DATE OF BIRTH, November 1 1866. (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
49 yrs. 11 mos. 18 da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Daniel Coker. (C)

11-BIRTHPLACE OF FATHER (State or Country), Easton Md.

12-MAIDEN NAME OF MOTHER Fannie --------(C)

13-BIRTHPLACE OF MOTHER (State or Country), Easton Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Thomas (C) Cousin)

(Address) 28 W. Cross St.

15- OCT 20 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 18 1916, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Otto M. Lennartz M. D. (Coroner.)

Oct. 19 1916. (Address) 1017 S. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt auburn — DATE OF BURIAL, Oct 20 1916

20-UNDERTAKER J. L. Blount & Son — ADDRESS 108 mary 27

N. B.—Every item of information called for in this certificate is important. See instructions on back of certificate.

C99035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C99035

B

1 PLACE OF DEATH — Registered No. C 79

CITY OF BALTIMORE (No. 3838 Reisterstown Rd. St. 15 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mrs. Sophie Fitch

(Residence in Baltimore: No. 3838 Reisterstown Rd. St.: 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Write the word): Widow

6 DATE OF BIRTH: Jany. 28", 1838 (Month) (Day) (Year)

7 AGE: 78 yrs. 8 mos. 21 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Norway Sweden

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Sweden

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Sweden

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr Samuel C Harris

(Address) 3838 Reisterstown Road

15. OCT 20 1916, 191 — HARRY C. ANDREWS, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October (Month) 19 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1916, to Oct. 19 1916, that I saw her alive on October 18, 1916, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) 3 yrs. ~ mos. ~ ds

Contributory (SECONDARY) Chronic Nephritis

(Duration) ? yrs. ? mos. ? ds.

(Signed) John J. King Jr. M. D.

Oct. 19, 1916 (Address) 1125 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Woodlawn Cem. DATE OF BURIAL: Oct 20, 191 6

20 UNDERTAKER: Wm Flod Lyster ADDRESS: 1600 Wilkens Ave

N. B.—Every item of information should be entered, and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Each item is very important. See instructions on back of certificate.

1246 1246

Spec.—5-19-13—M. & T.—500 Bks.

C99036

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99036

CERTIFICATE OF DEATH.

74

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 W. Cross ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.))

2-FULL NAME Jerome N. Hunter

(Residence in Baltimore: No. 1207 W. Cross St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March (Month) 7 (Day), 1842 (Year)

7-AGE, 74 yrs. 7 mos. 10 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Barber
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Robert Hunter

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Susann Starr

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Julia Hunter

(Address) 1207 W. Cross St.

15- Filed OCT 20 1916, 191. HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CAUSE OF DEATH. important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 16 1916, to Oct. 16 1916, that I saw him alive on Oct. 16 1916, and that death occurred, on the date stated above, at 12 15 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation with dilitation of heart

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(Duration) yrs. mos. ds.

(Signed) Jas. C. Lumpkin M. D.

Oct. 18, 1916. (Address) 645 Columbia Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park Cem. DATE OF BURIAL. Oct 20, 1916

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 W. Balto St.

C99037 C99037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1100 N. Stockton ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ford

(Residence in Baltimore: No. 1100 N. Stockton St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, oct 14, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 4 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Ford

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Susan Shields

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father

(Address) 1102 N Stockton

15-
OCT 20 1916 HARRY C. ANDREWS
Filed ....., 191.. Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, oct 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

non closure of the Fontanel Gland

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) not known

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Whitridge Williams M. D.
(Coroner)
Oct 20, 191.. (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Oct 20 1916

20-UNDERTAKER James H Dennis

ADDRESS 1803 Eastern

N. B.—Every item of information must be given, so far as it may be obtainable. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C99038 HEALTH DEPARTMENT—CITY OF BALTIMORE 104 C99038

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1726 Townsend Place ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Mullen

(Residence in Baltimore: No. 1726 Townsend Place St.: ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 9 (Day), 1916 (Year)

7-AGE, ... yrs. 3 mos. 10 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Edward Mullen

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Elizabeth Grubert

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Mullen

(Address) 1726 Townsend Place

15-

Filed, OCT 20 1916, 191.... MABEL C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 15 1916, to Oct 19 1916, that I saw her alive on Oct 19 1916, and that death occurred, on the date stated above, at 10-0 m.

The CAUSE OF DEATH* was as follows:

Acute Enteritis

..... (Duration) ..... yrs. ..... mos. 4 ..... ds.

CONTRIBUTORY (Secondary) Faulty Artificial Feeding (Duration) ..... yrs. 3 mos. 10 ds.

(Signed) J. Johnson Feeley M. D.

10/19, 1916 (Address) 1733 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery

DATE OF BURIAL, Oct 20 1916

20-UNDERTAKER Fickler & Fickler

ADDRESS 1737 Eager

CAUSE OF DEATH. important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99039 C99039

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 919 Penna ave ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David A. Wilkie

(Residence in Baltimore: No. 919 Pennsylvania Ave. St.; 40 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1861
(Month) (Day) (Year)

7-AGE, 55 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lunch Room
(b) General nature of industry, business, or establishment in which employed (or employer): Keeper

9-BIRTHPLACE, (State or Country) Scotland

PARENTS.

10-NAME OF FATHER John Wilkie

11-BIRTHPLACE OF FATHER (State or Country) Scotland

12-MAIDEN NAME OF MOTHER Don't know

13-BIRTHPLACE OF MOTHER (State or Country) Don't know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura A. Wilkie

(Address) 919 Penna ave

15- Filed OCT 20 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 16 1916, to October 18 1916, that I saw him alive on October 18 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Same

(Duration) yrs. mos. ds.

(Signed) Gwl Dillon M. D.

October 19 1916. (Address) 2224 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet — DATE OF BURIAL, Oct. 20 1916

20-UNDERTAKER Daniel Easton ADDRESS 916 Penna ave

CAUSE OF DEATH important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C99010 HEALTH DEPARTMENT—CITY OF BALTIMORE 115 C99010

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Ledden

(Residence in Baltimore: No. 101 Hamilton ave St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month), 1 (Day), (Year)

7-AGE, about 40 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Ed Ledden

11-BIRTHPLACE OF FATHER (State or Country) Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Ledden

(Address) 101 Hamilton Ave

15- OCT 20 1916 HARRY C. ANDREWS

Filed ....., 191. Burial Permit Clerk ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 17 1916, to Oct 19 1916, that I saw h[illegible] alive on Oct 18 1916, and that death occurred, on the date stated above, at 1130a m.

The CAUSE OF DEATH* was as follows:

Removal of Gall Bladder

(Cholecystatus)

(Duration) yrs. mos. 2 8 ds.

CONTRIBUTORY (Secondary) General debility (?)

(Duration) yrs. mos. ds.

(Signed) N. L. Richards M. D.

Oct 19, 1916 (Address) St Jo Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 8 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence 101 Hamilton Ave

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Oct 21, 1916

20-UNDERTAKER H. Ellis Watts — ADDRESS Pimlico Md

over

CAUSE OF DEATH must be filled in. See instructions on back of certificate.

C9904 4

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6 1 C9904 4

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2612 Francis ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Kidd

(Residence in Baltimore: No. 2612 Francis st St.; yrs. 26 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: Oct 28, 1887 (Month) (Day) (Year)

7-AGE: 28 yrs. 11 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Co Md

PARENTS.

10-NAME OF FATHER: Noah Miller

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Noah LeRoy Kidd

(Address) 233 S Chester st

15- Filed OCT 20 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or inquiry) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John J Thorman M. D. (Coroner.)

Oct 20 1916 (Address) 223 N Rolland Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL: St Mary's Hampden — DATE OF BURIAL: Oct 22 1916

20-UNDERTAKER: M J Tuckerman — ADDRESS: North Ave

CAUSE OF DEATH important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99042 64 C99042

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1739 Harford ave

CITY OF BALTIMORE: (No. 1739 Harford ave St.: 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Frazier

(Residence in Baltimore: No. 1739 Harford ave St.: 68 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (*Write* the word.) Widowed

6-DATE OF BIRTH, Unknown, 1848
(Month) (Day) (Year)

7-AGE, 68 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, C. S. Frazier

11-BIRTHPLACE OF FATHER (State or Country), Hagerstown Md

12-MAIDEN NAME OF MOTHER Mary M. Herring

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Gorzuch

(Address) 1729 Harford ave.

15- Filed OCT 20 1916, 191... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 18, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 10 1916, to Oct 18 1916, that I saw her alive on Oct 17 1916, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. One ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) A. L. Markward M. D.

Oct 18, 1916. (Address) 1540 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Oct 19, 191.6

20-UNDERTAKER George J. Ruth

ADDRESS 1735 Harford ave.

CAUSE OF DEATH. Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C99043

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99043

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2316 Vanderhorst Lane ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie B. Friskey

(Residence in Baltimore: No. 2316 Vanderhorst Lane 43 yrs., 7 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Mar 5, 1873 (Month) (Day) (Year)

7-AGE, 43 yrs. 7 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country) Balto Md.

PARENTS.

10-NAME OF FATHER, Wm Woods

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie Casander

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Friskey

(Address) 2316 Vanderhorst La

15- FILED OCT 20 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 19th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 9 1916, to Oct 19 1916, that I saw her alive on Oct 18th 1916, and that death occurred, on the date stated above, at 7 30 m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(Duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency

(Duration) 6 yrs. mos. ds.

(Signed) Wm J. Watson M. D.

Oct 20, 1916 (Address) 2128 St Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem. DATE OF BURIAL, Oct 22 1916

20-UNDERTAKER Philip Herwig ADDRESS 2016 Orleans St

CAUSE OF DEATH. Information required by law. Not to be published. Every question must be answered if possible. Physician's certificate is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99044 C99044 151

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE: (No. Hebrew Hosp. St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Hurwitz

(Residence in Baltimore: No. 300 S. Lond St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH. October (Month) 18., (Day) 1916 (Year)

7-AGE. ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 7 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Myer Hurwitz

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Jannie Pappel

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis

(Address) 1411 E. Balto St.

15- OCT 20 1916 Filed ..... 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 18., (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 18 1916, to Oct. 18 1916, that I saw h[illegible] alive on October 18 1916, and that death occurred, on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:

Premature Birth,
about 7 months.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. W. Voss M. D.

Oct. 18., 1916 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. Three In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? premature Birth

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mizrachy [illegible] DATE OF BURIAL, Oct. [illegible], 1916

20-UNDERTAKER Jack Lewis ADDRESS 1411 E. Balto

CAUSE OF DEATH must be stated in plain English. Indefinite terms, such as "Heart Failure," "Paralysis," "Convulsions," "Old Age," "Infirmity," "Debility," "Cancer," "Tumor," "Consumption," "Fever," "Abscess," "Blood Poisoning," "Dropsy," "Childbirth," "Miscarriage," "Stillbirth," "Accident," "Suicide," "Homicide," "Found Dead," "Unknown," are not sufficient. Important: See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99045 C99045

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 229 E Heath ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Emmet Welsh

(Residence in Baltimore: No. 229 E Heath St. 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Nov 3, 1901 (Month) (Day) (Year)

7-AGE: 14 yrs. 11 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Labourer on farm
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Thos J Welsh

11-BIRTHPLACE OF FATHER (State or Country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Mary E Reusing

13-BIRTHPLACE OF MOTHER (State or Country): Balto Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E Seibell

(Address) 229 Heath st

15 OCT 20 1916 Filed....., 191.....

Harry C. [illegible]
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 27 1916, to Oct 19 1916, that I saw h[illegible] alive on Oct 19 1916, and that death occurred, on the date stated above, at 8 20 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) 22 yrs. mos. ds.

CONTRIBUTORY (Secondary) Septicaemia

(Duration) 2 yrs. mos. 3 ds.

(Signed) R E T Campbell M. D.

Oct 20 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Cross Brooklyn

DATE OF BURIAL, Oct 22, 1916.

20-UNDERTAKER: Wm Cook

ADDRESS 502 E Monument

CAUSE OF DEATH must be important. See instructions on back of certificate.

C99046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

156

C99046

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1230 Hull St. ST.: 24 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Blanche T. Elloff.

(Residence in Baltimore: No. 1230 Hull St. St.: yrs., 30 mos. 11/1116 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White.	Married.

6-DATE OF BIRTH, April 19 1876, 1 (Month) (Day) (Year)

7-AGE, 40 yrs. 5 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Missouri.

PARENTS.

10-NAME OF FATHER, ---[illegible]--- Cafferata.

11-BIRTHPLACE OF FATHER (State or Country). Do not know.

12-MAIDEN NAME OF MOTHER Julia Lansinger.

13-BIRTHPLACE OF MOTHER (State or Country). Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) George H. Elloff (husband)
(Address) 1230 Hull St.

15-
Filed OCT 20 1916 HARRY C. ANDREWS
Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 18. 1916, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) found that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating gas Asphyxia.
Suicide.

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Otto M. Bernhardt M. D. (Coroner.)

Oct. 19/1916 (Address) 1017 S. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Freedom Pa. DATE OF BURIAL, Oct 21, 1916

20-UNDERTAKER Lou Cook ADDRESS 502 E. Main

Addr. c/o. Geo. H. Elloff.

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99047 92 C99047

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 Vine St.; 18 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Ray

(Residence in Baltimore: No. 1012 Vine St.; 32 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Color

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH. Unknown (Month) (Day), 1867 (Year)

7-AGE. 49 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sign Painter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, George Ray

11-BIRTHPLACE OF FATHER (State or Country), Washington D.C.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Washington D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maria Morgan

(Address) 1012 Vine St

15- Filed OCT 20 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 17 1916, to Oct 19 1916, that I saw h alive on Oct 19 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Coton Pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) yrs. mos. 2 ds.

(Signed) C. F. Norwood M. D.

Oct 19, 191... (Address) 1339 N Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery DATE OF BURIAL, Oct 21, 191...

20-UNDERTAKER John J. Conway ADDRESS 90 Hollins St.

5

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99048 C99048

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1220 W Pratt St. ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Adam Stikel

(Residence in Baltimore: No. 1220 W. Pratt St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug. 11, 1866 (Month) (Day) (Year)

7-AGE, 50 yrs. 2 mos. 8 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry, business, or establishment in which employed (or employer) John Turnbull Jr. Co.

9-BIRTHPLACE, (State or Country), new York

PARENTS.

10-NAME OF FATHER Andrew Stikel

11-BIRTHPLACE OF FATHER (State or Country). Germany.

12-MAIDEN NAME OF MOTHER Teresa Naegle

13-BIRTHPLACE OF MOTHER (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catharine Stikel

(Address) 1220 W. Pratt St.

15- Filed OCT 20 1916, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1916, to Oct. 19 1916, that I saw him alive on Oct. 19, 1916, and that death occurred, on the date stated above, at 10.40 P. m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broken compensation

(Duration) yrs. mos. 14 ds.

(Signed) E. E. Cowie M. D.

Oct. 19, 1916 (Address) 1802 W. Lexington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Oct. 22, 1916

20-UNDERTAKER John J. Conant & Son — ADDRESS 901 Hollins St

important. See instructions on back

Spec.—8-24-14—M. & T.—2000 Bks.

C99049

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 C99049

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Vincents Infant Asylum REGISTERED No. C

CITY OF BALTIMORE: (No. St. Vincents Infant ST.; Asylum WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Duffy

(Residence in Baltimore: No. St. Vincents Infant Asylum St. yrs. mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 8 (Day), 1915 (Year)

7-AGE, 1 yrs. 4 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or Country), Balto Maryland

PARENTS.

10-NAME OF FATHER, John Duffy

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Duffy

(Address) 607 S. Eden Stry

15-OCT 20 1916 Filed, 191

HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 14 1916 to Oct 18 1916, that I saw her alive on Oct 18 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute dilatation

(Duration) yrs. mos. ds.

(Signed) J. L. Boulton M. D.

191... (Address) 61 E Columbia ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State 1 yrs. 4 mos. 11 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL, New Cathedral DATE OF BURIAL, Oct 21, 1916

20-UNDERTAKER Walter J Turner ADDRESS 1818 Eden Stry

CAUSE OF DEATH must be stated so that it will be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99050 C99050

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 Lamont Ave ST.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Geraghty

(Residence in Baltimore: No. 1016 Lamont Ave St.; Life yrs.... mos.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. May (Month) 7 (Day), 1871 (Year)

7-AGE. 44 yrs. 11 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. James Geraghty

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Bridget Kane

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Geraghty

(Address) 1016 Lamont Ave

15-

Filed OCT 20 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. October (Month) 19 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from October 1916, to October 19 1916, that I saw h[illegible] alive on October 18 1916, and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 7 ds.

(Signed) P E Lilly M. D.

Oct 19, 1916. (Address) 1517 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.... yrs.... mos.... ds. In the State.... yrs.... mos.... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cemetery

DATE OF BURIAL. Oct 20, 1916

20-UNDERTAKER. Chas. H. Loane & Son

ADDRESS 118 W. Mt Royal

important. See instructions on [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99051 | CERTIFICATE OF DEATH. | 167 | C99051

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. Hebrew Hospital St.: 6 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Schultz

(Residence in Baltimore: No. 4 N Maderia st St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
MALE	White	Baby

6-DATE OF BIRTH, Sept 29 1913, 1 (Month) (Day) (Year)

7-AGE, 3 yrs. I9 mos. ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Frederick Schultz

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Emma Grape

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Emma Schultz
(Address) 4 N Maderia st

15- Filed OCT 21 1916 ROBERT R. KRAUS[illegible] Registrar
Burial Permit [illegible]

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. I8. I9I6, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns Accidental
set clothing fire while
playing with matches (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) [illegible] Smith Juley, D. (Coroner.)
Oct I8 I9I6 (Address) N. E. Dt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery — DATE OF BURIAL, Oct 20, 19.16

20-UNDERTAKER Christian Miller — ADDRESS 253 Light St

CAUSE OF DEATH must be filled in. important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99052 40 C99052

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1623 Gorsuch ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Hoffebert

(Residence in Baltimore: No. 1623 Gorsuch Ave St.; 60 yrs., 5 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Febraury (Month) 18 (Day), 18[illegible] (Year)

7-AGE, 72 yrs. 8 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Christian Leythe

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Heinz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George J. Senger

(Address) 1626 Gorsuch Ave

15-

Filed OCT 21 1916 ROBERT P. KRAUTER, Registrar.

Burial Permit Oct 21 1916

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2 1916, to Oct 19 1916, that I saw h[illegible] alive on Oct 19 1916, and that death occurred, on the date stated above, at 1450 m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

(Duration) yrs. mos. ds.

(Signed) William J. Krauth M. D.

Oct 19, 1916. (Address) 2d. & Penn

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONAL TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetary

DATE OF BURIAL, Oct 22, 1916

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson

Important. Use Indelible Pencil.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99053 C99053

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 800 S. Ellwood Ave St.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johannes Sause

(Residence in Baltimore: No. 800 S. Ellwood Ave St.; 50 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March 27, 1838 (Month) (Day) (Year)

7-AGE, 78 yrs. 6 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk in Grocery
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, J. Sause

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Angela Scherer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Sause Jr.

(Address) 800 S. Ellwood Ave

15- ROBERT P. KRAUTER

Filed OCT 21 1916 Burial Permit Issued Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 13 1916, to Oct. 18 1916, that I saw him alive on 191. and that death occurred, on the date stated above, at 7:50 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema - Due Valvular (heart disease)

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Abdominal Hernia

(Duration) 15 yrs. mos. ds.

(Signed) H. B. Kelly M. D.

Oct. 19, 1916. (Address) 2061 N. Ruth St. Cor.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetary

DATE OF BURIAL, Oct 22, 1916

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson ave

important. See instructions on back

Spec.—8-24-14—M. & T.—2000 Bks.

C99054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 C99054

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 Richmond ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Breen

(Residence in Baltimore: No. 124 Richmond St.: 49 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 78 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, James Breen

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Patrick Breen

(Address) 831 N. Calvert St.

15-

Filed OCT 21 1916 ROBERT P. KRAUS[illegible]

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 19 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 19 191 , to 191 6, that I saw h[illegible] alive on Several months 191 , and that death occurred, on the date stated above, at prior to her death m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Unknown (Duration) yrs. mos. ? ds.

CONTRIBUTORY (Secondary) Senile dementia

(Duration) yrs. unknown ds.

(Signed) F. A. Warner M. D.

Oct 19, 1916 (Address) 1132 Valley St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral DATE OF BURIAL, Oct 21, 1916

20-UNDERTAKER M. Fahey & Sons ADDRESS 606 Lafayette Ave

important. See instructions on

Annie Andrew.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99055

99055

CERTIFICATE OF DEATH.

167

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2824 St Paul ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anne Andrew

(Residence in Baltimore: No. 2824 St Paul St. yrs. 30 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March (Month) 26 (Day), 1862 (Year)

7-AGE, 54 yrs. 6 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

PARENTS.

9-BIRTHPLACE, (State or Country), Balto Co Md.

10-NAME OF FATHER, August Huke

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harold Andrew

(Address) 2824 St Paul St

OCT 21 1916 ROBERT R. KRAUTER

Filed (10-4-) 191 Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental

Burns

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Explosion of Hot Water Heater

(Duration) ....yrs. ....mos. ....ds.

(Signed) John H. Morrissey M. D. (Coroner)

Oct 19 1916 (Address) 2132 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudoun Park Cemetery

DATE OF BURIAL, Oct 21, 1916

20-UNDERTAKER Jno B Spence

ADDRESS 1325 N. Carolina St

Important. See Instructions on Reverse Side.

Over

C99056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

×119 C99056

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Md. Gen. Hospital ST. OR WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Arnz (Arnz)

(Residence in Baltimore: No. Howard Park, Cath. Co., St.; yrs. 26 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1858 (Year)

7-AGE, 58 yrs. Unknown mos. ds. If LESS than 1 day, hrs. mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Decorator.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Gust Arnz

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter

(Address) Howard Park

15-OCT 21 1916 ROBERT R. KRAUTER

Filed ..... 191.. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 19 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. ds.

(Signed) J. McWilliams M. D.
(Coroner.)

Oct 21, 1916 (Address) 515 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 21 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn Cem	Oct 21, 1916
20-UNDERTAKER	ADDRESS
Wm Cook	502 E Northern

CAUTION—Read carefully before writing. All items must be answered or the certificate will be returned for correction. Many questions may seem unimportant. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99057 C99057

CERTIFICATE OF DEATH.

92

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 S. Register ST.; 7th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fredrick W. Roberts

(Residence in Baltimore: No. 422 S. Register St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Sept. 1st, 1865 (Month) (Day) (Year)

7-AGE. 41 yrs. 1 mos. 17 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Emanuel Roberts

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Frances Klug

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. Roberts

(Address) 422 S. Register St.

15- Filed OCT 21 1916 191... ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Oct. 18th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 26 1916, to Oct. 18 1916, that I saw him alive on Oct 18 1916, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 3 wks. 2 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) yrs. mos. ds.

(Signed) J. C. Hessler M. D.

Oct. 19 1916 191... (Address) 125 S. Broadway.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral

DATE OF BURIAL. Oct 21 191 6

20-UNDERTAKER John A Morant

ADDRESS Bank & Canal

important. See instructions on back of

Edward P. Farrell.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99058 C99058

CERTIFICATE OF DEATH.

168

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1412 Phillpot ST.: 15 WARD) REGISTERED No. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward P Farrell

(Residence in Baltimore: No. 4108 Maine Ave St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, June (Month) 17 (Day), 1857 (Year)

7-AGE, 59 yrs. 4 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brass Moulder
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John W Farrell

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Cassidy

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anthony Farrell

(Address) 4108 Maine Ave.

15- OCT 21 1916 Filed, 191 ROBERT R. KRAUTER Registrar.

Burial Permit

CAUSE OF DEATH. This line must be filled in. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquisition (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquisition (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

accidental asphyxia by illuminating gas

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Burning effect of gas light by mouth (Duration) ....yrs....mos....ds.

(Signed) Thomas Ryan Swadley M. D. (Coroner.)

Oct 20, 1916. (Address) 1610 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Oct 21, 1916

20-UNDERTAKER John C Horan — ADDRESS Court St Annapolis Md.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99059

CERTIFICATE OF DEATH.

120 C99059

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST.; WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Jones

(Residence in Baltimore: No. 408 Lemon St, St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, unknown (Month), (Day) 1 (Year)

7-AGE, 56 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cook
(b) General nature of industry, business, or establishment in which employed (or employer). B and O R.R.

9-BIRTHPLACE, (State or Country). Fayett N C

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country). Fayett N C

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mollie Cooper

(Address) 408 Lemon St

15- Filed OCT 21 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 19 (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 18 1916, to Oct 19 1916, that I saw him alive on Oct. 18 1916, and that death occurred, on the date stated above, at 8 45 9 m.

The CAUSE OF DEATH* was as follows:

Cirrhosis stomach.
Chronic Nephritis with
chronic hepatic Cirrhosis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 4 mos. ds.

(Signed) P. Kunberg M. D.

Octo 20th, 1916. (Address) 1321 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 408 Lemon St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery DATE OF BURIAL, Oct 22, 1916

20-UNDERTAKER, Geo H Hoffman ADDRESS 601 Pitt & Front

important. See instructions on [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

C99060 HEALTH DEPARTMENT—CITY OF BALTIMORE C99060

79

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 949 Sterling St. ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME John Colbert White

(Residence in Baltimore: No. 949 Sterling St. St.: ....yrs., mos. 35 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... Unknown ....., 1885
(Month) (Day) (Year)

7-AGE, 30 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Driver of .....
(b) General nature of industry, business, or establishment in which employed (or employer)..... coal-wagon .....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Peter White

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER Minnie ?

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wife Mrs White

(Address) 949 Sterling St

15- OCT 21 1916 Filed....., 191..... Burial Permit Clerk. HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 18th, (Month) (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 14th 1916, to Oct. 18th 1916, that I saw him alive on Oct. 18th 8P.M. 1916, and that death occurred, on the date stated above, at 2.15 A.M.

The CAUSE OF DEATH* was as follows: Cardiac Aortic Insufficiency (Dilatation).

..... (Duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Louis Harmon M. D.

Oct 19, 1916 (Address) 3 E. Mt. Vernon

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetry — DATE OF BURIAL, Oct. 21, 1916

20-UNDERTAKER, Robert A. Elliott — ADDRESS 506 East St.

Important. Be sure to fill out all blanks.

Spec.—8-24-14—M. & T.—2000 Bks.

C99064

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C99064

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 431 N. Central ave ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mallie Tolen

(Residence in Baltimore: No. 431 N. Central ave St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1867 (Year)

7-AGE, 49 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At home
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Rachel Bowell

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. J. Tolen

(Address) 431 N. Central

15- Filed OCT 21 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 12 1916, to Oct. 18 1916, that I saw h22 alive on Oct 18 1916, and that death occurred, on the date stated above, at 7.10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Robert J. Green M. D.

Oct. 20., 1916 (Address) 1120½ Argyle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Laurel Cemetery

DATE OF BURIAL. Oct 22, 191.6

20-UNDERTAKER Mrs. R. A. Elliott

ADDRESS 506 East St

CAUSE OF DEATH. Be particular and state the disease causing death, or, in deaths from violent causes, state (1) means of injury; and (2) whether accidental, suicidal, or homicidal. Do not return this certificate to the undertaker. Every question must be answered if possible. Write plainly and use ink. See instructions on back of certificate.

C99062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Belvidere Ave 189 REGISTERED No. C99062

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3926 Belvidere St 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John M. Adams

(Residence in Baltimore: No. 3926 Belvidere Ave St. Yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mah

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb. 9, 1843
(Month) (Day) (Year)

7-AGE, 73 yrs. 9 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Edward Adams

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Margaretta Buckler

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Son, Chas. Adams

(Address) 3926 Belvidere Ave

15-

Filed OCT 21 1916 HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 20, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Paralysis of Cerebellum
Duration of 2 hours.

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) C. W. McCulloch M. D.
(Coroner.)

Oct. 21, 1916. (Address) 814 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 3926 Belvidere Ave

19-PLACE OF BURIAL OR REMOVAL, Lyndale Park Cem. DATE OF BURIAL, Oct 22, 1916

20-UNDERTAKER L. C. Smith ADDRESS 1000 Fayette

CAUSE OF DEATH. This information is required for the registration of the cause of death. It should be filled out after the funeral. Every question should be answered as fully as possible. Write plainly. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99063 C99063

CERTIFICATE OF DEATH.

2 120 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2000 Bolton ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Turner

(Residence in Baltimore: No. 2000 Bolton St.: 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, Feb 26, 1840 (Month) (Day) (Year)

7-AGE, 76 yrs. 7 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John B Turner

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Anna B Turner

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles G Turner

(Address) 2000 Bolton St

15- OCT 21 1916 HARRY C. ANDREWS

Filed ....., 191..... Burial Permit Clerk

Registrar.

London 730 N Mt Ave

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 20, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 16 1916, to Oct 20 1916, that I saw h him alive on Oct 19 1916, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Last attendance (Duration) yrs. 1 mos. 4 ds.

CONTRIBUTORY (Secondary)

..... (Duration) yrs. mos. ds.

(Signed) Edward H London M. D.

10/21, 1916 (Address) 730 N. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Friends Cemetery

DATE OF BURIAL, Oct 22 1916

20-UNDERTAKER Wm Cook

ADDRESS 1035 Northern

important. See instructions on back

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99064 C99064

CERTIFICATE OF DEATH.

20

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home + Inf. St.: 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mary Geis

(Residence in Baltimore: No. 116 S. Mount St St. 2 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Femal

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Feb 25th (Month) (Day), 1859 (Year)

7-AGE: 57 yrs. 7 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: Frank Miller

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Theresa Miller

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel N. Crandell

(Address) 116 S. Mount St

15- HARRY C. ANDREWS

Filed OCT 21 1916 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 9 1916, to Oct 19 1916, that I saw her alive on Oct 19 1916, and that death occurred, on the date stated above, at 11.5 m.

The CAUSE OF DEATH* was as follows:

Septicemia

(Contributory)

Cause unknown

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Cardiac arrhythmia

(Duration) yrs. mos. 2 ds.

(Signed) M. D.

Oct 19, 1916 (Address) Church Home

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State 24 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 116 S Mount St

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Oct 23 1916

20-UNDERTAKER: Knell & Son

ADDRESS: 1729 W Pratt St

important. See instructions on this

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99065 — 64 — C99065

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 N Eden ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick J Minton

(Residence in Baltimore: No. 114 N Eden St.; 56 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Aug 15, 1838 (Month) (Day) (Year)

7-AGE, 78 yrs. 7 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Minton

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Julia Eagan

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Minton

(Address) 114 N. Eden

15- Filed OCT 21 1916, 191.... HARRY C. ANDREWS Registrar.

BURIAL PERMIT

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 28th 1915 to Oct 18th 1916, that I saw h[illegible] alive on Oct 18th 1916, and that death occurred, on the date stated above, at 2:15 a m.

The CAUSE OF DEATH* was as follows:

Central Hemorrhage
Left Side with Paralysis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(Duration) yrs. 11 mos. ds.

(Signed) Edward P. O'Donnell M. D.

Oct 20th, 1916 (Address) 708 Acequella

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Cathedral Cemetery

DATE OF BURIAL, Oct. 23, 191..

20-UNDERTAKER Eder J Fanning

ADDRESS 1938 E Lafayette

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99066 C99066

CERTIFICATE OF DEATH. 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Mason

(Residence in Baltimore: No. 808 Peach alley St.; 3 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	colored	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1889 (Year)

7-AGE, 27 yrs. ..... mos. ..... da. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Not

11-BIRTHPLACE OF FATHER (State or Country), known

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- Filed OCT 21 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 19 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 18 1916, to Oct. 19 1916, that I saw h[illegible] alive on Oct 19 1916, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Supparation Pyonephrosis resulting from stricture of urethra

(Duration) not known yrs. mos. da.

CONTRIBUTORY (Secondary) Pulmonary Tb

Stricture of urethra (Duration) Not known yrs. mos. da.

(Signed) Frank L. Brasund M. D.

Oct. 19, 1916. (Address) Maryland Avenue

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 da. In the State 2 yrs. ... mos. ... da.

Where was disease contracted, if not at place of death? not known

Former or usual residence 808 Peach Alley

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

CAUSE OF DEATH ... important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C99067 63X C99067

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE (No. 518 Dover St. 22 WARD)

2 FULL NAME Heath Dailey

(Residence in Baltimore: No. 518 Dover St.: yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (If write the word): Single

6 DATE OF BIRTH: Feb. (Month) 15 (Day) 1915 (Year)

7 AGE: 1 yrs. 8 mos. ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Henry Dailey

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Rachel Clark

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed OCT 21 1916, 191 — HARRY C. ANDREWS, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct. (Month) 17 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 16, 1916, to Oct 17, 1916, that I saw her alive on Oct 16, 1916, and that death occurred, on the date stated above, at 2.20 P. m.

The CAUSE OF DEATH* was as follows:

Acute Poliomyelitis

(Duration) yrs. mos. 2 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J. Morley Stone M. D.

Oct 19, 1916 (Address) 716 Cathedral

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: PUBLIC CEMETERY — DATE OF BURIAL: OCT 20 1916, 191

20 UNDERTAKER — ADDRESS

Commissioner Health

State CAUSE OF DEATH in plain terms. This is very important. See instructions on back of certificate.

C99068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 99068

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1707 N Wood gyer ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Carlin

(Residence in Baltimore: No. 1707 N. Woodyear St.)

35 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day), 1862 (Year)

7-AGE, 54 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances Fox

(Address) 1707 N Woodyear

15- Filed OCT 21 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 16 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart Disease
Chronic Endocarditis
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Locomotor Ataxia
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. M. Whitehurst (Coroner) ..... M. D.

Oct 17, 191.. (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Oct 22, 19 16

20-UNDERTAKER Wm. H. Chase & Son ADDRESS 1400 Madison

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99069 81 C99069

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 N Poppleton St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Wilhelmina R. Allentzer

(Residence in Baltimore: No. 5 N Poppleton St.; Life yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH. July 30, 1846 (Month) (Day) (Year)

7-AGE. 70 yrs. 2 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore.

PARENTS.

10-NAME OF FATHER. John Christopher

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Rosanna (Mumma)

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Christopher

(Address) 5 N. Poppleton St.

15-

OCT 21 1916

Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 6 1916, to Oct 19 1916, that I saw h[er] alive on Oct 18 1916, and that death occurred, on the date stated above, at 11 45 A.M.

The CAUSE OF DEATH* was as follows:

Acute Stomatitis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

(Signed) Theodore Smith M.D.

Oct 21, 1916 (Address) 914 N Chas

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park Cem. DATE OF BURIAL. Oct 22, 1916

20-UNDERTAKER Geo Leinbach & Son ADDRESS 647 W Balt St

important. See instructions

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99070 C99070

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George N. Hutton

(Residence in Baltimore: No. 821 S. Kenwood Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Dec. (Month) 2 (Day), 1826 (Year)

7-AGE, 39 yrs. 10 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Hutton

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Catherine——

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15- OCT 21 1916 HARRY C. ANDREWS

Filed....., 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 20 (Month) (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1916, to Oct 20 1916, that I saw h— alive on Oct. 20 1916, and that death occurred, on the date stated above, at 6 50 m. a.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) ....yrs. ....mos. 6 ....ds.

CONTRIBUTORY (Secondary) Dilatation of heart

(Duration) ....yrs. ....mos. ....ds.

(Signed) A. Bloomfield M. D.

Oct. 20, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? "

Former or usual residence 821 S. Kenwood Ave.

19-PLACE OF BURIAL OR REMOVAL Oak Lawn Cemetery | DATE OF BURIAL, Oct. 23, 1916.

20-UNDERTAKER A. J. Snyder | ADDRESS 1842 W. Pratt

important. See instructions

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99071 C99071

CERTIFICATE OF DEATH.

130

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME Ida Slater

(Residence in Baltimore: No. 2603 E. Madison St. St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 31, 1887.
(Month) (Day) (Year)

7-AGE, 29 yrs. 6 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Factory Hand
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Balto Md.

PARENTS.

10-NAME OF FATHER, Alex. Slater

11-BIRTHPLACE OF FATHER (State or Country), M.

12-MAIDEN NAME OF MOTHER Kath. Tupe.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Phelps.

(Address) Johns Hopkins Hosp.

15- OCT 21 1916 HARRY C. ANDREWS Burial Permit Clerk

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 21, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 8 1916, to Oct. 21 1916, that I saw her alive on Oct 21 1916, and that death occurred, on the date stated above, at 12 52 a. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. mos. 7 ds.

(Signed) A. L. Bloomfield M. D.

Oct. 21, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. 13 ds. In the State yrs. — mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2603 E. Madison St.

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Oct 23, 1916.

20-UNDERTAKER Zirkler & Zirkler ADDRESS 1739 E. Eager St.

important. See instructions on reverse.

Spec.—8-24-14—M. & T.—2000 Bks.

C99072

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

C99072

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) #97 (St.) Kelly Place (Ward) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles L. Martin

(Residence in Baltimore: No. 97 Kelly Place St.; ..... yrs., 2 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, July (Month) 29 (Day), 1916 (Year)

7-AGE, ... yrs. 2 mos. 21 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Baltimore City Md.

PARENTS.

10-NAME OF FATHER, Wm. H Martin

11-BIRTHPLACE OF FATHER (State or Country) Md.

12-MAIDEN NAME OF MOTHER Mary C. Sauble

13-BIRTHPLACE OF MOTHER (State or Country) Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. H. Martin

(Address) 97 Kelly Place

15-

Filed OCT 21 1916, 191.... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 20 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 15 191 6, to Oct 19 191 6, that I saw h— alive on Oct 19 191 6, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

marasmus

..... (Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY, (Secondary) .....

..... (Duration) ..... yrs. 2 mos. ..... ds.

(Signed) C Young M. D.

Oct 20, 191 6 (Address) 2201 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Marys Hampstead — DATE OF BURIAL, Oct. 21 1916

20-UNDERTAKER Chenowith & Son — ADDRESS 36 Hartford Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99073 C99073

CERTIFICATE OF DEATH.

40

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Butler

(Residence in Baltimore: No. 3432 Ash St. St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Married

6-DATE OF BIRTH, May 9, 1875 (Month) (Day) (Year)

7-AGE, 41 yrs. 5 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Home

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Rider

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Lucy Kempi

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hospital

(Address) Calvert St.

15- Filed OCT 21 1916, 191.... HARRY C. ANDERSON Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 20, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 30 1916, to Oct 20 1916, that I saw h[illegible] alive on Oct. 20 1916, and that death occurred, on the date stated above, at 7.05 A.M.

The CAUSE OF DEATH* was as follows:

Malignant Sarcoma of liver

about (Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward Lewis M. D.

Oct. 20, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 20 ds. In the State 5 yrs. mos. ds.

Where was disease contracted, if not at place of death? 3432 Ash St.

Former or usual residence 3432 Ash St.

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Hampstead DATE OF BURIAL, Oct. 22, 1916

20-UNDERTAKER Chenowith & Son ADDRESS 3617 Chestnut ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99074 C99074

CERTIFICATE OF DEATH.

x 64

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Metaxas

(Residence in Baltimore: No. University Hospital St.: ... yrs., ... mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) Unknown (Day) ..... (Year) 1861.

7-AGE. 5-5- ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Fireman on
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Steamships

9-BIRTHPLACE, (State or Country) Ithaca, Greece

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital Records

(Address) Greene & Lombard Sts.

15-

OCT 21 1916 Filed ....., 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 18 1916, to Oct 19 1916, that I saw h[illegible]alive on Oct 19 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

19[illegible], 191.6 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State Dont know yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence S.S. Mentor

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem — DATE OF BURIAL, Oct 21, 1916

20-UNDERTAKER Robt Brooks & Son — ADDRESS Calhoun & Hollins

important. See instructions

Spec.—8-24-14—M. & T.—2000 Bks.

C99075 HEALTH DEPARTMENT—CITY OF BALTIMORE 109 C99075

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Moore

(Residence in Baltimore: No. 14 N. Dallas St. St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write word). Married

6-DATE OF BIRTH. Dec 25, 1871 (Month) (Day) (Year)

7-AGE. 44 yrs. 9 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cook
(b) General nature of industry, business, or establishment in which employed (or employer). Private family

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Not known

11-BIRTHPLACE OF FATHER (State or Country). Not known

12-MAIDEN NAME OF MOTHER. Mandy Story

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp.

(Address) Mercy Hosp.

15-

Filed OCT 21 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct. 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 18 191.., to Oct 19 1916, that I saw her alive on Oct 19 1916, and that death occurred, on the date stated above, at 5:55 a.m.

The CAUSE OF DEATH* was as follows:

Strangulated Inguinal Hernia

(Duration) ...yrs. ...mos. 8 ds.

CONTRIBUTORY (Secondary) Toxemia

(Duration) ...yrs. ...mos. 36 ds.

(Signed) Edward L. Smith M. D.

Oct. 19, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 ds. In the State yrs. 44 mos. ds.

Where was disease contracted, if not at place of death? 14 N. Dallas St

Former or usual residence 14 N. Dallas St.

19-PLACE OF BURIAL OR REMOVAL. Asbury

DATE OF BURIAL. Oct 21, 1916

20-UNDERTAKER John W Henderson

ADDRESS 34 Caroline

C99076 HEALTH DEPARTMENT--CITY OF BALTIMORE 92 C99076

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 2313 Fleet ST.: 1 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F Fairley

(Residence in Baltimore: No. 2313 Fleet St. St.: yrs. 3 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: June (Month) 30 (Day), 1916. (Year)

7-AGE: yrs. 3 mos. 20 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE (State or country) Baltimore. Md

PARENTS

10-NAME OF FATHER George J. Fairley.

11-BIRTHPLACE OF FATHER (State or country) Baltimore Md.

12-MAIDEN NAME OF MOTHER Mary V. Szaczerowski

13-BIRTHPLACE OF MOTHER (State or country) Baltimore Md,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George J. Fairley.

(Address) 2313 Fleet St.

15 Filed OCT 21 1916, 191 HARRY C. ANDREWS Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) 20 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1916, to Oct 20, 1916, that I saw h— alive on Oct 20 1916, and that death occurred, on the date stated above, at 5-40 p. m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) Cardiac Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) A J Krumbhaar M. D.

Oct 20, 1916. (Address) 2313 Fleet St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Stanislaus, — DATE OF BURIAL: Oct 22, 1916,

20-UNDERTAKER: M F Sadowski — ADDRESS: 705 S. Ann St.

N.B.—Before burial or removal, state CAUSE OF DEATH in plain words. This is very important. See instructions on back of certificate.

C99077

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

CERTIFICATE OF DEATH

C99077

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 3518 Hickory Ave. St. 13 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Mc.N. Burns

(Residence in Baltimore: No. 3518 Hickory Ave. St.; yrs. 1 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: Aug. (Month) 23 (Day), 1916 (Year)

7-AGE: yrs. 1 mos. 28 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto. City

PARENTS

10-NAME OF FATHER: Samuel C. Burns

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Mary C. Allison

13-BIRTHPLACE OF MOTHER (State or country): Balto, City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) S.C.Burns
(Address) 3518 Hickory Ave.

15- Filed OCT 21 1916, 191- HARRY C. ANDREWS Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 13, 1916, to Oct 21 1916, that I saw h— alive on Oct 21 1916, and that death occurred, on the date stated above, at 6 A.m.

The CAUSE OF DEATH* was as follows:
Enteric Colitis.

(Duration) yrs mos. 9 ds.
Contributory (SECONDARY) Eclampsia
(Duration) yrs mos. 1 ds.

(Signed) R.B. Norment M. D.
Oct 21 1916 [Address] 3343 Chestnut Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St.Mary,s Hampden
DATE OF BURIAL: Oct 22 1916

20-UNDERTAKER: A.S.Marshall
ADDRESS: 3539 Falls Road

TION is very important. See Instructions

Spec.—8-24-14—M. & T.—2000 Bks.

C99078

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99078

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 N Fremont St.; Ward) 16

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

2-FULL NAME C. Julia Spieker

(Residence in Baltimore: No. 624 N Fremont Ave St.; 65 yrs. 6 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (Write the word.) Widow

6-DATE OF BIRTH, March 22 (Month) (Day), 1851 (Year)

7-AGE, 65 yrs. 6 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Fred Thiemeyer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ed. Spieker

(Address) 624 N. Fremont Ave

15-

Filed OCT 21 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, OCT 21 1916 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~Oct~~ January ~~20~~ 1916, to Oct 21 1916, that I saw h~~er~~ alive on Oct 21 1916, and that death occurred, on the date stated above, at 3.55 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Syncope

about one hour

(Duration) ~~y~~ ~~m~~ ~~d~~.

CONTRIBUTORY (Secondary) Aortic Insufficiency

Several

(Duration) ....yrs. ....mos. ....ds.

(Signed) G. Lehote Ewalt M. D.

OCT 21 1916 (Address) 905 N. Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Oct 23 191.

20-UNDERTAKER Mrs A Rohde & Son — ADDRESS 730 Fulton

important. See Instructions

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

C99079 C99079

REGISTERED No. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) Franklin Square Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Harry Eisenhauer

(Residence in Baltimore: No. 140 N Lakewood Ave St.) Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	white	single

6-DATE OF BIRTH. Sept 20 (Month) 18 (Day) 1867 (Year)

7-AGE. 49 yrs. 1 mos. — ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Meat cutter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER. John Eisenhauer

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Elizabeth Dano

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A Wiseman

(Address) 3000 E Baltimore St

15- Filed OCT 22 1916, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct (Month) 20 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Epilepsy

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute alcoholism

(Duration) yrs. 1 mos. ds.

(Signed) James M Benton M. D. (Coroner.)

Oct 21 1916 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 12 ds. In the State yrs. mos. ds. Life

Where was disease contracted, if not at place of death? Not known

Former or usual residence 140 N Lakewood Ave

19-PLACE OF BURIAL OR REMOVAL. London Park — DATE OF BURIAL. Oct 22 1916

20-UNDERTAKER John A Wiseman — ADDRESS Bank & Caroline Sts

important. See instructions on back of certificate.

Spec.—5-19-12—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99080 C99080

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 Gough St. 3 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith Stein

(Residence in Baltimore: No. 1609 Gough st St.; — yrs., 6 mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, April 21, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 6 mos. ...da. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto Maryland

PARENTS.

10-NAME OF FATHER, Israel Stein

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Annie Karp.

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Israel Stein

(Address) 1609 Gough st

15-

Filed OCT 22 1916, 191... HENRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 21, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct 20, 1916, to Oct 21 1916, that I saw her alive on Oct. 21 1916, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ...yrs. ...mos. 7 da.

CONTRIBUTORY (Secondary) H. (Duration) ...yrs. ...mos. ...da.

(Signed) H. Feldsmith M. D.

10/21/, 191.6 (Address) 1739 E. Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence 1609 Gough st

19-PLACE OF BURIAL, OR REMOVAL, Hebrew Mt Carmel DATE OF BURIAL, Oct 22 1916

20-UNDERTAKER S. Sumner & Bro ADDRESS 107 E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

Norman Peck

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99081 C99081

CERTIFICATE OF DEATH.

63 +

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Child Hosp. School ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norman Peck

(Residence in Baltimore: No. 1233 Dunsen St ..... St.; 6 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Sing'l

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1910. (Year)

7-AGE,	If LESS than 1 day,
6 yrs. ... mos. ... ds.	... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Geo Peck

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lillie Davis

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Peck

(Address) 1233 Dunsen St

15- Filed OCT 22 1916, 191...

HARRY C. ANDREWS, Burial Permit Clerk

Registrar.

important. See instructions.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 21 (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 3 1916, to Oct 21 1916, that I saw him alive on Oct 20 1916, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Acute Lobar pneumonia complete

(Duration) ... yrs. ... mos. 18 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Chas Hasp. M. D.

10/21, 1916. (Address) Child Hosp School

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 18 ds. In the State Life yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1233 Division St

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem — DATE OF BURIAL, Oct 22, 1916.

20-UNDERTAKER Samuel Saunders — ADDRESS 5 B Fiddle

Spec.—8-24-14—M. & T.—2000 Bks.

C99082 C99082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1808 Register ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Slayeman

(Residence in Baltimore: No. 1808 Register St.: Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Unknown (Month) 1 (Day) (Year)

7-AGE, 79 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Policeman
(b) General nature of industry, business, or establishment in which employed (or employer):

PARENTS.

9-BIRTHPLACE, (State or Country), Baltimore Md

10-NAME OF FATHER, Mahlon Slayeman

11-BIRTHPLACE OF FATHER (State or Country) Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country). Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alexander Slayeman

(Address) Hamilton Md

15- OCT 22 1916 Filed, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1st 1916, to Oct 20 1916, that I saw h[illegible] alive on Oct 20 1916, and that death occurred, on the date stated above, at P. C. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Dr. L. W. Donaldson M. D.

Oct 21., 1916. (Address) 1714 N Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Oct. 23., 1916

20-UNDERTAKER Tom Cook — ADDRESS 502 E North Ave

Imperfect. See Instructions.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99083 C99083

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH On the Way to St Josephs Hospital

CITY OF BALTIMORE (No. 8 ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Ogle

(Residence in Baltimore: No. 1611 N Durham St ST.: 47 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.): Widower

6-DATE OF BIRTH: Feb 29 1860, 1
(Month) (Day) (Year)

7-AGE: 56 yrs. 7 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: John Ogle

11-BIRTHPLACE OF FATHER (State or Country): Balto

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or Country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): John Ogle

(Address): 1611 N Durham st

15-

Filed OCT 22 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct 19 1916, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Ernest Sweeney M. D.
(Coroner.)

Oct 21 1916 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Oct 23, 1916

20-UNDERTAKER: Henry Lutz

ADDRESS: 1007 W. Bond st

important. See instructions on back of certificate

Spec.—5-19-13—M. & T.—500 Bks.

C99084 C99084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (NO. 730 E. Fort Ave ST.; 24 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Br. Bailey

(Residence in Baltimore: No. 730 E. Fort Ave. St.; yrs., 8 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: Jan. (Month) 22 (Day), 1908 (Year)

7-AGE: yrs. 8 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore City.

PARENTS.

10-NAME OF FATHER: Wm. Benj. Bailey

11-BIRTHPLACE OF FATHER (State or Country): Baltimore City.

12-MAIDEN NAME OF MOTHER: Naomi Knadler

13-BIRTHPLACE OF MOTHER (State or Country): Washington Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Naomi Bailey

(Address) 730 E. Fort Ave.

15- Filed OCT 22 1916, 191.... HARRY C. ANDREWS, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 19 1916, to Oct 20 1916, that I saw h[illegible] alive on Oct 20 1916, and that death occurred, on the date stated above, at 10.55 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. T. Seabury M. D.

Oct. 21, 1916. (Address) 621 Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem.

DATE OF BURIAL: Oct 23, 1916

20-UNDERTAKER: J. Fen McCully

ADDRESS: 39 E. Fort Ave.

Important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C99085 C99085

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 110 St. Green ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wayturkites

(Residence in Baltimore: No. 110 St. Green St.: yrs., 15 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, unknown (Month), (Day), 1867 (Year)

7-AGE, 49 yrs. mos. da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Jonaitis

(Address) 110 N Green St

15- Filed OCT 22 1916, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Albert L Driscoll M. D. (Coroner)

Oct 21, 1916 (Address) 512 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus DATE OF BURIAL, Oct 22, 1916

20-UNDERTAKER John Gretkiewicz ADDRESS 500 S. Paca St

important. See instructions on back of

C99086 C99086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

134

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Lutheman Hospital ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 14.)

2-FULL NAME Mary C. Zelle

(Residence in Baltimore: No. 1528 Friendship St.; yrs. 37 mos. 11 ds. 13)

(Friendship St.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Nov. 7, 1878
(Month) (Day) (Year)

7-AGE, 37 yrs. 11 mos. 13 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balt., Md.

PARENTS.

10-NAME OF FATHER. William Nelson

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Annie Lewis

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Lillian Zelle
(Address) 1528 Friendship

15- OCT 22 1916 HARRY C. ANDREWS
Filed ....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri

Accidental (Duration) ....yrs. ....mos. 5 ds.
CONTRIBUTORY (Secondary) Pneumonia
(Duration) ....yrs. ....mos. ....ds.

(Signed) J. McCulloch M. D.
(Coroner)
Oct 20, 1916 (Address) 1 E. Pleasant

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 5 ds. In the State 37 yrs. 11 mos. 5 ds.
Where was disease contracted, if not at place of death? —
Former or usual residence 1528 Friendship St.

19-PLACE OF BURIAL OR REMOVAL. Mount Olivet — DATE OF BURIAL, Oct 23, 1916

20-UNDERTAKER Joseph B. Cook — ADDRESS 1003 W. Baltimore St.

CAUSE OF DEATH. Be particular and definite. State disease causing death, or, in deaths from violent causes, state (1) means of injury; and (2) whether accidental, suicidal, or homicidal. Operations, conditions of labor, and duration of each should be stated. The certificate must be filled out in full, giving all the information required, as far as possible, and must be signed by the coroner. Every question must be answered, or the certificate will be returned for correction. Be sure to write plainly and use ink. Do not use lead pencil. Do not abbreviate. Write out the full name and address. Do not forget to answer question 18. Question 19 must be answered before a burial permit will be issued. Question 20 must be answered before a removal permit will be issued. Please read carefully the instructions printed on the back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C99087 C99087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 138 N Calhoun ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Lewis

(Residence in Baltimore: No. 138 N Calhoun St.: 1 yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, November, 1896
(Month) (Day) (Year)

7-AGE, 20 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Lancaster Co. Va.

PARENTS.

10-NAME OF FATHER, Said Colvin

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Charity Watty

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Presley Lewis

(Address) 138 N Calhoun St.

15- OCT 22 1916 Filed, -191 HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct-14 1916, to Oct-18 1916, that I saw h[illegible] alive on Oct-18 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 7 da.

CONTRIBUTORY (Secondary) asphyxia

(Duration) yrs. mos. 1 da.

(Signed) J. E. Daugherty M. D.

Oct 19, 1916 (Address) 1602 Penna

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Harveys Lot

DATE OF BURIAL, Oct. 22, 1916

20-UNDERTAKER James H. Dennis Northumberland Va

ADDRESS 1303 Preston

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C99088 C99088

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1113 Park ave St. 11 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Frances E. Sims

(Residence in Baltimore: No. 1113 Park Ave St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Colored | 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widow

6 DATE OF BIRTH: Don't Know (Month), 1 (Day) (Year)

7 AGE: about 55 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Paris Ind

PARENTS

10 NAME OF FATHER: Willis Jackson

11 BIRTHPLACE OF FATHER (State or country): Ind

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (State or country): Don't Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Jno Sims

(Address): 1113 Park Ave

15 Filed OCT 22 1916, 191 HARRY C. ANDREWS REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 20 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July, 1916, to Oct 20 1916, that I saw h[illegible] alive on Oct 19, 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

about 1 (Duration) yrs. mos. ds

Contributory (SECONDARY): Arterio-sclerosis

(Duration) yrs. mos. ds.

(Signed) Edwin K Ballard M. D.

Oct 20, 1916 (Address) 1622 Mt Royal Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. | In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Lucy Cemetery | DATE OF BURIAL: Oct 22, 1916

20 UNDERTAKER: H H Bishop | ADDRESS: 1117 Park Ave

State CAUSE OF DEATH is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99089 ×109 C99089

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. of Md. Hosp. St.; Hall WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mattie Rose

(Residence in Baltimore: No. University Hospital St.; yrs., mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May — 1878
(Month) (Day) (Year)

7-AGE, 38 yrs. 5 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Weems - Va.

PARENTS.

10-NAME OF FATHER, J. C. Farley

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary Godsey

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Violet Rose

(Address) Weems Va

15-

OCT 22 1916 HARRY C. [illegible]

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 22, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 14 1916, to Oct 22 1916, that I saw her alive on Oct. 22 1916, and that death occurred, on the date stated above, at 10:35 A m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

Strangulated Femoral Hernia

(Duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

10/22, 191 6 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. 8 ds. In the State .... yrs. .... mos. 8 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Weems, Va

19-PLACE OF BURIAL OR REMOVAL, Kilmarnock Va

DATE OF BURIAL, Oct. 24, 1916.

20-UNDERTAKER Jos R Cook

ADDRESS 1008 W Baltimore St

C99090 C99090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1103 Laurens ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary Virginia Reifsnider

(Residence in Baltimore: No. 1103 Laurens st St. 70 yrs. 2 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widow

6 DATE OF BIRTH: August 13th (Month) (Day), 1846 (Year)

7 AGE: 70 yrs. 2 mos. 8 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto Maryland.

PARENTS

10 NAME OF FATHER: Dont Know

11 BIRTHPLACE OF FATHER (State or country): Dont Know

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (State or country): Dont Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Howard Reifsnider

(Address) 1103 Laurens st

15 OCT 22 1916 Filed ....., 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: oct (Month) 21st (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 2nd, 1916, to Oct 21 1916, that I saw h[illegible] alive on Oct 2nd, 1916, and that death occurred, on the date stated above, at 9. a m.

The CAUSE OF DEATH* was as follows:

Exhaustion from Surgical illness resulting from Cerebral apoplexy (Duration) 4 yrs. mos. ds

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) H K Gorsuch M. D.

Oct 21, 1916 (Address) 117 W. Saratoga St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Olivet DATE OF BURIAL: Oct 23rd, 1916

20 UNDERTAKER: Geo. Weber & Son ADDRESS: 2503 Eastern Ave

state CAUSE OF DEATH ... is very important. See instructions on back of certificate.

pec.—8-24-14—M. & T.—2000 Bks.

C99091 C99091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 Bolton St. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Jane Justice

(Residence in Baltimore: No. 1714 Bolton St.; 73 yrs., 0 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH. October 6, 1843 (Month) (Day) (Year)

7-AGE. 73 yrs. 0 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John F. Meredith

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Margaret D. Smith

13-BIRTHPLACE OF MOTHER (State or Country), District of Columbia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Margaret E. Meredith

(Address) 1714 Bolton St.

15-

Filed, OCT 23 1916, 191.... Registrar ROBERT R. KRAUTER BURIAL PERMIT

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to Oct 22 1916, that I saw her alive on Oct 22 1916, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Aortic insufficiency,
mitral heart disease
angina

1 hour (Duration) 5 yrs. 4 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. D. Young M. D.

Oct. 24 1916 (Address) 1425 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Green Mount Cemetery

DATE OF BURIAL. Oct 24 1916

20-UNDERTAKER Stewart Warner Co

ADDRESS 1082 W North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9909 2 — 120 — C9909 2

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. or WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Emma Kemp

(Residence in Baltimore: No. 2124 E North Ave St.; 9 yrs., 8 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Oct 30, 1866 (Month) (Day) (Year)

7-AGE: 49 yrs. 11 mos. 22 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Carroll Co Md

PARENTS.

10-NAME OF FATHER: Isaac Wilhide

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Margaret Cox

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Wilhide

(Address) 813 N Charles St

15- OCT 23 1916 Filed ....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: October 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 7 1916 to Oct 22 1916, that I saw h[er] alive on Oct 22 1916, and that death occurred, on the date stated above, at 5 20 Pm.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) uncertain mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) ..... yrs. ..... mos. 15 ds.

(Signed) C. M. Hammett M. D.

Oct 22 1916 (Address) Church Home & Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 15 ds. In the State 49 yrs. 11 mos. 22 ds.

Where was disease contracted, if not at place of death? 2124 E North Ave

Former or usual residence 2124 E North Ave

19-PLACE OF BURIAL OR REMOVAL: Mt Zion Cemetery Frederick Co. Md. DATE OF BURIAL: Oct 23, 1916

UNDERTAKER: Stewart Warren Co ADDRESS: 108 W North Ave

Important.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99094 C99094

CERTIFICATE OF DEATH.

70

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED NO. C

CITY OF BALTIMORE: (No. 1514 Division ST.: 1 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Margaret Michael

(Residence in Baltimore: No. 420 N Madeira St. St.: 32 yrs., 6 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, ~~Unknown~~ Apr 16 th, 1884 (Month) (Day) (Year)

7-AGE, 32 yrs. 6 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hugh C.F. Gill M.D.

(Address) 1514 Division St.

15- OCT 23 1916 ROBERT R. KRAUTER

Filed ....., 191.... Burial Permit ....., Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 20th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 11 1916, to Oct 20 1916, that I saw her alive on October 19 1916, and that death occurred, on the date stated above, at 9.30 Am.

The CAUSE OF DEATH* was as follows:

Streptococcic Septicaemia

Unknown Origin

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Dilatation of Heart

(Duration) ....yrs. ....mos. ....ds.

(Signed) Hugh C.F. Gill M. D.

Oct. 20th, 1916. (Address) 1514 Division St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. 40 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem. DATE OF BURIAL, Oct 23 1916

20-UNDERTAKER Philip Herwig ADDRESS 2016 Orleans

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C99093 — 103 — C99093

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1340 N Fulton St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Columbia B. Seymour

(Residence in Baltimore: No. 1340 N Fulton St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Apr. (Month) 13 (Day), 1842 (Year)

7-AGE: 73 yrs. 6 mos. 7 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: Henry B. Gouldmond

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Julia A Robinson

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lyon Stambäck

(Address) 1608 Mt Royal

15- Filed OCT 23 1916 191.. ROBERT R. KRAUTER REGISTRAR

Burial Permit 31674

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 19, 1916, to, Oct 20 1916, that I saw h.. alive on Oct 19 1916, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Acute indigestion

(Duration) ..... yrs ..... mos ..... ds.

Contributory (SECONDARY) Chronic

(Duration) ..... yrs ..... mos ..... ds.

(Signed) J. M Lamperin M. D.

Oct 20 1916 [Address] 826 N Carrollton Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge Cemetery, [illegible]

DATE OF BURIAL ..... 191..

UNDERTAKER: Graham & Walker ADDRESS: 723 W Lafayette Ave

State CAUSE OF DEATH. See instructions on back. TION is very important.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9905

CERTIFICATE OF DEATH.

28 C9905

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 503 N. Madeira ST., 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph G. Rickert

(Residence in Baltimore: No. 503 N. Madeira St.; 49 yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug (Month) 20 (Day), 1867 (Year)

7-AGE, 49 yrs. 2 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Paper
(b) General nature of industry, business, or establishment in which employed (or employer): Hanger

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Jos. Rickert

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth Rickert

(Address) 503 N. Madeira

15-

Filed OCT 23 1916, 191.. ROBERT R. KRAUTER

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 20th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1/20/16 191.., to Oct 20/16 191.., that I saw h alive on 10/20/16, 191.., and that death occurred, on the date stated above, at 7 30 m.

The CAUSE OF DEATH* was as follows:

Pleurisy

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis Laryngitis

(Duration) yrs. 9 mos. ds.

(Signed) H. Redmond M. D.

10/21/16, 191.. (Address) 2914 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Oct 23 191.6

20-UNDERTAKER, Philip Henry — ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1730

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 Carlton ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine T. Jefferson

(Residence in Baltimore: No. 1523 Carlton St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE, 67 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James W. Mullen

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Alice A. Mullen

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. R. Jefferson

(Address) 527 N. Hamburg

15-

Filed OCT 23 1916, 191.....

ROBERT R. KRAUTER

Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1916, to Oct 21 1916, that I saw h[illegible] alive on Oct-20 1916, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows: Nephritis Chronic

..... (Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Anaemia

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. A. Lamb M. D.

Oct 21, 1916 (Address) 528 Kennard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery

DATE OF BURIAL, Oct 24 1916

20-UNDERTAKER, J. C. Stevens

ADDRESS 1460 Battery Ave

C99097 C99097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Fort Pressident ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Paul Pakrymka

(Residence in Baltimore: No. 1613 Gough st St. 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 47 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). General

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Lukacz II

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Ewa Wlasnik

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leon Pakrymka

(Address) 1711 Flint st.

15-

Filed OCT 23 1916 191 ROBERT R. KRAUTER Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said medicals (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Brain

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Physician Upon Subscribe M. D.
(Coroner.)

Oct 21, 191 6 (Address) 1610 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Oct 23 19 16

20-UNDERTAKER Wm Fiaskowski — ADDRESS 1613 Eastern

important. See instructions on back

C99098

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C99098

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 525 McMechen St. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Edward Marshall

(Residence in Baltimore: No. 525 McMechen St.: 8 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Mall	colored	Single

6 DATE OF BIRTH Unknown (Month) (Day), 1883 (Year)

7 AGE 33 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country) N.C.

PARENTS

10 NAME OF FATHER Aaron Marsh

11 BIRTHPLACE OF FATHER (State or country) N C

12 MAIDEN NAME OF MOTHER Lydia Marshall

13 BIRTHPLACE OF MOTHER (State or country) N.C.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Paul Marsh

(Address) 9 1/2 Rutland Ave

15.

OCT 23 1916 ROBERT R. KRAUTER

Filed ..., 191... REGISTRAR

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. 23, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1916. to. Oct 23 1916. that I saw h— alive on Oct 22, 191.. and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

11 Days (Duration) yrs. mos. 11 ds

Contributory (SECONDARY) Nephritis & Heart failure

3 day (Duration) yrs. mos. 3 ds.

(Signed) J. Edward Fisher M. D.

Oct 23, 1916. (Address) 1612 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Hookstown Pa. DATE OF BURIAL Oct 25 191 6

20 UNDERTAKER Samuel Stansbury ADDRESS 578 W. Balt

state CAUSE OF DEATH ... is very important. See instructions on back of certificate.

pec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99099 C99099

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 878 Sterling St. 10 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Johnson

(Residence in Baltimore: No. 878 Sterling St St.; 41 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 54 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Plasterer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Henry Johnson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Harriet Green

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie Johnson

(Address) 428 Sterling St

15- ROBERT R. KRAUTER

Filed ..... 191.....

OCT 23 1916 BUREAU PERS... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH October 20th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 15 1916, to Oct 20 1916, that I saw h[illegible] alive on Oct 19 1916, and that death occurred, on the date stated above, at 6 3-4 A m.

The CAUSE OF DEATH* was as follows:

Acute [illegible] Nephritis

Cystitis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY Carcinoma Uteri
(Secondary)

(Duration) yrs. mos. 6 ds.

(Signed) Watts W. Watts M. D.

Oct 20, 1916 (Address) 110 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Farmer or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury cemetery DATE OF BURIAL, Oct 23 1916.

20-UNDERTAKER R. E. Grote ADDRESS 1405 McElderry St

C99100

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C99100

1 PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE (No. 1521 N Fayette 19 ST.: WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Ella Elizabeth McDowell

(Residence in Baltimore: No. 1521 N Fayette St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: June (Month) 8 (Day), 1856 (Year)

7 AGE: 60 yrs. 4 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Geo. W. Nees

11 BIRTHPLACE OF FATHER (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Emma R. Thomas

13 BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lucretia E. C. Nees
(Address) 1521 N. Fayette St.

15 Filed OCT 23 1916 191 ROBERT R. KRAUTER Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October (Month) 21 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 7th, 1916, to Oct. 21st 1916, that I saw her alive on Oct. 21st 1916, and that death occurred, on the date stated above, at 6:15 a m.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) ..... yrs. unknown mos. ds.

Contributory (SECONDARY) Chronic Interstitial Nephritis

(Duration) ..... yrs. unknown mos. ds.

(Signed) H. H. Arthur M. D.
Oct. 21, 1916 (Address) 1426 N Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Oct 25 1916

20 UNDERTAKER: E. M. Mitchell & Co — ADDRESS: 1501 N Fayette

State CAUSE OF DEATH is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

699101

HEALTH DEPARTMENT—CITY OF BALTIMORE

H 699101

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 916 Bennett Pl. ST.; 16 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Davis

(Residence in Baltimore: No. 916 Bennett Pl. Se; 36 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~CONDITION~~ MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 20 (Day), 1858 (Year)

7-AGE, 57 yrs. 4 mos. 2 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Lewell Wm. Davis

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Hannah Davis

(Address) 916 Bennett Pl.

15-

Filed ....., 191.....

ROBERT R. KRAUTER
Burial Permit Registrar

OCT 23 1916

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 2nd 1915, to Oct 22 1916, that I saw h~~im~~alive on Oct 21, 1916, and that death occurred, on the date stated above, at 5 20 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of sigmoid with metastasis in liver

Diagnosis made with Microscope

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Diabetis

..... (Duration) 2? yrs. ..... mos. ..... ds.

(Signed) J. A. Lumpkin M. D.

Oct 22, 1916. (Address) 645 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship

DATE OF BURIAL, Oct 23, 1916

20-UNDERTAKER David Sondheim

ADDRESS 1918 N. Wolfe St

699102. HEALTH DEPARTMENT—CITY OF BALTIMORE 1186 699102

CERTIFICATE OF DEATH.

REGISTERED NO. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2713 Pennsylvania St.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George S Sachse

(Residence in Baltimore: No. 2713 Pennsylvania ave St.: yrs. 27 mos. 11 ds. 15)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: November 5th, 1888 (Month) (Day) (Year)

7-AGE: 27 yrs. 11 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plumber
(b) General nature of industry, business, or establishment in which employed (or employer): Sassaman Plumbing

9-BIRTHPLACE, (State or Country): Baltimore City Md

PARENTS.

10-NAME OF FATHER: Theodore Sachse

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Erustine Riedel

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ida Shephard

(Address) 2713 Pennsylvania Ave

15- Filed OCT 23 1916 191.... ROBERT R. KRAUTER Registrar. Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest Oct 23/16 (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Fracture of Skull

of Left Temporal Bone

Accident (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock by Falling

Morphine (Duration) yrs. mos. ds.

(Signed) Henry J. Hofmeister M. D. (Coroner.)

Oct 23 1916 (Address) 632 W Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Oct 23, 1916.

20-UNDERTAKER W J Fisher and Son ADDRESS 421 W Lanvale St

Spec.—8-24-14—M. & T.—2000 Bks.

C99103 HEALTH DEPARTMENT—CITY OF BALTIMORE 54 C99103

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 E. Eager ST.; ..... WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary H. Bowling

(Residence in Baltimore: No. 2201 E. Eager St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, January (Month) 11 (Day), 1831 (Year)

7-AGE, 85 yrs. 9 mos. 10 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Leden F. Dashiell

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Elizabeth Hodges

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis Bowling

(Address) 2201 E. Eager St

15- Filed OCT 23 1916, 191.... ROBERT B. KRAUTER DEPUTY REGISTRAR Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 6 1916, to Oct 21 1916, that I saw h[illegible] alive on Oct 20 1916, and that death occurred, on the date stated above, at 10 30 m.

The CAUSE OF DEATH* was as follows:

.....

.....

..... Cirrhosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Oct 23, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery

DATE OF BURIAL, October 23 1916

20-UNDERTAKER, Christian Miller

ADDRESS 2334 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699104 92 699104

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Woolford

(Residence in Baltimore: No. 627 N. Robinson St St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, February 12, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 8 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm. Atlakra

11-BIRTHPLACE OF FATHER (State or Country). California

12-MAIDEN NAME OF MOTHER Gertrude Woolford

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G J Smith

(Address) Johns Hopkins Hospital

15- OCT 23 1916
Filed ....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 7 1916, to October 20 1916, that I saw him alive on October 20 1916, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia, lobar.

(Duration) ...yrs. ...mos. 5 ds.

CONTRIBUTORY (Secondary) Empyema

(Duration) ...yrs. ...mos. 1 ds.

(Signed) Wilbur T. Hughes M. D.

Oct 21, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 13 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence 627 N. Robinson St

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ..., 191...

20-UNDERTAKER ADDRESS

ROBERT R. PRATTER
HOPKINS HOSPITAL
OCT 21 1916
Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699105 29 699105

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeth Home ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Freddie Ballou

(Residence in Baltimore: No. St. Elizabeth Home, St. Paul St.; ..... yrs. 2 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	colored	

6-DATE OF BIRTH, Foundling, probably Apr. 2, 1916.
(Month) (Day) (Year)

7-AGE, ... yrs. 6 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15-
Filed OCT 23 1916, 191.....
ROBERT R. KRAUTER
Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 21, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 28 1916, to Oct 20 1916, that I saw h... alive on Oct 20th 1130 A.M. 1916, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (Alimentary Decomposition)

..... (Duration) ..... yrs. 2 mos. 19 ds.

(Signed) Edgar L. Spurrier M. D.

Oct 21, 1916 (Address) 1616 Fremont Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

Commissioner Health.

Imperial Co.

C99106

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 C99106

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1613 St. Joseph ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Wormack

(Residence in Baltimore: No. 1613 St. Joseph St.; 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Colored	Single

6-DATE OF BIRTH: Aug. (Month) 16 (Day) 1915 (Year)

7-AGE: 1 yrs. 2 mos. 5 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Pennsylvania

PARENTS

10-NAME OF FATHER: Wm. Wormack

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Annie White

13-BIRTHPLACE OF MOTHER (State or country): Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. Wormack

(Address) 1613 St Joseph St

15 OCT 23 1916 ROBERT B. KRAUTER

Filed ....., 191 ..... REGISTRAR

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct. (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1916, to, Oct. 21 1916, that I saw h.. alive on Oct. 21 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(Duration) ... yrs ... mos. 4 ds.

Contributory (SECONDARY) .....

(Duration) ... yrs ... mos ... ds.

(Signed), Edgar P. Sandrock M. D.

Oct. 22 1916 [Address] 1601 N Broadway

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem. DATE OF BURIAL: October 1916

20-UNDERTAKER: Harry J. Woodery ADDRESS: 1725 Orleans St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699107

CERTIFICATE OF DEATH.

42 699107

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 235 N. Gay ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Carlisle

(Residence in Baltimore: No. 235 N. Gay. St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 16 (Day), 1851 (Year)

7-AGE, 65 yrs. 5 mos. 7 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Geo Cooper

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Ellen Fowler

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Florence Griffin

(Address) 304 N. Gay St.

15-

Filed OCT 23 1916, 191

ROBERT R. KRAUTER

Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 2 1916, to Oct 22 1916, that I saw her alive on Oct 22 1916, and that death occurred, on the date stated above, at 12.45 m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uterus & Nephritis

Chronic (Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Coma

(Duration) yrs. mos. 1 ds.

(Signed) Dr Theo M. Valsen M. D.

Oct 23, 1916. (Address) 34 S. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Berryville Clark Co. Va

DATE OF BURIAL, Oct 23, 1916

20-UNDERTAKER E. A. Bryant

ADDRESS 302 N. Gay St

pec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99108 151 C99108

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1734 Aliceanna St., 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helene Rymiewicz

(Residence in Baltimore: No. 1734 Aliceanna St.; ...yrs., mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: October (Month) 9 (Day), 1916 (Year)

7-AGE: ...yrs. mos. 12 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Wicent Rymiewicz

11-BIRTHPLACE OF FATHER (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Antonia Orlowska

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wicenty Rymiewicz

(Address) 1732 Aliceanna St

15- Filed OCT 23 1916, 191...

ROBERT B. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 20 1916, to October 20 1916, that I saw h[illegible] alive on October 20 1916, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

...Tuberculosis Pulmonalis
...pneumonia
... (Duration) ...yrs. ...mos. 12 ds.

CONTRIBUTORY (Secondary) ...cardiac insufficiency
... (Duration) ...yrs. ...mos. 12 ds.

(Signed) ...L. J. Sadowski M. D.

October 22 1916. (Address) 732 S. Ann St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Oct 23, 1916

20-UNDERTAKER M. F. Sadowski

ADDRESS 705 S Ann St.

Spec.--5-19-13—M. & T.—500 Bks.

C99109

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99109

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C 91

CITY OF BALTIMORE: (No. 421 Little Monument ST.: 11 WARD.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Louis Williams

(Residence in Baltimore: No. 421 Little Monument St.: yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May 20, 1916
(Month) (Day) (Year)

7-AGE, yrs. 5 mos. 2 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Louis Gray.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Diane Williams

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Diane Williams

(Address) 421 Little Monument St.

15-

Filed OCT 23 1916, 191.. ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 22 1916, to Oct. 22 1916, that I saw h in alive on Oct. 22 - 1916, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Not Known

(Duration) yrs. mos. ds.

(Signed) Chas. J. Keller M. D.

Oct 22 191 6 (Address) 222 N. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Northern Cemetery

DATE OF BURIAL, Oct 23, 1916

20-UNDERTAKER Wm. H. Woodward

ADDRESS 517 Robert St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 99110

40 C 99110

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. No. 419 Mosher St.; 14 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Susan Goldstein

(Residence in Baltimore: No. 419 Mosher St.; 7/ [illegible] mos. [illegible] ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. [illegible]red

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Wdw

6-DATE OF BIRTH, [illegible], 1 (Month) (Day) (Year)

7-AGE, 71 yrs. [illegible] mos. [illegible] ds. If LESS than 1 day, [illegible] hrs. or [illegible] mtn.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer). at home

9-BIRTHPLACE, (State or Country). City

PARENTS.

10-NAME OF FATHER. James Dutton

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER [illegible]

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillie M. Banks

(Address) 419 Mosher St

15- OCT 23 1916 Filed ..... 191.....

ROBERT R. KRAUTER

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 20, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 5 1916, to Oct. 20 1916, that I saw her alive on Oct. 19 1916, and that death occurred, on the date stated above, at 7:00 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

Bilateral (Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) yrs. 3 mos. ds.

Signed [illegible] M. D.

Oct. [illegible] 191[illegible] (Address) 515 Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel Cemetery

DATE OF BURIAL. Oct 23, 1916

20-UNDERTAKER Geo. W. Holland

ADDRESS 517 Robert St.

C99111

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99111

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1034 N. Pulaski St. WARD 8) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles M Whittle

(Residence in Baltimore: No. 1034 N Pulaski St.; yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, July 7, 1838 (Month) (Day) (Year)

7-AGE, 78 yrs. 3 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION (a) Trade, profession, or particular kind of work. Retired Carpenter (b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ann Whittle

(Address) 1034 N. Pulaski St.

15- OCT 23 1916 Filed ..... 191.... ROBERT B. KRAUTH Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis,

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) C. E. Kemp (Coroner.) M. D.

Oct 23, 1916. (Address) 14 E. Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). At place of death 2 yrs....mos....ds. In the State 78 yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Greenmount Cemetery

DATE OF BURIAL, Oct 25, 1916

20-UNDERTAKER William Cook

ADDRESS 504 E North Ave

important. See instructions on back

Spec.—8-24-14—M. & T.—2000 Bks.

699112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 699112

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 Holbrook ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. McBride

(Residence in Baltimore: No. 110 N. Luzerne St.; 62 yrs., 2 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug 12th, 1854 (Month) (Day) (Year)

7-AGE, 62 yrs. 2 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Wm McBride

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katharine A. McBride

(Address) 110 N. Luzerne St.

15-

Filed OCT 23 1916 191.. ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 21, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 30, 1916, to Oct 20 1916, that I saw h[im] alive on Oct 20 1916, and that death occurred, on the date stated above, at 2¼ p. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. H. Mantzoros M. D.

Oct 21, 191.6 (Address) 1544 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Oct 24th, 1916

20-UNDERTAKER Libby & Zeiler — ADDRESS 402 S. Mo[re]

699113. HEALTH DEPARTMENT—CITY OF BALTIMORE 175 699113

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hospital Bayview REGISTERED NO. C.

CITY OF BALTIMORE (No. 3 ST.: WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Berman

(Residence in Baltimore: No. 37 Lloyd St.; yrs., 28 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, April (Month) 15 (Day), 1883 (Year)

7-AGE, 33 yrs. 6 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Louis Berman

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Rockstcheack

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lehman

(Address) 37 Lloyd

15- Filed OCT 23 1916, 191.... ROBERT R. KRAUTER Registrar

important. See instructions on back.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

Heart Failure

Duration: Hours days

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner)

10-23-16, 191.. (Address) 11 E. Lloyd St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State 28 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship — DATE OF BURIAL, Oct. 24, 1916

20-UNDERTAKER Jack Levers — ADDRESS 711 E. Lombard

pec.—8-24-14—M. & T.—2000 Blks.

C99114

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99114

CERTIFICATE OF DEATH.

40

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3116 Stafford St. ST.: 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T. Brooks.

(Residence in Baltimore: No. 3116 Stafford St. St.: ....yrs. 18 mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Aug. 13, 1846.
(Month) (Day) (Year)

7-AGE. 70 yrs. 2 mos. 9 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Self.

9-BIRTHPLACE, (State or Country). Baltimore Co. Md

PARENTS.

10-NAME OF FATHER. William Brooks

11-BIRTHPLACE OF FATHER (State or Country) Balto. Co. Md

12-MAIDEN NAME OF MOTHER Mary A. Smith.

13-BIRTHPLACE OF MOTHER (State or Country) Balto. Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Emmer S. Brooks

(Address) 3116 Stafford St.

15-

Filed ....., 191....

ROBERT B. KRAUTER
Registrar.

OCT 23 1916
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. October 22, 1916.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 3 1916, to Oct 21 1916, that I saw him alive on Oct. 21 1916, and that death occurred, on the date stated above, at 6-20 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. Mac Gordon M. D.

10/23, 1916 (Address) 688 N. Fremont Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cem. DATE OF BURIAL. Oct. 24, 1916

20-UNDERTAKER. Joseph L. Kook ADDRESS 1008 W. Balto St

Dec.—8-24-14—M. & T.—2000 Blks.

C99115 HEALTH DEPARTMENT—CITY OF BALTIMORE x28 C99115

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 7 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Clark

(Residence in Baltimore: No. 2 months Johns Hopkins Hosp. St.: ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, February 7, 1892 (Month) (Day) (Year)

7-AGE, 24 yrs. 8 mos. 16 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Nurse
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Ill.

PARENTS.

10-NAME OF FATHER, Hyde D. Clark

11-BIRTHPLACE OF FATHER (State or Country), W. Va.

12-MAIDEN NAME OF MOTHER Grace Clippinger

13-BIRTHPLACE OF MOTHER (State or Country), Ill.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter C. Hughes

(Address) Johns Hopkins Hospital

15- OCT 23 1916 Filed ....., 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 23 1916, to Oct. 23 1916, that I saw him alive on Oct. 23 1916, and that death occurred, on the date stated above, at 6:30 a. m.

The CAUSE OF DEATH* was as follows:

Abscess Lung

..... (Duration) 7 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Notably Tuberculosis

Bronchiectasis (Duration) 7 yrs. ..... mos. ..... ds.

(Signed) W. E. Hughes Jr. M. D.

Oct. 23, 191.6 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 0 ds. In the State yrs. 2 mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Mannington, W. Va.

19-PLACE OF BURIAL OR REMOVAL, Mannington W. Va. DATE OF BURIAL, Oct. 23, 191.6

20-UNDERTAKER Albert L. Fuller ADDRESS 2214 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

699116 HEALTH DEPARTMENT—CITY OF BALTIMORE pp 699116

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2034 E Federal St.; 8 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johanna Luigella Lange

(Residence in Baltimore: No. 2034 E Federal St.; 25 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. April 4, 1841 (Month) (Day) (Year)

7-AGE. 75 yrs. 6 mos. 19 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer). At Home

9-BIRTHPLACE, (State or Country). Germany.

PARENTS.

10-NAME OF FATHER. Henry Burning.

11-BIRTHPLACE OF FATHER (State or Country). Germany.

12-MAIDEN NAME OF MOTHER. Caroline Steinwedel

13-BIRTHPLACE OF MOTHER (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. B. Langellotti

(Address) Hagerstown

15-

Filed OCT 23 1916 ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to Oct 23 1916, that I saw h[illegible] alive on Oct 22 1916, and that death occurred, on the date stated above, at 7 00 A.M.

The CAUSE OF DEATH* was as follows:

(a) [illegible]

Chronic Pancreatitis

Nephritis

(Duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary) Old age

(Duration) yrs. mos. da.

(Signed) H. Russell Smith M. D.

10/23, 1916 (Address) 2311 Maryland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore

DATE OF BURIAL. Oct. 25, 1916.

20-UNDERTAKER Jos B Cook

ADDRESS 1003 W Balto St

pec.—8-24-14—M. & T.—2000 Blks.

C99117

HEALTH DEPARTMENT—CITY OF BALTIMORE

150 C99117

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1145 Sharp ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fredrick Andrew Becker

(Residence in Baltimore: No. 1145 Sharp st St.; ..... yrs. ..... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Oct 22, 1916. (Month) (Day) (Year)

7-AGE. ..... yrs. ..... mos. ..... da.

If LESS than 1 day, 7 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). .....

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Wm Franklin Becker

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Grace E Heaver

13-BIRTHPLACE OF MOTHER (State or Country) Howard Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Franklin Becker

(Address) 1145 Sharp st

15-

Filed OCT 23 1916 ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct 23, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 22 1916, to Oct 23 1916, that I saw h[illegible] alive on Oct 22 1916, and that death occurred, on the date stated above, at 7 3/4 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Both Lungs)

(Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) J. E. Bennett M. D.

Oct 23, 1916. (Address) 916 E Fort

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Cedar Hill Cem

DATE OF BURIAL. Oct. 23 1916

20-UNDERTAKER Wm Cook

ADDRESS 522 E North

C99118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED No. C 99118

CITY OF BALTIMORE (No. 2803 Mosher St. ST. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Annie Smith

(Residence in Baltimore: No. 2803 Mosher St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Fem

4-COLOR OR RACE White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Widow

6-DATE OF BIRTH (Month) Unknown (Day) ; 1 (Year)

7-AGE about 67 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Md Known

PARENTS

10-NAME OF FATHER Md Known

11-BIRTHPLACE OF FATHER (State or country) Md Known

12-MAIDEN NAME OF MOTHER Md Known

13-BIRTHPLACE OF MOTHER (State or country) Md Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A S McLaughlin

(Address) 2803 Mosher St

15- OCT 23 1916 Filed ..., 191.. ROBERT B. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Oct (Month) 21 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct-15, 1916, to Oct-21, 1916, that I saw her alive on Oct-21, 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis + Myocarditis + Passive congestion of Lungs and Bronchitis (Duration) — yrs. 6 mos. — ds

Contributory (SECONDARY) Uremia & gradual Coma (Duration) — yrs. — mos. 5 ds.

(Signed) Hosley Cole M. D.

Oct 22 1916 (Address) 220 N Garrison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt Olivet Cem | DATE OF BURIAL Oct 23, 1916

20-UNDERTAKER H J Eschmeyer & Son | ADDRESS Howard & Lath

State CAUSE OF DEATH is very important. See instructions on back of certificate.

Dec.—8-24-14—M. & T.—2000 Bks.

C 99119

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 99119

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 S Chester St.; V Ward) REGISTERED NO. C

2-FULL NAME Laura E. Sherwood.

(Residence in Baltimore: No. 220 S Chester St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, Sept 26 (Month) (Day) 1843 (Year)

7-AGE, 71 yrs. 1 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Henry A. Sherwood

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Eliza Sherwood

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Sherwood

(Address) 220 S Chester St.

15- Filed OCT 23 1916 191 ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 21st (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 21 1916, to Oct 21 1916, that I saw h er alive on Oct 20, 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Fall down stairs - broken leg and shock Accidental

(Duration) yrs. mos. 30 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(Duration) 2 yrs. mos. 7 ds.

(Signed) E. P. Morton M. D.

Oct 23, 1916. (Address) 121 E Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount

DATE OF BURIAL, Oct 24th 1916

20-UNDERTAKER John A Moran

ADDRESS Bank & Caroline

Spec.—8-24-14—M. & T.—2000 Blks.

C 99120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

REGISTERED NO. C 99120

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Still

(Residence in Baltimore: No. 16 St. Paul St. St.; ..... yrs., 8 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, February (Month) 7 (Day), 1916 (Year).

7-AGE, ... yrs. 8 mos. 15 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Arthur Still

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Emma Stanifer

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter C. Snyder

(Address) Johns Hopkins Hospital

15- Filed OCT 23 1916, 191..... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 22 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from October 19 1916 to October 22 1916, that I saw her alive on Oct. 22 1916, and that death occurred, on the date stated above, at 7:30 a. m.

The CAUSE OF DEATH* was as follows:

Indigestion, Acute Intestinal

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wilder H. Baker M. D.

Oct 23, 191 6 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. 8 mos. 15 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 16 St. Paul St.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Oct. 22, 191 6

20-UNDERTAKER Jos B Cook

ADDRESS 1003 N Balto

Spec.—8-24-14—M. & T.—2000 Bks.

C99121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50

REGISTERED No. C 99121

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3176 Wilkens Ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Donald L. Pietsch

(Residence in Baltimore: No. 3176 Wilkens Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male.

4-COLOR OR RACE, white

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Oct (Month) 10 (Day), 1896 (Year)

7-AGE, 20 yrs. 0 mos. 12 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: automobile mechanic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Thomas A. Pietsch

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Mary E. Kratz

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Donald L. Pietsch

(Address) 3176 Wilkens Ave

15- OCT 23 1916 Filed....., 191....

Registrar.

HARRY C. ANDREWS
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Oct (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 25 1916, to Oct 22 1916, that I saw him alive on Oct 22 1916, and that death occurred, on the date stated above, at 4.10 P m.

The CAUSE OF DEATH* was as follows:

Sarcoma Metastasis

(Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) James A. Burk M. D.

Oct 23, 1916 (Address) 3 Aisquith Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Oct 25, 1916

20-UNDERTAKER F. D. Hupfer

ADDRESS 2230 Frederick Ave

HARRY C. ANDREWS
Burial Permit Clerk

pec.—8-24-14—M. & T.—2000 Blks.

C99122

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C99122

CITY OF BALTIMORE: (No. 804 Plum alley ST.; 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rony Coleman

(Residence in Baltimore: No. 804 Plum alley St.: — yrs. — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, unknown (Month) (Day) 1873 (Year)

7-AGE, 43 yrs. mos. da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER. Anna Coleman

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Wesley Coleman

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wesley Owen

(Address) 804 Plum alley

15-

Filed OCT 23 1916 191 HARRY C. ANDREWS Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 21, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 3 1916, to Oct 21 1916, that I saw her alive on Oct [illegible] 1916 and that death occurred, on the date stated above, at 4P, m.

The CAUSE OF DEATH* was as follows: Pneumonia Lob.

(Duration) yrs. 1 mos. 14 da.

CONTRIBUTORY (Secondary) C.H. Rose Md

(Duration) yrs. 1 mos. 14 da.

(Signed) [illegible] M. D.

Oct 23, 1916 (Address) 914 S. Stanley

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn | DATE OF BURIAL, Oct 24, 191..

20-UNDERTAKER J.H. Brown, 1st Sol | ADDRESS 1 Dromore

pec.—8-24-14—M. & T.—2000 Bks.

C99123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 99123

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 W. Henriette St.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Goyert.

(Residence in Baltimore: No. 214 W. Henriette St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Married

6-DATE OF BIRTH, (Month) Jan (Day) 28th (Year) 1849

7-AGE, 67 yrs. 8 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grocery Store
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Herman Goyert

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Twellbeck

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helena Goyert.

(Address) 214 W. Henriette St.

15-

Filed OCT 23 1916, 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) Oct. (Day) 21st, (Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from Oct 15 1916, to Oct 21 1916, that I saw h in alive on Oct 21 1916, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. 1 mos. ds.

(Signed) Jas A O'Donnell M. D.

Oct 22, 191.. (Address) 1016 W. Mt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Oct. 24th 1916

20-UNDERTAKER Mrs Mrs John H. Taylor — ADDRESS 80 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

C 99124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45

REGISTERED NO. C 99124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Infirmary ST.) 12 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr. William A. Wallis

(Residence in Baltimore: No. 302 E. 20th St. St.) Life (yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): married

6-DATE OF BIRTH: Dec (Month) 1st (Day), 1847 (Year)

7-AGE: 68 yrs. 10 mos. 22 ds. If LESS than 1 day, hrs. or mts.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Traveling salesman
(b) General nature of industry, business, or establishment in which employed (or employer): selling hardware

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: William J. Wallis

11-BIRTHPLACE OF FATHER (State or Country): Harford Co Md.

12-MAIDEN NAME OF MOTHER: Annie Hawkins

13-BIRTHPLACE OF MOTHER (State or Country): Harford Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maria Isabella Wallis

(Address) 302 E. 20th St.

15- OCT 23 1916 Filed, 191. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 3d 1916, to Oct 23 1916, that I saw him alive on Oct 22 1916, and that death occurred, on the date stated above, at 12.30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

(Duration) Dec't 1 mo. ds.

CONTRIBUTORY (Secondary) Multiple Embolic Infarction of Lungs

(Duration) — yrs. — mos. — ds.

(Signed) C. M. Harmon M. D.

Oct. 23, 1916 (Address) Church Home Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. ds. In the State Life mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 302 E 20th St

19-PLACE OF BURIAL OR REMOVAL: Sprsutia from Perryman

DATE OF BURIAL: Oct. 25, 1916.

20-UNDERTAKER Harford Co Md. Henry W. Jenkins & Sons Co

20 N. Eutaw & Orchard Sts.

Rec.—8-24-14—M. & T.—2000 Bks.

699125 + 42

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 99125

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret A Jennison

(Residence in Baltimore: No. Johns Hopkins Hospital St.: ..... yrs., 1 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, August (Month) 9 (Day), 1861 (Year)

7-AGE, 55 yrs. 2 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Alabama

PARENTS.

10-NAME OF FATHER, R. W. Allen

11-BIRTHPLACE OF FATHER (State or Country), Georgia

12-MAIDEN NAME OF MOTHER Elizabeth Wheat

13-BIRTHPLACE OF MOTHER (State or Country), Georgia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- Filed OCT 23 1916, 191.....

HARRY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 16 1916, to October 23 1916, that I saw her alive on October 23 1916, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma Cervix Uteri —

(Duration) — yrs. 5 mos. — ds.

CONTRIBUTORY (Secondary) Pyonephrosis Lt. (Duration) — yrs. 6 mos. — ds.

(Signed) A Richardson M. D.

Oct 23, 191.6 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1005 S 20th St Birmingham Ala

19-PLACE OF BURIAL OR REMOVAL, Birmingham Ala — DATE OF BURIAL, Oct 25, 191.6

20-UNDERTAKER Walter E Fuller — ADDRESS 221 N Broady

C99126

HEALTH DEPARTMENT—CITY OF BALTIMORE 28

CERTIFICATE OF DEATH.

REGISTERED No. C 99126

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1634 E. Clement St. ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Granville Bruce.

(Residence in Baltimore: No. 1634 E. Clement St. St.; yrs., 43 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male.	White.	Married.

6-DATE OF BIRTH, October 14th. 1873.
(Month) (Day) (Year)

7-AGE, 43 yrs. — mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cyster shucker.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER, Granville Bruce.

11-BIRTHPLACE OF FATHER (State or Country). Virginia.

12-MAIDEN NAME OF MOTHER Mary Jones.

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Bruce (wife.

(Address) 1634 E. Clement St.

15- OCT 23 1916 EARLY C. ANDREWS

Filed ..... 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 21st. 1916., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas. M. Reinhardt (Coroner) M. D.

Oct, 23 1916., 191... (Address) 1017 S. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	Oct 24 1916
20-UNDERTAKER Williams Cook	ADDRESS 502 E Northern

important. See instructions on back

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699.127 120

CERTIFICATE OF DEATH.

REGISTERED NO. C 99127

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2923 Belmont Ave 9 ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie E. Waller

(Residence in Baltimore: No. 2923 Belmont Ave St.; 40 yrs., 11 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: November 14, 1875
(Month) (Day) (Year)

7-AGE: 40 yrs. 11 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: George W Gibson

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Agnes Gilbert

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph W Waller

(Address) 2923 Belmont Ave

15- Filed OCT 23 1916, 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 20 1916 to Oct 22 1916, that I saw her alive on Oct 22 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 4 yrs. ....mos. ....ds.

(Signed) John L Buckmaster M. D.

Oct 23d, 1916. (Address) 2012 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Oct 24, 1916

20-UNDERTAKER: W. Allen Fuller

ADDRESS: 3318 Springdale ave

644128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19 644128

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 429 Conway ST.; 7th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Tracey Riggold

(Residence in Baltimore: No. 429 Conway.

54 yrs., 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male.	Col.	Single.

6-DATE OF BIRTH, unknown (Month) (Day), 1877 (Year)

7-AGE, 40 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, Joseph Riggold.

11-BIRTHPLACE OF FATHER (State or Country), Washington DC.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dan'l Riggold

(Address) 1103 Woodyear

15- Filed OCT 24 1916, 191.. ROBERT R. KRAUTER Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert D. Driscoll M. D.

Oct 23 1916 (Address) 512 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn cemetery — DATE OF BURIAL, Oct 24, 1916

20-UNDERTAKER Geo H Hooper — ADDRESS 609 Little Pacific St

important. See instructions

C99129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C99129

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital ST.: 7 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara B Law

(Residence in Baltimore: No. 5132 Market st Phila Pa. St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct 17 1869, 1
(Month) (Day) (Year)

7-AGE, 47 yrs. mos. 5 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work H W.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), N J.

PARENTS.

10-NAME OF FATHER, Iseral Allgar

11-BIRTHPLACE OF FATHER (State or Country), N J.

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), N J

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. a. Law.

(Address) 5132 Market st Phila Pa

15- Filed OCT 24 1916 ROBERT P. KRAUTER Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 22 1916, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism. ~~Auto turned o~~
Auto & motor cycle collision
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) G. Kent Faulkner M. D.
(Coroner.)
, 191... (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence P A

19-PLACE OF BURIAL OR REMOVAL, Spring Lake Pa. DATE OF BURIAL, June 25, 1916

20-UNDERTAKER William Cook ADDRESS 500 E Hath Ave

B99130 HEALTH DEPARTMENT—CITY OF BALTIMORE 182 B99130

CERTIFICATE OF DEATH.

REGISTERED No. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. I708 Orleams st St.: 6 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lee Spalding

(Residence in Baltimore: No. I708 Orleans st St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Single

6-DATE OF BIRTH: Not Known (Month), (Day), / (Year)

7-AGE: 30 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): N C

PARENTS.

10-NAME OF FATHER: Not Known

11-BIRTHPLACE OF FATHER (State or Country): N.C.

12-MAIDEN NAME OF MOTHER: Addie Mears

13-BIRTHPLACE OF MOTHER (State or Country): N C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Woods

(Address) 726 Spring st

15- Filed OCT 24 1916 191 ROBERT R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct 19 1916 (Month) (Day), 191 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide Pistol shot in abdomen

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] (Coroner.)

191... (Address) N Wist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Spring Grove DATE OF BURIAL, Oct 24 19 16

20-UNDERTAKER: Charles B Jones ADDRESS 2354 Pine

...ec.—8-24-14—M. & T.—2000 Bks.

C 99131

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 C 99131

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Hurwitz

(Residence in Baltimore: No. 300 S. Exeter St St.; ...yrs., ...mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Oct. 18 (Month) (Day), 1916 (Year)

7-AGE. ...yrs. ...mos. 5 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Meyer Hurwitz

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Fannie Schoffe

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis

(Address) 1911 E Balto St

15- Filed OCT 24 1916, 191... ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct. 23 (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 18 - 1916, to Oct. 23 1916, that I saw h w alive on Oct 23 - 1916, and that death occurred, on the date stated above, at 4:50 P. m.

The CAUSE OF DEATH* was as follows: Premature - 7½ mos.

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary).....

(Duration) ...yrs. ...mos. ...ds.

(Signed) W. W. Voss M. D.

Oct 23, 1916 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship

DATE OF BURIAL, 10/24, 1916.

20-UNDERTAKER Jack Levin

ADDRESS 1911 E Balto

pec.—8-24-14—M. & T.—2000 Bks.

C99132

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99132

CERTIFICATE OF DEATH.

79

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1628 McHenry ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel B. Scrivener

(Residence in Baltimore: No. 1628 McHenry St.; 23 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April 7 13, 1861
(Month) (Day) (Year)

7-AGE, 55 yrs. 6 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Car checker?
(b) General nature of industry, business, or establishment in which employed (or employer) United Railways

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah Mead.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. S. B. Scrivener

(Address) 1628 McHenry St.

15-

Filed OCT 24 1916, 191.... ROBERT R. KRAUTER
Registrar.
Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct. 22, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1916, to Oct 22 1916, that I saw h/m alive on Oct 22 1916, and that death occurred, on the date stated above, at 4:10 m.

The CAUSE OF DEATH* was as follows:

Acute Peritonitis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency & Heart

(Duration) yrs. mos. ds.

(Signed) W. A. Fuller M. D.

Oct. 23, 1916 (Address) 108 N. Bolton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetary

DATE OF BURIAL. Oct. 25 1916

20-UNDERTAKER Knell & Son

ADDRESS 929 N. Pratt st

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99133.

CERTIFICATE OF DEATH.

81 C99133.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 Ensor ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. C. Parlett

Residence in Baltimore: No. 1102 Ensor St.; 62 yrs. 6 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, April 16, 1854 (Month) (Day) (Year)

7-AGE, 62 yrs. 6 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Janitor of Church
(b) General nature of industry, business, or establishment in which employed (or employer): Con Preston Meth

9-BIRTHPLACE, (State or Country). Balto md.

PARENTS.

10-NAME OF FATHER, Jas B. Parlett

11-BIRTHPLACE OF FATHER (State or Country), Baltco md

12-MAIDEN NAME OF MOTHER, Elizabeth A Parett

13-BIRTHPLACE OF MOTHER (State or Country), Baltco Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Parlett

(Address) 1102 Ensor St

15-

Filed OCT 24 1916 191... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) -22- (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept 17 1916, to Oct 22 1916, that I saw him alive on Oct 22 1916, and that death occurred, on the date stated above, at 1015 AM

The CAUSE OF DEATH* was as follows:

Arteno Sclerosis

(Duration) — yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary) Gastritis

(Duration) 2 yrs. 1 mos. 5 ds.

(Signed) F. C. Link M. D.

Oct 22, 191... (Address) 1313 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Pk

DATE OF BURIAL, Oct 25, 1916.

20-UNDERTAKER, C. H. Jenner

ADDRESS 1422 Bway

Florence G. Tyler

...—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699134 79 699134

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1331 Wheatcoat ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Flora Glenora Tyler Lyles

(Residence in Baltimore: No. 1331 Wheatcoat St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 20, 1880
(Month) (Day) (Year)

7-AGE, 36 yrs. 6 mos. 3 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Jesse Lyles

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lelarene Clark

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lelarene Clark

(Address) 1331 Wheatcoat St

15-

Filed OCT 24 1916 191...

ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10/23, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 7/19 1916, to 10/23 1916, that I saw ~~her~~ alive on 10/22 1916, and that death occurred, on the date stated above, at 6:20 A.M.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency

Chronic Nephritis

(Duration) yrs. 2 mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 2 mos. 3 ds.

(Signed) [illegible] M. D.

10/23 1916. (Address) 303 Dennis Bldg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Md Auburn — DATE OF BURIAL, Oct. 25, 1916.

20-UNDERTAKER James H. Dennis — ADDRESS 303 Dennis Bldg

Loyd Coleman

64135

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

170 64135

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3250 Barclay ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Loyd Coleman

(Residence in Baltimore: No. 3250 Barclay St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month), ... (Day), 1851 (Year)

7-AGE: 65 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Loyd Coleman

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Mamie Gray

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward Coleman

(Address) 3250 Barclay St

15-

Filed OCT 24 1916 191

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct. (Month) 10 (Day) 22, 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 10 1916, to, Oct 22 1916, that I saw him alive on Oct. 21 1916, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) ..... yrs 3 mos. ..... ds.

Contributory (SECONDARY) Anaemia

(Duration) ..... yrs ..... mos. 3 ds.

(Signed) Franklin De Ecb M. D.

10/23/16 191 [Address] 330 Madison Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Mills

DATE OF BURIAL: Oct 24 1916

20-UNDERTAKER: James H. Dennis

ADDRESS: 1303 Eastern

Dec.—5-19-13—M. & T.—500 Bks.

C99136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C99136

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 735 Little George ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Briscoe

(Residence in Baltimore: No. 735 Little George St.; ..yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1849
(Month) (Day) (Year)

7-AGE, 67 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Queen Anne Co Md

PARENTS.

10-NAME OF FATHER, Perry Hall

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Emelen - Hall

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles F. Green

(Address) 735 Little George St

15- ROBERT R. KRAUTER

Filed OCT 24 1916 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 16 1916, to Oct. 20 1916, that I saw h[illegible] alive on Oct 20 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Organic heart disease

Mitral incompetency

(Duration) Not Known yrs. mos. da.

CONTRIBUTORY (Secondary) Not Known

(Duration) yrs. mos. da.

(Signed) Chas J Keller M. D.

Oct 22, 1916 (Address) 2 W Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem DATE OF BURIAL, Oct 24 191.. 6

20-UNDERTAKER Samuel Hamby ADDRESS 5 P Bdle

pec.—8-24-14—M. & T.—2000 Bks.

C 99137 HEALTH DEPARTMENT—CITY OF BALTIMORE C 99137

CERTIFICATE OF DEATH. Page 89

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. N.E. corner Bond & La Fayette Ave. St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Marie F. Keller

Residence in Baltimore: No. Parsonage N.E. Cor. Bond & La Fayette Ave. St.; 3 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. November (Month) 18 (Day) 1831 (Year)

7-AGE. 84 yrs. 11 mos. 3 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer). Housewife

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Keller

(Address) Bond & La Fayette

15- Filed OCT 24 1916, 191. ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. October (Month) 21st (Day), 1916. (Year)

I HEREBY CERTIFY, That I attended deceased from October 14th 1916 to October 21st 1916

that I saw h Er alive on October 21st 1916.

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis (Duration) 2 yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Senility (Duration) 6 yrs. mos. ds.

(Signed) Wallace A. Meyer M. D.

October 22nd 1916. (Address) 1031 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mount Carmel Cem. DATE OF BURIAL. Oct. 24., 1916.

20-UNDERTAKER H. Sander Sons ADDRESS 1710 Pratt St.

Spec.—8-24-14—M. & T.—2000 Blks.

C99138

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 C99138

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 145 N Fulton ST.; 20th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME John R. Junghans

(Residence in Baltimore: No. 145 N Fulton St.; ..... yrs., ... mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~. (Write the word.) Single

6-DATE OF BIRTH. October (Month) 16th (Day) 1916 (Year)

7-AGE. — yrs. — mos. 7 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. —
(b) General nature of industry, business, or establishment in which employed (or employer). —

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER. John Junghans

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Marie A Nicolet

13-BIRTHPLACE OF MOTHER (State or Country), ~~Germany~~ Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Junghans

(Address) 145 N Fulton St

15-

Filed. OCT 24 1916 191.. ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 23 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 16 1916, to Oct 23 1916, that I saw him alive on Oct 26 1916, and that death occurred, on the date stated above, at 5.25 p.m.

The CAUSE OF DEATH* was as follows:

1. Premature Birth

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Walter A Cox M. D.

10.23. 1916. (Address) Garrison Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Western Cemetery

DATE OF BURIAL. Oct 24, 1916

20-UNDERTAKER F B Huppert

ADDRESS 1738 Frederick Ave

...ec.—8-24-14—M. & T.—2000 Blks.

C99139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 1 C99139

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME Frank Stoeffer

(Residence in Baltimore: No. Mercy Hospital St.; ...yrs., ...mos. ...da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, (MARRIED, WIDOWED, or DIVORCED) (Write the word.) Single

6-DATE OF BIRTH, Not known (Month), 1 (Day), ... (Year)

7-AGE, 52 yrs. 11 mos. 11 da. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ker Mercy Hosp

(Address) Calvert St.

15-

Filed OCT 24 1916, 191...

ROBERT B. KRAUTER
Registrar.

Racial Pernicious Anemia

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 27 1916, to Oct 21 1916, that I saw h[illegible] alive on Oct 21 1916 and that death occurred, on the date stated above, at 1.00 P m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

about

(Duration) ...yrs. 1 mos. ...da.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...da.

(Signed) Edward L. Bennett M. D.

Oct. 21, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 24 da. In the State Do not Kum yrs. mos. da.

Where was disease contracted, if not at place of death? Do not Kum

Former or usual residence Wilmington Del.

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ..., 191...

20-UNDERTAKER ADDRESS

pec.—8-24-14—M. & T.—2000 Bks.

C99140

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 C99140

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Katherine Piquett

(Residence in Baltimore: No. 513 E. 20th St. St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, Single MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, Aug 25th, 1870 (Month) (Day) (Year)

7-AGE, 46 yrs. 2 mos. 5 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Saleswoman
(b) General nature of industry, business, or establishment in which employed (or employer), 6 6

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, John T. Piquett

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Catherine Heregan

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) B. J. McGinnis

(Address) 513 E. 20th St.

15-

Filed OCT 24 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 22, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 18 1916, to Oct 22 1916, that I saw h[illegible] alive on Oct. 22 1916, and that death occurred, on the date stated above, at 12 Pm.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

Asso. w. Pulmonary embolus

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) hysterectomy for uterine fibroid

(Duration) ....yrs. ....mos. 13 ds.

(Signed) Milnor L Ramon M. D.

Oct 22, 1916 (Address) St Joe Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 18 ds. In the State 46 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? at Place of death

Former or usual residence 513 E 20th Street

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, 10/25, 1916

20-UNDERTAKER Chas. S. Evans & Son ADDRESS 1118 Park Royal Ave

pec.—8-24-14—M. & T.—2000 Bks.

C99141 HEALTH DEPARTMENT—CITY OF BALTIMORE C99141

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH St. Vincents Infant Asylum

CITY OF BALTIMORE: (No. St. Vincents Infant Asylum WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Donald Mathew Young

Residence in Baltimore: No. St. Vincents Infant Asylum St.; yrs. 3 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male. 4-COLOR OR RACE, wht. 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH, July (Month) 4 (Day), 1914 (Year)

7-AGE, yrs. 3 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas Young

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Alice Artz

13-BIRTHPLACE OF MOTHER (State or Country), W. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Vincents

(Address) 1401 Division St

15-

Filed. OCT 24 1916 191

ROBERT R. KRAUTER

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 22 nd (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 20th 1916, to Oct 22 1916, that I saw h in alive on Oct 22 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

(a) Pertussis

(Duration) yrs. 1 mos. 4 ds.

CONTRIBUTORY (Secondary) Strangulated Hernia

(Duration) yrs. 1 mos. ds.

(Signed) J. E. Boulton M. D.

191... (Address) 615 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. 18 ds. In the State yrs. 3 mos. 18 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Cumberland Md.

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Oct 24th, 1916

20-UNDERTAKER M Fahey & Sons — ADDRESS 601 Lafayette Ave

pec.—8-24-14—M. & T.—2000 Bks.

694142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 694142

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gustav Nash

(Residence in Baltimore: No. 766 George St St.; 25 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ..., (Month) (Day) 1876. (Year)

7-AGE. 36 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, John Nash

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Amanda Turner

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital Record

(Address) Greene & Lombard Sts.

15- Filed OCT 24 1916 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 18, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10/16 1916, to 10/18 1916, that I saw h[illegible] alive on 10/16 1916, and that death occurred, on the date stated above, at 1631 4 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 6 da.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) yrs. mos. 1 da.

(Signed) [illegible] M. D.

10/20, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 da. In the State 25 yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence 766 George St

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL. ....., 191...

20-UNDERTAKER ADDRESS

Commissioner Health.

644143. HEALTH DEPARTMENT—CITY OF BALTIMORE 170 644143.

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 443 S Streeter ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Ullrich

(Residence in Baltimore: No. 443 S Streeter St. St.: yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, June 11, 1865
(Month) (Day) (Year)

7-AGE 51 yrs. 4 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... home

9-BIRTHPLACE, (State or Country). Indiana

PARENTS.

10-NAME OF FATHER, John Heinbrock

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country) Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marion Ullrich

(Address) 443 S. Streeter St

15- Filed OCT 24 1916 191.... ROBERT R. KLAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

~~Pulmonary tuberculosis~~
Chronic Interstitial
Nephritis
(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcoholism
(Duration) 6 yrs. mos. ds.

(Signed) James M. Fenlon M. D.
(Coroner.)

Oct 22 1916 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, London Park cemetery

DATE OF BURIAL, Oct. 24, 1916,

20-UNDERTAKER, James Dignan & Son

ADDRESS 1000 S. Paca St

important. See instructions

pec.—8-24-14—M. & T.—2000 Bks.

699144

HEALTH DEPARTMENT—CITY OF BALTIMORE

699144

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH Womans Hospital

CITY OF BALTIMORE: (No. Lafayette & John ST.; H WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza P. Keech (Keech)

(Residence in Baltimore: No. 104 W. Eager Street. St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED;~~ (Write the word.) Married

6-DATE OF BIRTH, March 10 - 1844, 1 (Month) (Day) (Year)

7-AGE, 72 yrs. 7 mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Charles Co. Md.

PARENTS.

10-NAME OF FATHER, Benj. T. Johns

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Jane E. Keech

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward P. Keech Jr.

(Address) 203 Ridgewood Rd. City

15- Filed OCT 24 1916 191.... ROBERT R. KRAUTER Clerk Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 23rd, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 20 1916, to October 23 1916, that I saw her alive on October 23 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Cholecystitis

(Duration) ....yrs. ....mos. 1 d. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ....yrs. 1 mos. ....ds.

(Signed) R. F. Silvester M. D.

Oct 23, 1916 (Address) Womans Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State 72 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 104 W. Eager Street

Former or usual residence 104 W. Eager Street

19-PLACE OF BURIAL OR REMOVAL Greenmount Cem. DATE OF BURIAL. Oct 25. 1916

20-UNDERTAKER Henry W. Jenkins & Sons ADDRESS Co. Pulaski & Orchard

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C99145 — 1 PLACE OF DEATH — 170 — REGISTERED NO. C 99145

CITY OF BALTIMORE (No. 841 Ratrg. St.: 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Stearns

(Residence in Baltimore: No. 841 Raborg St St.: 75 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: col.

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: (Month) September, (Day) , 1841 (Year)

7-AGE: 75 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: John Ferris.

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md.

12-MAIDEN NAME OF MOTHER: Amelia Matthews

13-BIRTHPLACE OF MOTHER (State or country): Cato Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Julia D. Thomas

(Address) 742 Hoffman st.

15 OCT 24 1916 — ROBERT R. KRAUTER — Burial Permit Clerk — Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October (Month) 23 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1916, to Oct 23 1916

that I saw her alive on Oct 22, 1916,

and that death occurred, on the date stated above, at 6:30 A m.

The CAUSE OF DEATH* was as follows:

Influenza & Arteriosclerosis

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY) Convulsions

(Duration) yrs. mos. 2 ds.

(Signed) J. L. Hoffman M. D.

Oct 25, 1916 (Address) 915 W. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. — In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Westminster Cemetery — DATE OF BURIAL: Oct 25 1916

20-UNDERTAKER: Felix E. Nagle — ADDRESS: 1025 Gilmor

State Cause of Death is very important. See instructions on back of Certificate.

pec.—8-24-14—M. & T.—2000 Bks.

99146

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 C99146

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeths Home ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Proctor

(Residence in Baltimore: St. Elizabeths Home, St. Paul St.; ..... yrs., 1 mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... Aug. (Month) ..... 14th (Day) ..... 1916 (Year)

7-AGE, ... yrs. ..... 2 mos. ..... 6 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Freedmans Hospital Washington, D.C.

PARENTS.

10-NAME OF FATHER, William Butler

11-BIRTHPLACE OF FATHER (State or Country), Ind.

12-MAIDEN NAME OF MOTHER Rose Proctor

13-BIRTHPLACE OF MOTHER (State or Country), Ind.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Proctor

(Address) St. Elizabeth home

15-

Filed OCT 24 1916, 191... ROBERT R. KRAUTER

Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Oct. (Month) ..... 20 (Day) ..., 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 28 1916, to Oct. 19, 1916, that I saw her alive on Oct. 18, 9 AM. 1916, and that death occurred, on the date stated above, at 11:45 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Chronic Severe Malnutrition)

..... (Duration) ..... yrs. 1 mos. ..... da.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) E. Gantt Brumbaugh M. D.

Oct 21, 191 6 (Address) 1616 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 16 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Cathedral Cem.

DATE OF BURIAL, Oct 24th 1916

20-UNDERTAKER George H. Holland

ADDRESS 517 Robert st

Spec.—8-24-14—M. & T.—2000 Bks.

C99147

HEALTH DEPARTMENT—CITY OF BALTIMORE 81

CERTIFICATE OF DEATH.

REGISTERED NO. C 99147

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 321 S Eclaw ST. 70 WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arada Batista

Residence in Baltimore: No. 321 S Eclaw St.; — yrs., — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Sept. (Month) 26, (Day) 1835 (Year)

7-AGE, 81 yrs. mos. 27 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saleswoman
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, John A. Batista

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise Mazziotti

(Address) 321 S Eclaw

15- OCT 24 1916 Filed, 191 Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 23, (Day) 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 15 1916, to Oct 23 1916 that I saw him alive on Oct 23 1916 and that death occurred, on the date stated above, at 11.15 A m

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Don't Know (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Old Age

(Duration) yrs. mos. ds.

(Signed) Howard W. Jones M. D.

Oct 24, 1916 (Address) Dayton Co

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, National Cem. DATE OF BURIAL, Oct 26th, 1916

20-UNDERTAKER Charles W. Dill ADDRESS 317 Fredk Ave.

699148

HEALTH DEPARTMENT--CITY OF BALTIMORE 1916

CERTIFICATE OF DEATH

REGISTERED No. C 99148

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2706 Roslyn Ave St.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Horace F. McSherry

(Residence in Baltimore: No. 2706 Roslyn Ave St.: 14 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: May 3, (Month) (Day) 1876. (Year)

7 AGE: 40 yrs. 5 mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Lawyer 764
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9 BIRTHPLACE (State or country): Balto City

PARENTS

10 NAME OF FATHER: Wm A. McSherry

11 BIRTHPLACE OF FATHER (State or country): Pa

12 MAIDEN NAME OF MOTHER: Emma F Auden

13 BIRTHPLACE OF MOTHER (State or country): Balto City

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Era B. McSherry

(Address) 2706 Roslyn Ave

15 Filed OCT 24 1916, 191 Burial Permit Clerk HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 22, (Month) (Day) 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1915, to Oct 22, 1916, that I saw h— alive on Oct 21st, 1916, and that death occurred, on the date stated above, at 1/4 m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

Chronic Nephritis

along

(Duration) 3 yrs. — mos. — ds

Contributory (SECONDARY) Uremia

(Duration) 0 yrs. 0 mos. 1 ds.

(Signed) Dr C H Brantham M.D.

Oct 23, 191 6. (Address) 2201 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Lorrain Cemty — DATE OF BURIAL: Oct 25, 191 6

20 UNDERTAKER: Albert E Hubbs — ADDRESS: 221 N Broadway

State CAUSE OF DEATH is very important. See instructions on back of certificate.

rec.—8-24-14—M. & T.—2000 Blks.

699149

HEALTH DEPARTMENT—CITY OF BALTIMORE

92

CERTIFICATE OF DEATH.

REGISTERED NO. C 99149

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1035 Saratoga ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Muse

Residence in Baltimore: No. 1035 Saratoga St.; 26 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept 1890
(Month) (Day) (Year)

7-AGE, 34 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Arthur Muse

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mollie See

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur Muse

(Address) 1035 W Saratoga

15-

Filed OCT 24 1916, 191

Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 21, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 19th 1916, to Oct 21st 1916, that I saw him alive on Oct 21st 1916, and that death occurred, on the date stated above, at 8:30 P.M.

The CAUSE OF DEATH* was as follows:

a. Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) R B Jadwin M. D.

10-22, 1916 (Address) 1128 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Laurel Cem DATE OF BURIAL, Oct 25, 191 6

20-UNDERTAKER John H Toadvine ADDRESS 142 Worked

...ec.—8-24-14—M. & T.—2000 Bks.

99150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1920

REGISTERED No. C. 99150

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. St Joseph's Hosp ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Kehl

Residence in Baltimore: No. 1321 Harford Ave St.; (35 yrs. 11 mos. 24 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct 30, 1880 (Month) (Day) (Year)

7-AGE, 35 yrs. 11 mos. 24 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Truck Driver (b) General nature of industry, business, or establishment in which employed (or employer) Work Undertaker

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Nicholas Kehl

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Eva Bricker

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katharine Kehl

(Address) 1005 E. Lanvale

15-

Filed OCT 24 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 24, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 8 1916, to Oct 24 1916, that I saw him alive on Oct 23 1916, and that death occurred, on the date stated above, at 8.30 A.m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Acute Pulmonary Edema

(Duration) yrs. mos. 2 da.

(Signed) William F. Tuttle M. D.

Oct. 24, 1916. (Address) St Joseph Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 14 da. In the State Life yrs. ....mos. ....da.

Where was disease contracted, if not at place of death? Don't Know

Former or usual residence 1321 Harford Ave

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cemetery

DATE OF BURIAL, Oct 27, 1916.

20-UNDERTAKER William Lentz

ADDRESS 502 E North

C 99151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED NO. C 99151

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L Coale

(Residence in Baltimore: No. 1730 Towmsen Place St. 7 yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH Feb 16 1888 (Month), 1 (Day), (Year)

7-AGE,	If LESS than 1 day,
28 yrs 8 mos. 8 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter (House)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Coale

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER, Anna Brown

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Coale

(Address) 1730 Townsen Pl

15- HAPLY A. ATHEY

FRED. OCT 24 1916, 191... Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 24 1916 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuburculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. Knox Gosten (Coroner.) M. D.

Oct 24 1916 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mo. ds. In the State 28 yrs. 5 mos. 8 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1730 Tomsend Place

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Oct 27 1916

20-UNDERTAKER William Cook ADDRESS 502 E North

important. See instructions

C 99152

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

REGISTERED NO. C 99152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 N. Payson ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Marie Thornton

(Residence in Baltimore: No. 1004 N. Payson St. St.; 17 yrs. 9 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Jun (Month) 4 (Day), 1899 (Year)

7-AGE: 17 yrs. 9 mos. 20 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Cashier Cotton Steam
(b) General nature of industry, business, or establishment in which employed (or employer): Laundry

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: John F. Thornton

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Grace Somerville

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Grace F Thornton

(Address) 1004 N. Payson

15- Filed OCT 24 1916, 191 HARRY C. ANDREWS Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 8, 1916, to, Oct 24 1916, that I saw h[illegible] alive on Oct 24 1916, and that death occurred, on the date stated above, at 1.15 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs 10 mos. ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed), L. W. Darling M. D.

10/24, 191 6 [Address] 1753 N Monroe

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Western — DATE OF BURIAL: Oct 27 191 6

20-UNDERTAKER: William Cook — ADDRESS: 5016 North Ave

Rec.—8-24-14—M. & T.—2000 Bks.

C99153.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C99153

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 Raborg ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matilda Clifton

Residence in Baltimore: No. 1213 Raborg St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem

4-COLOR OR RACE, Cold

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Wid

6-DATE OF BIRTH, January, 1 (Month) (Day) (Year)

7-AGE, 70 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Benj. Harrod

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rachel J Brooks

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Hodges

(Address) 801 N Oakland Ave

15- Filed OCT 25 1916, 191 ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 21, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 15 1916, to Oct 21 1916, that I saw h alive on Oct 21 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Organic Dis. of Heart

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. 2 mos. ds.

(Signed) W. Woodward M. D.

Oct 23, 1916. (Address) 1213 Raborg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem DATE OF BURIAL, Oct 25, 1916

20-UNDERTAKER Samuel Kennedy ADDRESS Pikesville

pec.—8-24-14—M. & T.—2000 Bks.

699154 HEALTH DEPARTMENT—CITY OF BALTIMORE 79 699154

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 N. Dallas St. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ada Rebecca Buchta.

(Residence in Baltimore: No. 1006 N. Dallas St. St.; 48 yrs., 1 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. 12th, 1868 (Month) (Day) (Year)

7-AGE, 48 yrs. 1 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm H. Mettee.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Emma Chamberlain

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Charles Buchta

(Address) 1006 N. Dallas St.

15- Filed OCT. 25 1916, 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH October 24th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 8th 1916, to October 24th 1916, that I saw her alive on Oct 24th 1916, and that death occurred, on the date stated above, at 7-30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Congestion

Mitral Regurgitation

(Duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 5 yrs. mos. ds.

(Signed) J. W. Murgatroyd M.D.

Oct. 24th 1916. (Address) 2327 Greenmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL. Oct. 26, 191..

20-UNDERTAKER Henry Storck Son

ADDRESS 1301 E Eager St

699155 HEALTH DEPARTMENT—CITY OF BALTIMORE 182 699155

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospital ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George T. Watts

(Residence in Baltimore: No. 13 N Vincent St.: yrs., 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	Colored	Married

6-DATE OF BIRTH, Not Known, 1 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
37 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Scamper
(b) General nature of industry, business, or establishment in which employed (or employer): Lumber Yard

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Watts

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Kate Watts

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lizzie Simpson

(Address) 18 S Carlton St

15- Filed OCT 25 1916, 191. ROBERT B. KRAUTER Registrar. Burial Permit issued.

Important: See that...

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 22 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol Shot Wound in Abdomen Homicidal

(Duration) yrs. mos. 1 ds. 1/2

CONTRIBUTORY (Secondary) Internal Hemorrhage

(Duration) yrs. mos. 1 ds.

(Signed) James M Fenton M. D. (Coroner)

Oct 25 1916 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1/2 ds. In the State 3 yrs. mos. ds.

Where was disease contracted, if not at place of death? 13 N Vincent St

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Peter	Oct 25 1916
20-UNDERTAKER Wilbert Brown	ADDRESS 306 N Gilmor St

Dec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99156 103 C94156

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 416 S. Stricker St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James A. King

(Residence in Baltimore: No. 416 S. Stricker St.; ... yrs., ... mos. ... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, ... April (Month) 21 (Day), 1854 (Year)

7-AGE, 62 yrs. 6 mos. 3 da. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Boiler Maker

(b) General nature of industry, business, or establishment in which employed (or employer): 213

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wiley King

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Elizabeth Rutherford

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. King

(Address) 416 S. Stricker St.

15- Filed OCT 25 1916, 191... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 24th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1st 1916, to Oct 24 1916, that I saw h[im] alive on " 23rd 1916, and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) 2 yrs. ... mos. 2 da.

CONTRIBUTORY (Secondary) Chronic Cystitis

(Duration) 5 yrs. 6 mos. ... da.

(Signed) Chas. H. Chatham M. D.

Oct 25, 1916. (Address) 530 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Oct. 26, 1916.

20-UNDERTAKER Jos. Joerdens Son ADDRESS 207 S. Pearl

C 99157

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 C 99157

1 PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. 1532 Fremont Ave ST. V5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Briggs.

(Residence in Baltimore: No. 1532 Fremont Ave St.; 64 yrs. 3 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: May 15, 1852 (Month) (Day) (Year)

7-AGE: 64 yrs. 3 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Home Life
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balt, Md

PARENTS

10-NAME OF FATHER: John Leicheer

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs H Briggs

(Address) 2513 Woodbrook Ave

15. Filed OCT 25 1916, 19—

ROBERT R. KRAUTER

Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 24 1915 to Oct 23 1916, that I saw her alive on Oct 22 1916, and that death occurred, on the date stated above, at 8 AM m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. unknown mos. ds

Contributory (SECONDARY) From Nov 24-15 to (Duration) yrs. mos. ds. previous date

(Signed) Oct 23, 1916. (Address) H. C. Krauter M.D. 1936 Hoodbrook Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: Oct 25, 1916

20-UNDERTAKER: W. F. Kerner & Son

ADDRESS: Norris ave

State Registrar is very important. See instructions on back of certificate.

pec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99158 C99158

CERTIFICATE OF DEATH.

115

1-PLACE OF DEATH St Josephs Hospital REGISTERED NO. C

CITY OF BALTIMORE: (No. ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Sue A McCauley

(Residence in Baltimore: No. 20 E 21st St. 35 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1845 (Year)

7-AGE, 61 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Dorchester Co Md

PARENTS.

10-NAME OF FATHER James L Cunningham

11-BIRTHPLACE OF FATHER (State or Country) Dorchester Co Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Dorchester Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James H McCauley

(Address) 318 Eutaw St

15- OCT 25 1916 ROBERT R. KRAUTER

Filed ..... 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 24, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 9 1916, to Oct 24 1916, that I saw h er alive on Oct 23 1916, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Richard J. Arnold M. D.

Oct 24, 1916 (Address) St Josephs Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 14 days ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Dno

Former or usual residence -

19-PLACE OF BURIAL OR REMOVAL Lorraine Cem | DATE OF BURIAL. Oct 26, 1916

20-UNDERTAKER Fred J Talbot & Bros | ADDRESS 1318 Pine St

Spec.—5-19-13—M. & T.—500 Bks.

C99159 HEALTH DEPARTMENT—CITY OF BALTIMORE 91 C99159

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 N. Rochester Pl ST., 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna E. Bickel

(Residence in Baltimore: No. 117 Rochester Pl. St. 1 yrs., 2 mos. 22 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. (Month) 3rd (Day), 1915 (Year)

7-AGE, 1 yrs. 2 mos. 22 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto City Md.

PARENTS.

10-NAME OF FATHER, Andrew Bickel

11-BIRTHPLACE OF FATHER (State or Country) Balto City Md.

12-MAIDEN NAME OF MOTHER Margaret E. Pulley

13-BIRTHPLACE OF MOTHER (State or Country) Balto City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Bickel

(Address) 117 Rochester Place

15-

Filed OCT 25 1916 191.....

ROBERT R. KRAUTER
Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 22 1916, to Oct. 25 1916, that I saw her alive on Oct. 24 1916, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(Duration) — yrs. — mos. 3 da.

CONTRIBUTORY (Secondary)

(Duration) — yrs. — mos. — da.

(Signed) William H. Johnson M. D.

Oct. 25, 1916. (Address) 2017 E. Balto. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Oct 27th, 1916

20-UNDERTAKER H. Sander & Sons ADDRESS 1710 Eutaw

Dec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699160

CERTIFICATE OF DEATH.

150 699160

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 N Lombart ST.; 19 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Milton Platt

(Residence in Baltimore: No. 1706 N. Lombart St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept 9, 1916.
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 16 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER, Milton A Platt

11-BIRTHPLACE OF FATHER (State or Country) Balto. Md

12-MAIDEN NAME OF MOTHER Loretta Agnes Smith

13-BIRTHPLACE OF MOTHER (State or Country) Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Milton A Platt

(Address) 1706 N. Lombart

15- Filed OCT 25 1916 ROBERT B. KRAUTER ..... 191... Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 25, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 9, 1916, to Oct 25 1916, that I saw him alive on Oct 25 1916, and that death occurred, on the date stated above, at 2.45 m.

The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Congenital Heart disease

(Duration) ...yrs. 1 mos. 16 ds.

(Signed) M. M. Neice M. D.

Oct 25, 1916 (Address) 108 N. Dutton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park.

DATE OF BURIAL, Oct 27, 1916.

20-UNDERTAKER Wm Cook

ADDRESS 5326 Harford

Rec.—8-24-14—M. & T.—2000 Bks.

C99161

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99161

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 N Gilmore ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Washington

(Residence in Baltimore: No. 421 N Gilmore St.; 6 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Apr (Month) 3 (Day), 1865 (Year)

7-AGE, 51 yrs. 6 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country): State of Va

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country), State of Va

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), State of Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ruth E. Washington

(Address) 421 N. Gilmore

15-

Filed OCT 25 1916, 191.....

ROBERT B. KRAUTER
Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 24th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 26th 1916 to Oct 24th 1916, that I saw him alive on Oct 24th 1916, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH was as follows:*

Phthisis Pulmonalis

(Duration) Abt 2 mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) 2 yrs. mos. ds.

(Signed) Chas Black M. D.

Oct 24th 1916 (Address) 602 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Lion Cemetery

DATE OF BURIAL, Oct 26, 1916

20-UNDERTAKER Wm Cook

ADDRESS 502 E. North ave

pec.—8-24-14—M. & T.—2000 Bks.

C99162 HEALTH DEPARTMENT—CITY OF BALTIMORE 179 C99162

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 E. Appleton ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Gover.

(Residence in Baltimore: No. 1012 E. Appleton St.; 66 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Oct 10, (Month) (Day) 1850 (Year)

7-AGE, 66 yrs. 0 mos. 14 da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Bolo. Md

PARENTS.

10-NAME OF FATHER, Capt. Wm Mason

11-BIRTHPLACE OF FATHER (State or Country), Boston

12-MAIDEN NAME OF MOTHER Elizabeth Coombs

13-BIRTHPLACE OF MOTHER (State or Country), Boston

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel E. H. Gover

(Address) 1012 Appleton St.

15- Filed OCT 25 1916, 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 24, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 5th 1916, to Oct 23rd 1916, that I saw her alive on Oct 23rd 1916, and that death occurred, on the date stated above, at 12.30 A.m.

The CAUSE OF DEATH* was as follows:

Chron. Interstitial Nephritis

(Duration) 4 yrs. 0 mos. da.

CONTRIBUTORY (Secondary) Oedema & anuria

(Duration) yrs. mos. 7 da.

(Signed) Geo. H. Lauxmann M. D.

Oct. 24th, 191.6 (Address) 2215 E. Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Oct 26 1916

20-UNDERTAKER Robt. J. Turner ADDRESS Broadway & Eliza

...ec.—8-24-14—M. & T.—2000 Bks.

C99163.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 C99163

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1249 S Decker Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antone Schultz

(Residence in Baltimore: No. 1249 S Decker Ave St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Feb 18, 1855 (Month) (Day) (Year)

7-AGE, 61 yrs. 8 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Stanislaus Schultz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Wojciechowska

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Adam Schultz

(Address) 1249 S Decker Ave

15- Filed OCT 25 1916, 191.... ROBERT R. KRAUTER Registrar.

BURIAL PERMIT

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1916, to Oct 23 1916, that I saw h— alive on " 23 1916, and that death occurred, on the date stated above, at A m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ....yrs. ....mos. 22 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(Duration) 1 yrs. 1 mos. ....ds.

(Signed) ..... M. D.

Oct 24, 1916. (Address) ....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Cem — DATE OF BURIAL, Oct 26 1916

20-UNDERTAKER Stephen J Fialkowski — ADDRESS 1019 Aisquith Ave

C99164 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 C99164

CERTIFICATE OF DEATH.

PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 1421 Druid Hill Ave ST. W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Coleman Talley

(Residence in Baltimore: No. 1716 Hanover St St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, [illegible], 1 (Month) (Day) (Year)

7-AGE, 49 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), W. Va

PARENTS.

10-NAME OF FATHER, William M Talley

11-BIRTHPLACE OF FATHER (State or Country), W Va.

12-MAIDEN NAME OF MOTHER, Laura Wesson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm J Dickson

(Address) North ave & Fremont ave

15-

Filed OCT 25 1916 191 ROBERT B. KRAUTER Registrar.

Burial Permit Clerk

important. See instructions on

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 25, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Thomas Lyon Smith M. D. (Coroner.)

Oct 25, 191 6 (Address) 1610 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Peter Cem

DATE OF BURIAL, Oct 26 1916.

20-UNDERTAKER W. J. Dickson and Sons

ADDRESS 421 N Caroline

Rec.—8-24-14—M. & T.—2000 Bks.

99165

HEALTH DEPARTMENT—CITY OF BALTIMORE

109

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

REGISTERED NO. C 99165

CITY OF BALTIMORE: (No. Greene & Lombard ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Gillespie

Residence in Baltimore: No. 403 Greene St. St.; ..... yrs., ... mos. unknown da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1874. (Year)

7-AGE, 42 yrs. ..... mos. ..... da.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Housework

9-BIRTHPLACE, (State or Country), Washington, D. C.

PARENTS.

10-NAME OF FATHER, James Bright

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Annie Lyndall

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. Gillespie

(Address) 403 S. Green St.

15- OCT 25 1916 Filed ....., 191.... Henry C. [illegible] Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 24, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 8 1916, to October 24 1916, that I saw her alive on October 24 1916, and that death occurred, on the date stated above, at 1.20 a m.

The CAUSE OF DEATH* was as follows:

Ventral hernia (operation), hemiotomy with resection of portion of Stomach intestine

(Duration) 2 yrs. 6 mos. ..... da.

CONTRIBUTORY (Secondary) Bronchio-pneumonia

(Duration) about 7 days yrs. ..... mos. ..... da.

(Signed) R. C. Hoke, M. D.

Oct. 24 1916 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 16 ds. In the State ..... yrs. unknown mos. ..... ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 403 S. Greene St. Balto.

19-PLACE OF BURIAL, OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, Oct. 25, 1916.

20-UNDERTAKER H. J. & W. D. Flynn ADDRESS 1422 Light

C 99166

HEALTH DEPARTMENT—CITY OF BALTIMORE

92

CERTIFICATE OF DEATH

REGISTERED NO. C 99166

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1505 N Lombard St. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Catharine Firoved Sprout French

(Residence in Baltimore: No. 1505 N Lombard St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: DEC. (Month) 15 (Day), 1839 (Year)

7 AGE: 76 yrs. 10 mos. 9 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Cumberland Co. Pa.

PARENTS

10 NAME OF FATHER: John Sprout

11 BIRTHPLACE OF FATHER (State or country): Native (U.S.A.)

12 MAIDEN NAME OF MOTHER: Catharine Firoved

13 BIRTHPLACE OF MOTHER (State or country): Native (U.S.A.)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John C. French

(Address) 3002 N. Calvert St.

15 Filed OCT 25 1916, 191... HARRY C. ANDREWS Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: OCT (Month) 24 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1916, to Oct. 24, 1916, that I saw h[illegible] alive on Oct. 24, 1916, and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 6 ds

Contributory (SECONDARY) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) H. C. Aitken M. D.

Oct 24, 1916 (Address) 1426 Wainwright St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Oct 26, 1916

20 UNDERTAKER: George J. Smith

ADDRESS: 1000 E. Fayette St

State CAUSE OF [illegible] is very important. See instructions on back of certificate.

ec.—8-24-14—M. & T.—2000 Bks.

99167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

REGISTERED NO. C 99167

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2678 Wilkens Ave St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles W. Johannes.

Residence in Baltimore: No. 2678 Wilkens ave St.; Life time (mos. dys.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Married

6-DATE OF BIRTH ..... Nov. (Month) 12 (Day), 1826 (Year)

7-AGE, 89 yrs. 11 mos. 11 dys. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)..... 506

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John M Johannes

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary A. Johannes

(Address) 2678 Wilkens Ave

15-

Filed OCT 25 1916 191.. HARRY C. ANDREWS Buryal Per ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH ..... October (Month) 23rd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1914, to Oct. 23 1916, that I saw him alive on Oct 22 1916, and that death occurred, on the date stated above, at 8.30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular & Heart Disease

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Compensatory failure

(Duration) 2 yrs. mos. 7 ds.

(Signed) J. Harvey Glassman M. D.

Oct 25 1916 (Address) 2678 Wilkens Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park Cemetery — DATE OF BURIAL. Oct 25, 1916

20-UNDERTAKER Geo A Gerberg — ADDRESS Baltimore Md

57

...c.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699168

CERTIFICATE OF DEATH.

120

REGISTERED NO. C 29168

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2810 N. Laurale ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah R. Byerley

Residence in Baltimore: No. 2810 N. Gilmore St.; 74 yrs., 5 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May 14, 1842 (Month) (Day) (Year)

7-AGE, 74 yrs. 5 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cancer
(b) General nature of industry, business, or establishment in which employed (or employer): Work

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John Byerley

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Rachel Bamer

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Blanche Byerley

(Address) 2810 N. Gilmore

15- Filed OCT 25 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 18 1916, to Oct 23 1916, that I saw her alive on Oct 23 1916, and that death occurred, on the date stated above, at 4.30 m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(Duration) Yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Oedema Lungs

(Duration) yrs. 10 mos. ds.

(Signed) John [illegible] M. D.

Oct 24 191.. (Address) 1611 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF INTERMENT OR REMOVAL, Western — DATE OF BURIAL, Oct 26, 191.6

20-UNDERTAKER William Cole — ADDRESS 507 N. Nath

pec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 99169

C 99169

CERTIFICATE OF DEATH.

REGISTERED No. C 99169

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hosp ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Cox.

Residence in Baltimore: No. 1824 Dallas St St.; — yrs. 8 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH. Feb 16th (Month) (Day) 1916 (Year)

7-AGE, — yrs. 8 mos. 7 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Thomas Cox

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER. Kate Hufnagel

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Cox

(Address) 1824 N Dallas st

15- Filed OCT 26 1916, 191... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 24, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 2 1916, to Oct 24 1916, that I saw h— alive on Oct 23. 1916 and that death occurred, on the date stated above, at 6 00 p. m.

The CAUSE OF DEATH* was as follows: Acute Gastro Enteritis

(Duration) yrs. 30 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) William F. Ohaller M. D.

Oct 24, 1916 (Address) St Josephs Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. 22 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1824 Dallas St

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Oct 26 1916

20-UNDERTAKER George L. Ruth ADDRESS 1735 Harford Ave.

ec.—5-19-13—M. & T.—500 Blks.

C99170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C99170

REGISTERED NO. C

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 4005 Maine Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Martin Meyer (Meyer)

Residence in Baltimore: No. 4005 Maine Ave St.; ..yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, ..Feb.. (Month) 11 (Day), 1855 (Year)

7-AGE, 61 yrs. 8 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Proprietor
(b) General nature of industry, business, or establishment in which employed (or employer)... Stationery & Printing

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Nathan Meyer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara Stern

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..J. K. Meyer

(Address)..311 Oakfield Ave

15- OCT 26 1916

Filed....., 191.....

ROBERT B. KRAUTER

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..Oct.. (Month) 23rd (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 24th 1916, to Oct 23rd 1916, that I saw him alive on Oct 23rd 1916, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

..... (Duration)..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Dilatation

..... (Duration).... yrs. 1 mos. ..... ds.

(Signed)..A. C. Lamont M. D.

Oct 24th 1916. (Address)..W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship

DATE OF BURIAL, Oct 27, 1916

20-UNDERTAKER J. Ahrens & Co.

ADDRESS 1611 Madison

ec.—8-24-14—M. & T.—2000 Bks.

699171

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

699171

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 N. Curly St. ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Zahner.

Residence in Baltimore: No. 127 N. Curly St. St.; ....yrs. ....mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, October, 1 (Month) (Day) (Year)

7-AGE, ~ yrs. ~ mos. ~ da.

If LESS than 1 day, ~ hrs. or 10 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, John Zahner.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City.

12-MAIDEN NAME OF MOTHER Rose Schulz.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Zahner.

(Address) 127 N. Curly St.

15-

Filed OCT 26 1916, 191.... ROBERT B. KRAUTER Clerk.

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 25th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 25 1916, to Oct 25 1916, that I saw him alive on Oct 25 1916, and that death occurred, on the date stated above, at 4.45 p.m.

The CAUSE OF DEATH* was as follows:

Contracted Pneumonia

(Duration) ....yrs. ....mos. ....da.

CONTRIBUTORY (Secondary) None

(Duration) ....yrs. ....mos. ....da.

(Signed) H. Edward H. Hamman M. D.

10/26/1916 (Address) 719 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer Cem

DATE OF BURIAL. Oct. 26th, 1916

20-UNDERTAKER Lilly & Zeile

ADDRESS 403 S. Wolfe St.

C99172

HEALTH DEPARTMENT—CITY OF BALTIMORE

168 C99172

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 323 Whitecourt ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Johnson

(Residence in Baltimore: No. 1323 Whitecourt St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept 25 (Month) (Day), 1916 (Year)

7-AGE, ...yrs. 1 mos. 1 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Johnson

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Ethel Zyler

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 1326 Whitecourt

15-

Filed OCT 26 1916, 191.... ROBERT P. KRAUTER Registrar.

Important. See instructions. Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 25, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Asphyxia from Mashing by Automobile (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner)

Oct 26, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Oct 26, 1916

20-UNDERTAKER James H. Dennis

ADDRESS 1303 Bustleton

...cc.—8-24-14—M. & T.—2000 Bks.

C99173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C99173

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2011 Brent ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Doman

Residence in Baltimore: No. 2011 Brent St.; ...yrs., 1 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Baby

6-DATE OF BIRTH, Sept 9, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 14 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, George Doman

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mattie Harris

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ~~2011 Brent St~~ Chas C Doman

(Address) 2011 Brent St

15-

Filed OCT 26 1916, 191... ROBERT P. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 25, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 23 1916, to Oct 25 1916, that I saw her alive on Oct 24 1916, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) ...yrs. ...mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) E. Wallace Tilley M. D.

Oct 25, 1916. (Address) 1728 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Oct 26, 1916

20-UNDERTAKER James H Dennis — ADDRESS 1303 Bentztown

Dec.—8-24-14—M. & T.—2000 Bks.

C99174

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

113 C99174

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 233 S. Gilmor ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sallie L. Wright

Residence in Baltimore: No. 233 S. Gilmor St.; 74 yrs. mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Oct (Month) 13th (Day) 1842 (Year)

7-AGE, 74 yrs. mos. 10 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm. M. Abshiam

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Susan Beam

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Henry Emmert

(Address) 233 S. Gilmor St.

15-
OCT 26 1916 Filed, 191
ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 25 (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 13 1916, to Oct 25 1916, that I saw her alive on Oct 24 1916, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Heart Paralysis

(Duration) yrs. mos. 1/2 ds.

(Signed) J. E. H. Emmert M. D.

Oct 25, 1916 (Address) 1627 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem. DATE OF BURIAL, Oct 27, 1916

20-UNDERTAKER Wm. M. Cashman ADDRESS 1629 N Eut. Ave

ec.—8-24-14—M. & T.—2000 Blks.

C99175 HEALTH DEPARTMENT—CITY OF BALTIMORE C99175

CERTIFICATE OF DEATH. REGISTERED NO. C

1-PLACE OF DEATH U. S. Marine Hosp.

CITY OF BALTIMORE: (No. U. S. Marine Hosp. St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph T. Willis

Residence in Baltimore: No. U. S. Marine Hospital St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 25 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Seaman
(b) General nature of industry, business, or establishment in which employed (or employer) 50

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. Hospital Records (Informant) .....

(Address) .....

15- OCT 26 1916 ROBERT R. KRAUTER Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Oct 24, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 2, 1916, to Oct 24 1916, that I saw h... alive on Oct 24 1916, and that death occurred, on the date stated above, at 1.55 a.m.

The CAUSE OF DEATH* was as follows: Aortic Regurgitation

..... (Duration) ....yrs. 1 mos. 22 ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

W.R.B. Oct 24, 1916 (Signed) Chas F Vogel M. D.

(Address) U.S. Marine Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 22 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hillsand Roy Va | DATE OF BURIAL, Oct 26, 1916.

20-UNDERTAKER R M Houston | ADDRESS 2318 Eutaw

B99176 HEALTH DEPARTMENT—CITY OF BALTIMORE 63 + B99176

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 535 N. Bradd ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Starks

(Residence in Baltimore: No. 535 N. Bradd St.; yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.)
male	Col	Single

6-DATE OF BIRTH, Sept 20, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, Wellington Johnson

11-BIRTHPLACE OF FATHER (State or Country). Balto, Md

12-MAIDEN NAME OF MOTHER Clara Starks

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clara Starks

(Address) 535 N. Bradd

15- Filed OCT 26 1916, 191... ROBERT R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Infantile Paralysis

(Duration) 2 yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Undetermined

(Duration) yrs. mos. ds.

(Signed) E. Hollander M. D.
(Coroner)

Oct 26, 1916 (Address) 819 E. Fay.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State 1 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 535 N. Bradd St.

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	Oct 28 1916
20-UNDERTAKER Saul E. Hinkley	ADDRESS 5 Bradd

important. See instructions

ec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 99177

99177

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 Cathedral ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Whyte.

(Residence in Baltimore: No. 700 Cathedral St.; ....yrs. ....mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. January 25th, 1850. (Month) (Day) (Year)

7-AGE. 66 yrs. 9 mos. ....da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Attorney
(b) General nature of industry, business, or establishment in which employed (or employer). 764

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Wm Pinkney Whyte.

11-BIRTHPLACE OF FATHER (State or Country). Balto. Md.

12-MAIDEN NAME OF MOTHER Louisa Hollingsworth

13-BIRTHPLACE OF MOTHER (State or Country). Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Mrs. Joseph Whyte

(Address). 700 Cathedral St.

15- Filed OCT 26 1916, 191.. ROBERT R. KRAUTER Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. October 24, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1st 1916, to Oct 24 1916, that I saw him alive on October 24 1916, and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy)

(Duration) ....yrs. ....mos. 1 da.

CONTRIBUTORY (Secondary) Arteriosclerosis Cardiac hypertrophy (Duration) 10 yrs. ....mos. ....da.

(Signed) H Warren Buckler M. D.

Oct 25, 1916 (Address) 806 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Greenmount Cem

DATE OF BURIAL. Oct. 27, 1916

20-UNDERTAKER Henry W. Jenkins Sons Co

ADDRESS McCulloh & Orchard

Spec.—8-24-14—M. & T.—2000 Bks.

C99178

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99178

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St. 10 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christian Knepper

(Residence in Baltimore: No. 1004 East Chase St.; 30 yrs. ..... mos. 10 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, October 13, 1886
(Month) (Day) (Year)

7-AGE, 30 yrs. ..... mos. 10 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Tinner
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Louis H. Knepper

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Augusta Schley

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillian M. Knepper

(Address) 1004 E. Chase St

15- Filed OCT 26 1916, 191.....

ROBERT R. KRAUTER
Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 23rd, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 14 1916, to Oct 23 1916, that I saw h.m alive on Oct 23 1916, and that death occurred, on the date stated above, at 7.50 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) ..... yrs. ..... mos. 21 da.

CONTRIBUTORY (Secondary) Acute Tuberculosis of Larynx

(Duration) ..... yrs. 1 mos. 1 da.

(Signed) William F. Wade, M. D.

Oct 23 1916 (Address) St. Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. 9 da.

Where was disease contracted, if not at place of death? Dont Know

Former or usual residence 1004 E Chase St

19-PLACE OF BURIAL OR REMOVAL, Immanuel Cemetery — DATE OF BURIAL, Oct 27, 1916

20-UNDERTAKER Christian Miller — ADDRESS 2334 Jefferson St

cc.—8-24-14—M. & T.—2000 Bks.

99179 HEALTH DEPARTMENT—CITY OF BALTIMORE 99179

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Sarah Cantor

Residence in Baltimore: No. 135 N. Wolfe St St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1851 (Year)

7-AGE, 65 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E Baltimore St

15- Filed OCT 26 1916 191 ROBERT B. KRAUTER Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 19, 1916, to Oct 26 1916, that I saw h e alive on Oct 26 1916, and that death occurred, on the date stated above, at 4 00 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Abscess

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

(Signed) Branch S. Jacobson M. D.

Oct 26, 1916 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? (2)

Former or usual residence 135 N. Wolfe St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rowedale

DATE OF BURIAL, 10/26, 191 6

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

69180 — 1-PLACE OF DEATH

79 69180 — REGISTERED NO. C

CITY OF BALTIMORE: (No. 2024 Eagle St ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie Goodman

Residence in Baltimore: No. 2024 Eagle St St.; 10 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, ~~May~~ ——— (Month) (Day), 1875 (Year)

7-AGE, 41 yrs. 2 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work. Housewife (b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Levis

(Address) 1411 E. Baltimore St

15- Filed OCT 26 1916, 191 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 24 1916, to Oct 25 1916, that I saw her alive on Oct 25 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the heart

(Duration) several hours yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(Duration) 2 years yrs. ds.

(Signed) Nathan B. Friedenwald M.

Oct 26, 1916 (Address) 21 W. Mulberry St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Cem

DATE OF BURIAL, 10/27/16 191

20-UNDERTAKER Jacob Levis

ADDRESS 1411 E Baltimore St

C99181

HEALTH DEPARTMENT—CITY OF BALTIMORE

150

CERTIFICATE OF DEATH

REGISTERED No. C 99181

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 422 N. Greene St.: 17 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Raymond Richardson

(Residence in Baltimore: No. 422 N Greene St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Oct- (Month) 17 (Day), 1916 (Year)

7 AGE: 0 yrs. 0 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9 BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John F Richardson

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mattie McKee

13 BIRTHPLACE OF MOTHER (State or country): Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R B Kenyon

(Address) 422 N Greene St

15 OCT 26 1916 Filed, 191 EARLY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct- (Month) 26 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1916 to Oct-26 1916, that I saw him alive on Oct 25- 1916, and that death occurred, on the date stated above, at 8½ A m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation (Spina bifida

(Duration) 0 yrs. 0 mos. 9 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) R B Kenyon M. D.

Oct-26, 1916 (Address) 422 N Greene

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon County

DATE OF BURIAL: Oct 27, 1916

20 UNDERTAKER: W M Routon

ADDRESS: 230 N Pine

State CAUSE OF DEATH in terms which will convey definite information to a physician. Statement that death was due to heart disease, apoplexy, pneumonia, cancer, senility, etc., is very important. See instructions on back of certificate.

cc.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699182

CERTIFICATE OF DEATH.

REGISTERED NO. C 99182

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 2 2 19 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Goodall

Residence in Baltimore: No. 718 W. York St.; — yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write which), Single

6-DATE OF BIRTH, Oct 11, 1885
(Month) (Day) (Year)

7-AGE, 31 yrs. 0 mos. 12 da.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Laborer
(b) General nature of industry, business, or establishment in which employed (or employer), "

9-BIRTHPLACE, (State or Country), Georgia

PARENTS.
10-NAME OF FATHER, John Goodall
11-BIRTHPLACE OF FATHER (State or Country), Ga.
12-MAIDEN NAME OF MOTHER Not known
13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Record Mercy Hosp.
(Address) Calvert St

15- OCT 26 1916 Filed....., 191... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 23, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 16, 191 6, to Oct 23, 191 6
that I saw him alive on Oct 23 191 6
and that death occurred, on the date stated above, at 9:00 P.M.
The CAUSE OF DEATH* was as follows:

Acute Mitral Regurgitation
Dr Not Known
(Duration) ...yrs. ...mos. ...da.
CONTRIBUTORY (Secondary)
(Duration) ...yrs. ...mos. ...da.
(Signed) Edward P Smith M. D.
Oct 23, 191 6 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 7 da. In the State 4 yrs. 7 mos. 7 da.
Where was disease contracted, if not at place of death? 718 W. York St
Former or usual residence 18 W. York St

19-PLACE OF BURIAL, OR REMOVAL, | DATE OF BURIAL, ..., 191...
20-UNDERTAKER | ADDRESS

UNIVERSITY OF MARYLAND
Commissioner Health.

C99183

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH.

REGISTERED NO. C 99183

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 533 N. Carey ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Nesbitt

(Residence in Baltimore: No. 533 N Carey St. 6 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married (or)

6-DATE OF BIRTH, Sept 17 1845
(Month) (Day) (Year)

7-AGE, 71 yrs. 1 mos. 9 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, George Ramsburg

11-BIRTHPLACE OF FATHER (State or Country), ~~Va~~ Germany

12-MAIDEN NAME OF MOTHER Mary Brimmer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Mary Bauer (Bauer)

(Address) 533 N Carey

15- OCT 26 1916 HARRY C. ANDREWS

191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Duration: Instantaneous
(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Hardening of Arteries.
(Duration) ...yrs. ...mos. ...ds.

(Signed) C. McElwain M. D.
(Coroner)

Oct. 26, 1916 (Address) 814 N. Carey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence 533 N Carey St.

19-PLACE OF BURIAL OR REMOVAL, Lamdon Park. DATE OF BURIAL, Oct 27, 19 16

20-UNDERTAKER, Wm. J. Tuckner & Sons ADDRESS North & Fremont

Important. See

Spec.—8-24-14—M. & T.—2000 Bks.

99184

HEALTH DEPARTMENT—CITY OF BALTIMORE

79

CERTIFICATE OF DEATH.

REGISTERED NO. C 99184

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1845 W Pratt ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Lotz

Residence in Baltimore: No. 1845 W Pratt St.; — yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 70 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Hasselman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas L Lotz

(Address) 1436 Hanover st

15- OCT 26 1916 Filed, 191 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 25, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1916, to Oct 25 1916, that I saw her alive on Oct 24 1916, and that death occurred, on the date stated above, at 7.45 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency & Heart

(Duration) yrs. 1 mos. 24 da.

CONTRIBUTORY (Secondary) Paralysis agitans

(Duration) yrs. Unknown mos. da.

(Signed) M. D.

Oct 25, 1916 (Address) 108 N Arlington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Oct 27 1916

20-UNDERTAKER Wm J Ecknert Sons — ADDRESS North Ave

pec.—8-24-14—M. & T.—2000 Bks.

699.185 HEALTH DEPARTMENT—CITY OF BALTIMORE 81

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C 99185

CITY OF BALTIMORE: (No. 2346 Eutaw Place, ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Babette Stern,

(Residence in Baltimore: No. 2346 Eutaw Place, St.; 62 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow,

6-DATE OF BIRTH, May (Month) 9th. (Day) 1834. (Year)

7-AGE, 82 yrs. 5 mos. 17 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work none,
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER, Hirsh Brown,

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H.Stern,

(Address) 2346 Eutaw Place,

15- Filed OCT 26 1916, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 26th. (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 10 12, 1916, to Oct 26, 1916, that I saw h in alive on Oct 25 12, 1916, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis.

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Lung Congestion

(Duration) yrs. mos. ds.

(Signed) H. W. Chambers M. D.

(Address) 18 N. Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oheb Shalom, DATE OF BURIAL, Oct. 28. 16

20-UNDERTAKER David Sondheim ADDRESS 118 N. Eutaw St.

C99186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH — REGISTERED NO. C 99186

CITY OF BALTIMORE (No. 1034 Eolston Ct ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Johnson

(Residence in Baltimore: No. 1034 Eolston Ct St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, March (Month) 21 (Day), 1882 (Year)

7-AGE, 34 yrs. 6 mos. 24 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Hauling wagon

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Benjamin Johnson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Jennie Kirby

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Robinson

(Address) 1444 Block St

15- OCT 26 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 25 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 4 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Alcoholism

(Duration) 10 yrs. ... mos. ... ds.

(Signed) James M Fenton M. D. (Coroner.)

Oct 26 1916 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State .... yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Oct 26 1916

20-UNDERTAKER Alfred J Ireland & Schroder — ADDRESS 114 St.

important. See instructions

699187

HEALTH DEPARTMENT—CITY OF BALTIMORE

42

CERTIFICATE OF DEATH.

REGISTERED No. C 99187

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1832 Dover St.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ramsey

(Residence in Baltimore: No. 1832 Dover St.; yrs., 52 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, April 24, 1864 (Month) (Day) (Year)

7-AGE, 52 yrs. 6 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country): Balto Maryland

PARENTS.

10-NAME OF FATHER, John O'Connor

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Margaret McDonnell

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Ramsey

(Address) 1832 Dover St

15- OCT 26 1916

Filed ....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 24, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows: Uterine Cancer, Probably Adeno-Carcinoma

(Duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Septic Intoxication

(Duration) yrs. 2 mos. ds.

(Signed) James M Benson M. D. (Coroner)

Oct 26 1916 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Oct 27, 1916
20-UNDERTAKER	ADDRESS
John J. Cowan Son	701 Hollins St

important. See instructions on back

Rec.—8-24-14—M. & T.—2000 Bks.

C99188

HEALTH DEPARTMENT—CITY OF BALTIMORE

152

CERTIFICATE OF DEATH.

REGISTERED No. C 99188

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1228 Cross St. ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Mary Frances Butler

(Residence in Baltimore: No. 1221 Cross St. St.; ..... yrs. ..... mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct (Month) 22 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. 3 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James J Butler

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Katherine Kelly

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James J Butler

(Address) 1228 Cross St

15-

Filed OCT 26 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 22 1916, to Oct 25 1916, that I saw h[illegible] alive on " 25 1916, and that death occurred, on the date stated above, at 6 p m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of Bowels

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Stafford Dillon M. D.

Oct 25, 1916. (Address) 1227 Cross St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery

DATE OF BURIAL, Oct 26, 1916

20-UNDERTAKER John F Cowan & Son

ADDRESS 901 Hollins St

C 99189

HEALTH DEPARTMENT—CITY OF BALTIMORE 19

CERTIFICATE OF DEATH.

REGISTERED NO. C 99189

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 104 N Linwood ave ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James W Hutcheson

(Residence in Baltimore: No. 104 N Linwood ave St.; yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, Oct. 13 (Month) 1867 (Day) (Year) 1867

7-AGE, 49 yrs. mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Policeman
(b) General nature of industry, business, or establishment in which employed (or employer): 725

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Archibold Hutcheson

11-BIRTHPLACE OF FATHER (State or Country): MD

12-MAIDEN NAME OF MOTHER: Marion Brown

13-BIRTHPLACE OF MOTHER (State or Country): MD

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Hutcheson

(Address) 104 N. Linwood ave.

15- Filed OCT 26 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 24 (Month) 1916 (Day) (Year) 1916

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J Kent Dunlap (Coroner), Oct 25 1916, 191... (Address) 7 N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ....mos. ....ds. In the State 18 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Wood Lawn — DATE OF BURIAL, Oct 27 1916

20-UNDERTAKER Leban & Monat — ADDRESS Lane & Bank

important. See Instructions

Dec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699190

CERTIFICATE OF DEATH.

45 699190

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 330 St Paul ST.; 4th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Charles Hawkins

Residence in Baltimore: No. 330 St Paul St.; 6 yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August 15th, 1862 (Month) (Day) (Year)

7-AGE. 54 yrs. 2 mos. 10 da. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Salesman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Charles C Hawkins

11-BIRTHPLACE OF FATHER (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER Sarah L Arnold

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Hawkins

(Address) 330 St. Paul St

15-

Filed OCT 27 1916 ROBERT R. KRAUTER Registrar

No. ..... Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 25th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 26th 1916, to October 25 1916, that I saw h im alive on Oct 25th 1916, and that death occurred, on the date stated above, at 9.20 P m.

The CAUSE OF DEATH* was as follows:

Coma

(Duration) ..... yrs. ..... mos. Our da.

CONTRIBUTORY (Secondary) Sarcoma of thigh

(Duration) ..... yrs. 10 mos. ..... da.

(Signed) Gustav G Eckelmann M. D.

Oct 26., 1916. (Address) 656 W. Franklin.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cem. DATE OF BURIAL, Oct 28, 1916

20-UNDERTAKER Frank A. Fink ADDRESS 915 N. Gay St

Rec.—3-24-14—M. & T.—2000 Bks.

C99191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 C99191

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 167 Colvin Street ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Billier

Residence in Baltimore: No. 167 Colvin Street St.; 19 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, November (Month) (Day), 1877 (Year)

7-AGE, 39 yrs. 11 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Pant Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Morris Billier

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Lena —

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Lewis

(Address) 1411 E Balto St.

15- OCT 27 1916 Filed....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Oct. (Month) 26 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Oct 26 1916, to Oct 26 1916, that I saw him alive on Oct. 26, 1916, and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
Chronic Myocarditis
last known
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) acute Edema of Lungs
(Duration) don't know yrs. mos. ds.

(Signed) M B Levin M. D.

Oct 27., 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 17 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 167 Colvin St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale

DATE OF BURIAL, 10-27-, 1916

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Balto St.

Dec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

~~699192~~ 39 699192

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1622 Division ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas H Doar

(Residence in Baltimore: No. 1622 Division St.; 35 yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, June (Month) 19 (Day), 1864 (Year)

7-AGE, 52 yrs. 4 mos. 6 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Custodian
(b) General nature of industry, business, or establishment in which employed (or employer)..... Custom House

9-BIRTHPLACE, (State or Country), Talbot Co. Md

PARENTS.

10-NAME OF FATHER, Thomas Doar

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Antencourt

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucinda Doar

(Address) 1622 Division St

15- OCT 27 1916 Filed....., 191.....

ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 25 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Feb 5 1916, to Oct 25 1916, that I saw him alive on Oct 25 1916, and that death occurred, on the date stated above, at 1130 a m.

The CAUSE OF DEATH* was as follows:

Cancer of stomach

Blood Poison

Se. Rupture (Duration) yrs. 5 mos. 10 da.

CONTRIBUTORY (Secondary) Blood Poison

(Duration) yrs. 8 mos. 10 da.

(Signed) L. McGill Kenmond M. D.

Oct 26, 1916. (Address) 706 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Glen — DATE OF BURIAL, Oct 28 1916

20-UNDERTAKER Sam'l. Chase Hse — ADDRESS 1400 Madison

pec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99193. 9 C99193

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5102 Gilmor ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Alice Webb.

(Residence in Baltimore: No. 5102 Gilmor St.; 3 yrs., 11 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX F

4-COLOR OR RACE, W.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Oct 28, 1913 (Month) (Day) (Year)

7-AGE, 3 yrs. 11 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Webb.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Alice Hoagt

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Webb

(Address) 5102 Gilmor St

15-OCT 27 1916 Filed....., 191... ROBERT R. KRAUTER Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 26, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 23 1916, to Oct 26 1916, that I saw her alive on Oct 26 1916, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Diphtheria & Croup

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) A. Adams A. Tod M. D.

Oct 27, 1916. (Address) 439 S. Ellwood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Oct 27, 1916

20-UNDERTAKER George J. Smith — ADDRESS 2 Fayette St

4 P. M.

pec.—8-24-14—M. & T.—2000 Bks.

699194

HEALTH DEPARTMENT—CITY OF BALTIMORE

699194

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Woman's Hospital

CITY OF BALTIMORE: (No. ..... ST.: 14 WARD) REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie Robbins Wilfong

(Residence in Baltimore: No. Woman's Hospital St.: 0 yrs., 2 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ... Jan. (Month) 13 (Day), 1882 (Year)

7-AGE, 34 yrs. 9 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Ernest A Robbins

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Emily L Braun

13-BIRTHPLACE OF MOTHER (State or Country), Philadelphia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. R. Wilfong

(Address) 530 S. Conestoga St. Philadelphia

15- Filed OCT 27 1916, 191 ..... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 25th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 17 1916, to Oct. 25 1916, that I saw h[illegible] alive on Oct. 25 1916, and that death occurred, on the date stated above, at 8.45 a. m.

The CAUSE OF DEATH* was as follows:

(a) Endocarditis – Septicaemia

Blood culture showed streptococcus infection, mode of entrance not known

(Duration) ..... yrs. 0 mos. ..... ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) Sydney R. Miller M. D.

Oct 25, 1916. (Address) 11 East Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. 2 mos. 7 ds. In the State ..... yrs. 5 mos. ..... ds.

Where was disease contracted, if not at place of death? /

Former or usual residence Philadelphia

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Oct 28, 1916

20-UNDERTAKER Stewart Mortuary Co. — ADDRESS 1067 W. North Ave.

Dec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99195

CERTIFICATE OF DEATH.

42 C99195

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2216 N Calvert St.; 12 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Budd Moffett

(Residence in Baltimore: No. 2216 N. Calvert St.; 45 yrs., ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 31, 1848 (Month) (Day) (Year)

7-AGE, 68 yrs. 4 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: house wife
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), New Jersey

PARENTS.

10-NAME OF FATHER, John D Budd

11-BIRTHPLACE OF FATHER (State or Country), New Jersey

12-MAIDEN NAME OF MOTHER Caroline A. Stricker

13-BIRTHPLACE OF MOTHER (State or Country), New Jersey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr W. S. Moffett

(Address) 2216 N. Calvert St

15- Filed OCT 27 1916, 191.... ROBERT B. KRAUTER Deputy Register Clerk.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 26th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1916, to Oct 26 1916, that I saw h- alive on Oct 25th 1916, and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

I.....

P.....

Carcinoma of the Uterus

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Fair M. D.

Oct 26 1916 (Address) 1 W. 25th

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death - yrs. - mos. - ds. In the State - yrs. - mos. - ds.

Where was disease contracted, if not at place of death? - - - -

Former or usual residence - - - -

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery DATE OF BURIAL, Oct 27, 1916

20-UNDERTAKER Stewart & Mower Co ADDRESS 108 W. North Ave

C99196 HEALTH DEPARTMENT—CITY OF BALTIMORE 79 C99196

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 926 Woodyear ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnella Harris

(Residence in Baltimore: No. 926 N Woodyear St. yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Col.	Married

6-DATE OF BIRTH, ... September ....., 1840
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
76 yrs. unknown mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Huckster.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Canada

PARENTS.

10-NAME OF FATHER, Leonard Harris

11-BIRTHPLACE OF FATHER (State or Country), Canada

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Son
(Informant).....

(Address) 926 Woodyear St

15-

Filed OCT 27 1916, 191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 26, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis of the Mitral Valves of the Heart ..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner)

Oct 26, 191... (Address) 819 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 520 Linden Ave

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ..., 19....

20-UNDERTAKER ADDRESS

important. See instructions on

Commissioner of Health.

C99197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

REGISTERED NO. C 99197

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1602 Milliman ST. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Mc. Neal

(Residence in Baltimore: No. 1602 Milliman st St.; yrs.. mos. 4 hrs. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Baby

6-DATE OF BIRTH, Oct. 27. 1916 (Month) (Day) (Year)

7-AGE, ..yrs..mos..ds. If LESS than 1 day, 4 hrs. or ..min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Thos Mc. Neal

11-BIRTHPLACE OF FATHER (State or Country). North Carolina

12-MAIDEN NAME OF MOTHER: Lilly Jordan

13-BIRTHPLACE OF MOTHER (State or Country). Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lilly Mc. Neal

(Address) 1602 Milliman st

15- OCT 27 1916 Filed ..... 191.....

LUCIEN H. KRAUTER
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 27 1916 (Month) (Day) (Year), 191..

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature Birth.

(Duration) ..yrs..mos..ds.

CONTRIBUTORY (Secondary)

(Duration) ..yrs..mos..ds.

(Signed) ..... (Coroner.) M. D.

Oct 27 1916 (Address) N E Dist.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs..mos..ds. In the State ..yrs..mos..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel cemetery. DATE OF BURIAL, Oct 29, 1916.

20-UNDERTAKER P. Gross & Son ADDRESS 1 McElderry st

Important. See instructions on back.

pec.—8-24-14—M. & T.—2000 Bks.

99198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 99198

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospt ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Rizzo

(Residence in Baltimore: No. Md General Hospital ST.; ... yrs. ... mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOW OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct 24, 1882 (Month) (Day) (Year)

7-AGE, 34 yrs. 0 mos. 3 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Eugene Gould

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lilly Myers

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Taylor

(Address) 515 Druid Hill Ave

15- Filed OCT 27 1916, 191... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 24 1916, to Oct 27 1916, that I saw h[illegible] alive on Oct 24, 1916, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Bilateral Otitis

Pneumonia

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Elmer Hammer M. D.

10-27-, 1916 (Address) 311 Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 3 ds. In the State Life mos. ... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Gardenville Md.

19-PLACE OF BURIAL OR REMOVAL, Loudon Pk. DATE OF BURIAL, Oct 30, 191.6

20-UNDERTAKER Robt Tennent ADDRESS X Y 29 Bm

pec.—8-24-14—M. & T.—2000 Bks.

C 99199

HEALTH DEPARTMENT—CITY OF BALTIMORE

54

CERTIFICATE OF DEATH.

REGISTERED NO. C 99199

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 N. Chester ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Birner

(Residence in Baltimore: No. 212 N. Chester St.; 38 yrs., 5 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, May (Month) 5 (Day), 1838 (Year)

7-AGE, 38 yrs. 5 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Jos. Rosslein

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara Schmold

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lawrence J. Birner

(Address) 212 N. Chester

15-

Filed OCT 27 1916, 191.... HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 191 6, to Oct 24 191 6, that I saw her alive on Oct 24 191 6, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia

Pneumonia Lobar

(Duration) ....yrs. 1 mos. 23 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. ....ds.

(Signed) Jos F Blades M. D.

191.. (Address) 1726 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Oct 28 191 6

20-UNDERTAKER Jos J. Thorn — ADDRESS 1506 N. Luzerne ave

...ec.—8-24-14—M. & T.—2000 Bks.

699200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 99100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2107 Lyndhurst Ave WARD) 15 170

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E Pearson

(Residence in Baltimore: No. 2107 Lyndhurst ave St.; Life yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 4 (Day), 1850 (Year)

7-AGE, 66 yrs. 3 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thos J Pearson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Eliza K Wallace

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Roy Pearson

(Address) 2107 Lyndhurst ave

15- HARRY C. ANDREWS

Filed OCT 27 1916 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 15 1916, to Oct 26 1916, that I saw h alive on Oct 26 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) ...yrs. ...mos. 6 ...da.

CONTRIBUTORY (Secondary) Cerebro Arterio Sclerosis

(Duration) 6 yrs. ...mos. ...da.

(Signed) John A Evans M. D.

Oct 27, 1916. (Address) 10 W. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem

DATE OF BURIAL, Oct 29, 191...

20-UNDERTAKER Chas E. Doench

ADDRESS 801 Madison

699201 HEALTH DEPARTMENT--CITY OF BALTIMORE 28

CERTIFICATE OF DEATH

REGISTERED No. C 99201

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 394 E. 31st St.: 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Gertrude M. McFadden

(Residence in Baltimore: No. 394 E. 31st St.; 26 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
female	white	single

6 DATE OF BIRTH March 31st, 1890 (Month) (Day) (Year)

7 AGE 26 yrs. 6 mos. 25 ds. | If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Telegraph Operator
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Frank McFadden

11 BIRTHPLACE OF FATHER (State or country): Baltimore, Md

12 MAIDEN NAME OF MOTHER: Catherine Cassidy

13 BIRTHPLACE OF MOTHER (State or country): Baltimore, Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary McFadden

(Address) 398 E. 31st St.

15 Filed OCT 27 1916, 191 HARRY C. ANDREWS Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October (Month) 25th (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Several years 191 . to. Oct. 25th 1916.
that I saw h alive on Oct. 25th, 1916,
and that death occurred, on the date stated above, at 5 P m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 8 yrs. — mos. — ds

Contributory (SECONDARY)

(Duration) — yrs. — mos. — ds.

(Signed) C. Hampson Jones M. D.

, 191 (Address) 2529 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery | DATE OF BURIAL: 10/28, 1916

20 UNDERTAKER: Henry W. Elcas & Son | ADDRESS: 1058 N. Calvert St.

state CAUSE OF DEATH very carefully, is very important. See instructions on back of certificate.

pec.—8-24-14—M. & T.—2000 Bks.

699202

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

CERTIFICATE OF DEATH.

REGISTERED NO. C 99202

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No. Awalon & Others ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Mahan

(Residence in Baltimore: No. 328 N Calvert St St.; 22 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. Dec. 16 (Month) (Day) 1889 (Year)

7-AGE, 26 yrs. 10 mos. 10 da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Bookkeeper.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Thomas Mahan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Kane

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Mahan

(Address) St Jos. Hosp.

15- Filed OCT 27 1916, 191... HARRY C. ARNOLD Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct (Month) 26 (Day) 1916, 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 6 1916, to Oct 26 1916, that I saw h[illegible] alive on Oct 26 1916, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis,

Ulcerous Throat

(Duration) yrs. 1 mos. da.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) yrs. mos. 10 da.

(Signed) H. Mehrlaugh M. D.

, 191... (Address) St. Jos. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death [illegible] yrs. 3 mos. [illegible] da. In the State [illegible] yrs. [illegible] mos. [illegible] da.

Where was disease contracted, if not at place of death? No.

Former or usual residence Calvert St

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cemetery

DATE OF BURIAL. 10/30, 1916

20-UNDERTAKER Edward A. Mears & Son

ADDRESS 1025 N. Calvert St

C99203 HEALTH DEPARTMENT—CITY OF BALTIMORE 8

CERTIFICATE OF DEATH.

REGISTERED No. C 99203

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 918 N Duncan st St.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Leitzer

(Residence in Baltimore: No. 918 N Duncan st St.; yrs., 1 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	Baby

6-DATE OF BIRTH, Aug 22 1916, 1
(Month) (Day) (Year)

7-AGE, ..yrs. 2 mos. 5 ds. If LESS than 1 day, ...hrs. or.....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baby
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Albert Leitzer

11-BIRTHPLACE OF FATHER (State or Country), Balti

12-MAIDEN NAME OF MOTHER Marion Scott

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marion S Leitzer

(Address) 918 N. Duncan st

15- Filed OCT 27 1916, 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 27 1916, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Whoopingcough.

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) ..... M. D.
(Coroner.)

Oct 27 1916 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Oak Hill Cem DATE OF BURIAL, Oct 28, 1916

20-UNDERTAKER Geo M Friese ADDRESS 811 N Wolfe

important. See instructions

C99204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1916

REGISTERED NO. C 99204

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Johns Hopkins Hospital St.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Warner

(Residence in Baltimore: No. 3 N Collington ave St.; yrs. 30 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov 17 1868 (Month) (Day) , 1 (Year)

7-AGE 47 yrs. 11 mos. 10 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Musician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ill

PARENTS.

10-NAME OF FATHER, Bartholomy Warner

11-BIRTHPLACE OF FATHER (State or Country). ILL

12-MAIDEN NAME OF MOTHER Josephine Fisher

13-BIRTHPLACE OF MOTHER (State or Country). ILL

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) May Warner

(Address) 3 Collington

15- Filed OCT 27 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct 25 1916 (Month) (Day) , 191 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism Automobile turned over Accident

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) [signature] M. D. (Coroner.)

Oct 27 1916 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 5 da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death? Ohio Rd & Rogers

Former or usual residence 3 N Collington Ave

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery DATE OF BURIAL, 10/28, 1916

20-UNDERTAKER Christian Miller ADDRESS 23 N Jefferson St

important. See instructions on back

699205

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

REGISTERED NO. C 99205

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2141 Huntingdon Ave St.: 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Samuel W. James

(Residence in Baltimore: No. 2141 Huntingdon Ave St.: 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: April 13 (Month) (Day), 1837 (Year)

7 AGE: 79 yrs. 6 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Steam R.R. Conductor

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Enoch James

11 BIRTHPLACE OF FATHER (State or country): Not known

12 MAIDEN NAME OF MOTHER: Catherine Judd

13 BIRTHPLACE OF MOTHER (State or country): Not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rebecca James

(Address) 2141 Huntingdon Ave

OCT 27 1916

Filed . 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 27 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 8, 1916, to Oct 27, 1916, that I saw h[illegible] alive on Oct 26, 1916, and that death occurred, on the date stated above, at 2.50 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. mos. ds

Contributory (SECONDARY) Cardiac insufficiency

(Duration) yrs. mos. 27 ds.

(Signed) [illegible] M. D.

Oct 27, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death: yrs. mos. ds. In the State: yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Fallston Md

DATE OF BURIAL: Oct 29, 1916

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E North

state CAUSE OF DEATH in plain English. Do not use abbreviations or technical terms. Do not record mode of dying, such as "Collapse," "Exhaustion," "Heart failure," without stating the disease causing it. Indefinite or incomplete statements of cause will be returned for correction. This information is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

699206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

REGISTERED No. C 99206

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3304 Harford Rd ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Lode

(Residence in Baltimore: No. 3304 Harford Road St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH. Feb 22, (Month) (Day) 1831 (Year)

7-AGE. 85 yrs. 8 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At home
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Don't know

11-BIRTHPLACE OF FATHER (State or Country). Don't know

12-MAIDEN NAME OF MOTHER Don't know

13-BIRTHPLACE OF MOTHER (State or Country). Don't know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel F Keller

(Address) 3304 Harford Rd

15- OCT 27 1916

Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct (Month) 27th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 27th 1916, to Oct 27th 1916, that I saw h— alive on Oct 27th 1916, and that death occurred, on the date stated above, at 11.15 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ...yrs. ...mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) W. A. Fahey M. D.

Oct 27th 1916 (Address) W. A. Fahey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore

DATE OF BURIAL. Oct 29 191 6

20-UNDERTAKER Wm Doyle

ADDRESS 822 North Av.

699207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

71 699207

REGISTERED No. C

(PLACE OF DEATH

CITY OF BALTIMORE (No. 1020 Brentwood Ave St.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie M. Dowling

(Residence in Baltimore: No. 1020 Brentwood Ave St.; yrs. 2 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, ~~Aug~~ Aug 18 (Month) 18 (Day) 1914 (Year)

7-AGE, ... yrs. 2 mos. 9 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER, Frank Dowling

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Ellen Kelly

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ellen Dowling

(Address) 1020 Brentwood

15-

Filed OCT 28 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ~~her~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

~~1st~~ Convulsions

~~2d~~

Short time (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia Lower Right

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. S. Ruby M. D. (Coroner.)

Oct 27 191.6 (Address) 1637 Bruns

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Joseph's Cemetery. Texas Md

DATE OF BURIAL, Oct 28 19 16

20-UNDERTAKER Henry Horck Son

ADDRESS 1301 E Eager St

pec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99208 92 699208

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1634 Mc Eldery ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth A. Hensey

(Residence in Baltimore: No. 1634 Mc Eldery St.; 44 yrs. 5 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May 25th, 1872 (Month) (Day) (Year)

7-AGE, 44 yrs. 5 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Louis B. Inlaud

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Josephine Hagerty

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Louis B. Inlaud

(Address) 1634 Mc Eldery St.

15-

Filed OCT 28 1916 191 H. KRAUTER Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 20 1915, to Oct 27 1916, that I saw her alive on Oct 27 1916, and that death occurred, on the date stated above, at 12 45 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Cancer

(Duration) yrs. mos. 1 ds.

(Signed) Alb Sayre M. D.

Oct 27, 1916. (Address) 704 [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Oct 30, 1916

20-UNDERTAKER, Henry Storck & Son

ADDRESS 1301 E Eager St

pec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699209 699209

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 Linden Ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pere Wilmer Hanson

(Residence in Baltimore: No. 1401 Linden Ave St.; 65 yrs., ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, November 30, 1839 (Month) (Day) (Year)

7-AGE, 76 yrs. 10 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Treasury Dept
(b) General nature of industry, business, or establishment in which employed (or employer) B. & O. R.R.

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Geo W Hanson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Margaret Wilmer

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Margaret W. L. Hanson

(Address) 1401 Linden Ave

15- Filed ..... (Date) ..... 191.... Registrar.

OCT 28 1916

ROBERT R. KRAUTER

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 27th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 12th 1916, to Oct 27th 1916, that I saw h[illegible] alive on Oct. 27th 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Acute Exacerbation in course of Chronic Interstitial Nephritis

(Duration) ✓ yrs. ✓ mos. 16 ds.

CONTRIBUTORY ✓ (Secondary)

(Duration) ✓ yrs. ✓ mos. ✓ ds.

(Signed) Edw. Warfield M. D.

Oct 28th, 1916. (Address) 1906 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ✓ yrs. ✓ mos. ✓ ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence ✓

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cy — DATE OF BURIAL, Oct 30, 191.6

20-UNDERTAKER Stewart & Mowen Co — ADDRESS 108 W. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699210

CERTIFICATE OF DEATH.

120 699210

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2024 Orleans ST.; 6 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgia Keller

(Residence in Baltimore: No. 2024 Orleans St.; 59 yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH. (Month) Apr (Day) 4 (Year) 1857

7-AGE. 59 yrs. 6 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). at Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER. Franz M. Dietz

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Magdalena

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Keller

(Address) 2024 Orleans

15. OCT 28 1916 Filed ....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) Oct (Day) 25, (Year) 1916

17. I HEREBY CERTIFY, That I attended deceased from Oct 18 1916, to Oct 25 1916, that I saw her alive on Oct 25 1916 and that death occurred, on the date stated above, at 7 50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Duration yrs. 3 mos. ds.

(Signed) Frederick D. Owen M. D.

Oct 27, 1916 (Address) 2227 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer DATE OF BURIAL. Oct 30 1916

20-UNDERTAKER Philip Herwig ADDRESS 2016 Orleans

699211

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 699211

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 408 W 28th. St. St.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillie M. Tawney

(Residence in Baltimore: No. 408 W. 28th. St. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: June (Month) 25 (Day), 1881 (Year)

7-AGE: 35 yrs. 4 mos. 20 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. City Md.

PARENTS

10-NAME OF FATHER: Frank Fry

11-BIRTHPLACE OF FATHER (State or country): Pa.

12-MAIDEN NAME OF MOTHER: Mary Bradley

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Irvin Tawney

(Address) 408 W. 28th. St.

15- Filed OCT 28 1916, 191... ROBERT R. KRAUTER REGISTRAR

Burial Permit

TION is very important

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) 27 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 5, 1916, to, Oct 27, 1916, that I saw her alive on Oct 26 1916, and that death occurred, on the date stated above, at P.M. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis and

Emphysema

Approximately (Duration) 2 yrs mos ds.

Contributory (SECONDARY) Exhaustion Gradually

Coma (Duration) 2 yrs mos ds.

(Signed), R. B. Normal-Md. M. D.

Oct 28, 1916. [Address] 334 Cathedral St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Mary,s Hampden	Oct. 29 1916

20-UNDERTAKER: A.S.Marshall ADDRESS: 3539 Falls Road

Dec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699212

CERTIFICATE OF DEATH.

91 699212

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 Bruce St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Olive Lawson

(Residence in Baltimore: No. 515 Bruce St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Oct. 28th, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 6 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Infant
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), 515 Bruce St Balto City

PARENTS.

10-NAME OF FATHER. Winston H. Lawson

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Rosie Mason

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Winston H. Lawson

(Address) 515 Bruce St.

15-

Filed OCT 28 1916, 191.... ROBERT B. KRAUTER Registrar.

Burial Permit ..... Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct. 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 25 1916, to Oct. 27 1916, that I saw h[illegible] alive on Oct. 26 1916 and that death occurred, on the date stated above, at 6:30 A. M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Pertussis 8 ds.

Non Tuberculous

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. Lena Elliott M. D.

10-27, 191.6 (Address) 724 Mad. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn Cemetery

DATE OF BURIAL. Oct. 28, 1916

20-UNDERTAKER Charles B. Jones

ADDRESS 2356 E. Pine St

pec.—8-24-14—M. & T.—2000 Bks.

699213

HEALTH DEPARTMENT—CITY OF BALTIMORE

699213

CERTIFICATE OF DEATH.

REGISTERED NO. C 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 638 S. Montford Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Henry Naumann

(Residence in Baltimore: No. 638 S. Montford Ave St.: 47 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. June (Month) 21st (Day), 1849 (Year)

7-AGE. 67 yrs. 4 mos. 5 ds.

If LESS than 1 day, hrs. or mins.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER. J. Henry Naumann

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Naumann

(Address) 638 S. Montford Ave.

15- Filed OCT 28 1916 191.. ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 26th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1st 1916, to Oct 26 1916, that I saw him alive on Oct 26 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis Liver

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. W. Wilson M. D.

Oct 28, 1916. (Address) 1001 Gilmor

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Matthews Cem. DATE OF BURIAL, Oct 30, 1916

20-UNDERTAKER H. Sander Sons ADDRESS 1710 Pearl

C99214

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

80 C99214

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 432 Pinkney Place St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Hoffman

(Residence in Baltimore: No. 1432 Pinkney Place St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: Don't Know (Month), 1 (Day), ... (Year)

7-AGE: 79 yrs. — mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Balto. City

PARENTS

10-NAME OF FATHER: George Hoffman

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Mary McKeown

13-BIRTHPLACE OF MOTHER (State or country): Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lotte Demarca

(Address) 432 Pinkney Place

15- Filed OCT 28 1916, 191.... ROBERT R. KRAUTER, DEPUTY REGISTRAR

TION is very important.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 10 (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from OCT 25 1916, 191..., to, OCT 25 1916 191..., that I saw h.. alive on OCT 25 1916 191..., and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Acute angina Pectoris

..... (Duration) X yrs X mos. X ds.

Contributory (SECONDARY) Chronic Cardiac Asthma not Known (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) O.H.Dunker M.D.

OCT 27 1916, 191.... [Address] 928 E. North Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In this State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Oct 29 1916

20-UNDERTAKER: A. J. Kraft — ADDRESS: Pikesville

Spec.—5-19-13—M. & T.—500 Bks.

C99215 — 28 C99215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 W Lanvale ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Patterson

(Residence in Baltimore: No. 1624 W. Lanvale St. St.; 44 yrs., 2 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August 25th (Month) (Day), 1872 (Year)

7-AGE, 44 yrs. 2 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Candy Mfrs.

9-BIRTHPLACE, (State or Country), Laurel Co Md.

PARENTS.

10-NAME OF FATHER, Samuel L Patterson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Martha J Pennington

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George L Patterson

(Address) 1624 Linton St

15- Filed OCT 28 1916, 191..... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 26 1916, to Oct. 27 1916, that I saw h m alive on Oct. 25 1916, and that death occurred, on the date stated above, at 3.30 p m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Homer L Hood M. D.

Oct 27, 191.6 (Address) 735 N. Linton St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Oct 30, 191.6

20-UNDERTAKER Kelly & Ryle — ADDRESS 1725 E Lanvale St

C99216

HEALTH DEPARTMENT—CITY OF BALTIMORE

80

C99216

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1118 Royal a Partment St.: 11 WARD)

Registered No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME M. Blanch Benzinger

(Residence in Baltimore: No. 1118 Royal a Partments St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Married

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 37 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... housework.
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), N. York City

PARENTS.

10-NAME OF FATHER, Jno Farrell

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Placette D. Daula

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. M. Benzinger

(Address) 1118 Royal Apt.

15- Filed OCT 28 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 28, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry
(Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Few minutes

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Valv. disease heart

Some years (Duration) yrs. mos. ds.

(Signed) H. T. Roby M. D.
(Coroner)

Oct 28, 191.6 (Address) 1637 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cem	Oct 30 1916

20-UNDERTAKER A. W. Faehnes Sons Co ADDRESS McCulloh & Arch

Cross out words not important. See instructions on back of certificate.

C99217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150 C99217

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1004 Courtney Alley ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Thompson

(Residence in Baltimore: No. 1004 Courtney alley St.: yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	col	Boy

6-DATE OF BIRTH, Oct 24, 16 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. ....mos. 1 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Boy
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Henry Thompson

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Nancy Waters

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Thompson

(Address) 1004 Courtney

15- Filed OCT 28 1916, 191 ROBERT R. KRAUTER Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Clavicle
Pyrone Coxalis
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) C. H. K. Duncan M. D. (Coroner.)

(Address) 1 E Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
HOPKINS HOSPITAL	....., 19....
20-UNDERTAKER	ADDRESS

important. See instruction

Spec.—8-24-14—M. & T.—2000 Bks.

699218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15V699218

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME Infant Wolf.

(Residence in Baltimore: No. University Hospital St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 10 (Month) 24 (Day) 1916 (Year)

7-AGE, 0 yrs. 0 mos. 4 ds. If LESS than 1 day, 0 hrs. or 2 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....None.....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Lud C. Wolf.

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Bernedine Trine

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- OCT 28 1916 ROBERT R. KRAUTER
Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10 20 1916, to 10 24 1916, that I saw h[illegible] alive on 10 24 1916, and that death occurred, on the date stated above, at 4.45 P.M.

The CAUSE OF DEATH* was as follows:

.....
Congenital Malformation,
.....
..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Prematurity

..... (Duration).....yrs.....mos.....ds.

(Signed) J. J. Wolff M. D.

....., 191... (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

Albert Quercia

C99219

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99219

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Pierce ST.; 14 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Americus

(Residence in Baltimore: No. 1621 Pierce st. St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. ..... (Month) June (Day) 1 (Year)

7-AGE. 37 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): Unusual

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER. John Americus

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Americus

(Address) 1621 Pierce St.

15- Filed OCT 28 1916 191... ROBERT B. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. October 25, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1916, to Oct 25 1916, that I saw h... alive on Oct 24 1916, and that death occurred, on the date stated above, at 3-30 Am.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 6 mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(Duration) 10 yrs. 4 mos. 4 ds.

(Signed) B. F. Turner M. D.

Oct 27, 1916 (Address) 1707 Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel Md

DATE OF BURIAL. Oct 28, 1916

20-UNDERTAKER Wilbert Brown

ADDRESS 306 N. Mount St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99220

CERTIFICATE OF DEATH.

9r 99220

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 S. Streeper ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Groff

(Residence in Baltimore: No. 611 S. Streeper St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 19th, 1879 (Month) (Day) (Year)

7-AGE, 37 yrs. 3 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country). Balto City

PARENTS.

10-NAME OF FATHER, Benjamin Groff

11-BIRTHPLACE OF FATHER (State or Country). Balto City

12-MAIDEN NAME OF MOTHER Mary Hummel

13-BIRTHPLACE OF MOTHER (State or Country). Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Groff

(Address) 611 S. Streeper St.

15- Filed OCT 28 1916 191... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 18 1916, to Oct 26 1916, that I saw h.m alive on Oct 26 1916, and that death occurred, on the date stated above, at 1:20 p. m.

The CAUSE OF DEATH* was as follows:

(a) Lobar Pneumonia

(Duration) 1 yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) O'Leary M. D.

Oct 27, 1916. (Address) 2700 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, Oct 30th 1916

20-UNDERTAKER John A Horan — ADDRESS Bank & Linn Sts.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699221

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

10 699221

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2140 W. Baltimore ST.; 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda Mills

(Residence in Baltimore: No. 2140 W. Baltimore St.; 6 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Dec. (Month), (Day), 1847 (Year)

7-AGE, 68 yrs. 10 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) (For last 6 yrs.)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, August Hilton.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard Goodrich

(Address) 2805 Frederick Ave

16-

Filed OCT 28 1916, 191 ROBERT R. KRAUTER Deputy Comptroller Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 27th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1916, to October 27 1916, that I saw her alive on Oct. 26th. 1916, and that death occurred, on the date stated above, at 5 1/2 pm.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Cystitis Tuberculosa

(Duration) 8 yrs. 6 mos. ds.

(Signed) H. D. Marr M. D.

Oct. 27 1916 (Address) 827 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Oct. 28th 1916.

20-UNDERTAKER Charles H. Hill. ADDRESS 3109 Frederick Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

699222

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

+ 699222

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST.; 11 WARD) 108

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Bailey

(Residence in Baltimore: No. 303 W Preston St St.; yrs. 1 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Oct (Month) ..., 1[illegible] (Day) (Year)

7-AGE, 2 7 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work. Day Laborer (b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Clarson Bailey

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Toby Younger

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarson Bailey

(Address)

15- Filed OCT 29 1916 ROBERT B. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. October (Month) 26, (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 26 1916, to Oct 26 1916, that I saw him alive on Oct 26 1916, and that death occurred, on the date stated above, at 8 15 p. m.

The CAUSE OF DEATH* was as follows: Supt. appendicitis

Edmonte Pneumonia

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Shock & exhaustion

(Duration) yrs. mos. 18 ds.

(Signed) Ga Saunders M. D.

Oct 26, 1916. (Address) Bal. Gen Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. 1 mos. ds. In the State yrs. 1 mos. 31 ds.

Where was disease contracted, if not at place of death? Spottsburg Va

Former or usual residence 303 W. Preston St

19-PLACE OF BURIAL OR REMOVAL. Scottsburg Va DATE OF BURIAL. Oct 28, 1916

20-UNDERTAKER Samuel F Downey ADDRESS 578 W Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99223 53 C99223

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 833 N. Madeira St.: 7 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Klema

(Residence in Baltimore: No. 833 N. Madeira St.: 27 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov 1 (Month) (Day) 1 (Year)

7-AGE, 52 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Josef Kobdna

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Anna Lisek

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josef Klema

(Address) 833 N. Madeira

15- Filed OCT 29 1916, 191 ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 7 1916, to Oct 26 1916, that I saw her alive on Oct 26 191, and that death occurred, on the date stated above, at 8.50 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Lues Kleina

(Duration) 5 yrs. mos. ds,

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(Duration) yrs. 3 mos. ds.

(Signed) Fred Rengstorf M. D.

Oct 28, 191 6 (Address) 844 N. Pulaski St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer | DATE OF BURIAL, Oct 30, 191 6

20-UNDERTAKER Frank Crouchley | ADDRESS 1906 E. Baltimore

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99224 150 C99224

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 Lanvale ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Hamil,

(Residence in Baltimore: No. 523 Lanvale St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH. Oct. 28th, 1916
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds.

If LESS than 1 day, ✓...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). 523 Lanvale St

PARENTS.

10-NAME OF FATHER. Fred Hamil

11-BIRTHPLACE OF FATHER (State or Country). Balto. Md.

12-MAIDEN NAME OF MOTHER Lena Lauer

13-BIRTHPLACE OF MOTHER (State or Country). Balto, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred Hamil

(Address) 523 W. Lanvale St

15- OCT 29 1916 ROBERT R. KRAUTER
Filed....., 191.... Clerk
Burial Permit
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 28th, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 28th 1916, to Oct. 28th 1916, that I saw h[illegible] alive on Oct. 28th 1916, and that death occurred, on the date stated above, at 1:30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Dur. Mos.)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

Gt. (Duration) 5 yrs. mos. ds.

(Signed) [illegible] M. D.

Oct. 28, 1916 (Address) 924 Mt. Royal Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Oct 29, 1916

20-UNDERTAKER Hamm & Wright — ADDRESS 564 Mary

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99225

CERTIFICATE OF DEATH.

154 C99225

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 Riverside Ave St.: 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John. Schoerr

(Residence in Baltimore: No. 1000 Riverside Ave St.: 70 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, April 10th, 1832 (Month) (Day) (Year)

7-AGE, 84 yrs. 6 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clothing
(b) General nature of industry, business, or establishment in which employed (or employer): Cutter

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Not known.

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Schuster

(Address) 1000 Riverside Ave

15- Filed OCT 29 1916 191.. ROBERT R. KRAUTER Burial Permit Issued Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 27th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1916, to Oct 27 1916, that I saw h[im] alive on Oct 26 1916, and that death occurred, on the date stated above, at 4 7 m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) ....yrs. unknown mos. ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) G. L. Mathews M. D.

Oct 27, 1916 (Address) 3100 Hartford Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross A&C — DATE OF BURIAL, Oct. 30 1916

20-UNDERTAKER E & B Hale — ADDRESS 115 E Hoffman St

699226 HEALTH DEPARTMENT--CITY OF BALTIMORE 29 699226

CERTIFICATE OF DEATH

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 107 N Bradford St.: 6 WARD)

2-FULL NAME Wm H. Hollheim

(Residence in Baltimore: No. 107 N. Bradford St.: yrs. mos. ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: July (Month) (Day), 1873 (Year)

7-AGE: 43 yrs. 3 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Steamfitter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): City.

PARENTS

10-NAME OF FATHER: Fred. Hollheim

11-BIRTHPLACE OF FATHER (State or country): Not Known.

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Not. Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Leonard Suehs

(Address) 107 N Bradford,

15. Filed OCT 29 1916, 19.. ROBERT R. KRAUTER REGISTRAR

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct. (Month) 26 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1916, to Oct 26 1916, that I saw h.. alive on Oct 26, 1916, and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

(Duration) ..... yrs. ..... mos. ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. F. Magness M.D.

10/27, 1916 (Address) 1516 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cem.

DATE OF BURIAL: Oct 29, 1916

20-UNDERTAKER: George F. Rust

ADDRESS: 1136 Harford ave.

state CAUSE OF DEATH in plain terms. is very important. See instructions on back of certificate.

Georgetta Hanssen

C99227 HEALTH DEPARTMENT—CITY OF BALTIMORE C99227

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1810 Edmondson ave ST.: 16 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Ella Hanssen (Hanssen)

(Residence in Baltimore: No. 1810 Edmondson ave St.; yrs. 19 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, Aug. 22, 1867 (Month) (Day) (Year)

7-AGE, 49 yrs. 2 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Frederick, Md

PARENTS.

10-NAME OF FATHER, George W. Fout

11-BIRTHPLACE OF FATHER (State or Country), Frederick, Md.

12-MAIDEN NAME OF MOTHER Catherine E. Adams

13-BIRTHPLACE OF MOTHER (State or Country): Frederick, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Hanssen

(Address) 1810 Edmondson

15- OCT 29 1916 ROBERT R. KRAUTER Registrar.

Filed ..... 191... Burial Permit issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 25, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows: Pneumonia (Duration) 1 wk yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (Duration) 1 wk yrs. mos. ds.

(Signed) J. H. Anderson M. D. (Coroner)

Oct. 25, 1916. (Address) 220 S. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State 7 yrs mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1810 Edmondson

19-PLACE OF BURIAL OR REMOVAL, Westen — DATE OF BURIAL, Oct 31, 1916

20-UNDERTAKER Jos B Cook — ADDRESS 1003 W Balto St

important. See instructions on back of

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 99228 10 C 99228

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Corintha Lockley.

(Residence in Baltimore: No. 409 N. Spring St. St.; .....yrs., 3 mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. July (Month) 30 (Day), 1915 (Year)

7-AGE, 1 y. 2 mos. 27 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Warner Lockley

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Ollie Pollard

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter C. Snyder.

(Address) Johns Hopkins Hospital.

15- Filed OCT 29 1916, 191.... ROBERT P. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (October) (Month) 28 (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 28 1916, to Oct. 28 1916, that I saw her alive on Oct. 28 1916, and that death occurred, on the date stated above, at 5-2a p.m.

The CAUSE OF DEATH* was as follows:

Cerebro-spinal Meningitis

(Influenza)

(Duration) 0 yrs. 0 mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry R. Conrad M. D.

Oct 28, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 409 N. Spring St.

19-PLACE OF BURIAL OR REMOVAL, Asbury Cem — DATE OF BURIAL, Oct 30th 1916.

20-UNDERTAKER Henry A. Vodery — ADDRESS 1725 Orleans St

69229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167 69229

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances MC Carthy

(Residence in Baltimore: No. 2329 Greenmount ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Baby

6-DATE OF BIRTH, Dec (Month) 15 (Day) 1913 (Year), /

7-AGE. 2 yrs. 10 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baby
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Herbert McCarthy

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Mable Sherdon

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herbert Mc Carthy

(Address) 2329 Greenmount ave

15- OCT 29 1916 Filed 191... ROBERT R. KRAUTER Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 27 (Day) 1916 (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns accidental while playing with matches

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Wm. Insley (Coroner.) M. D.

Oct 28 1916 191... (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 2329 Greenmount Ave

Former or usual residence 2329 Greenmount Ave

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, Oct. 29. 1916

20-UNDERTAKER, Wm Cook — ADDRESS 502 E North Ave

important. See instructions on back of

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 99230

CERTIFICATE OF DEATH.

125 C 99230

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.: W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel P. Wixon

(Residence in Baltimore: No. 516 Hanover St.: 27 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1889 (Year)

7-AGE, 27 yrs. mos. ds.

If LESS than 1 day, hrs. or mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, S P. Wixon

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Ella Schumacher.

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Records of University Hospital

(Address)

15- OCT 29 1916 Filed ..... 191.... ROBERT N. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 29, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 10 1916, to Oct 29 1916, that I saw him alive on Oct 28 1916, and that death occurred, on the date stated above, at 5 11 m.

The CAUSE OF DEATH* was as follows:

Embolism.

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Urinary Infection

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. G. Kerfschneider M. D.

10/29, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 19 ds. In the State — yrs. 4 mos. — ds.

Where was disease contracted, if not at place of death? Former Residence.

Former or usual residence 516 Hanover St.

19-PLACE OF BURIAL OR REMOVAL, Norfolk Va. DATE OF BURIAL, Oct 30, 1916.

20-UNDERTAKER Hull Leach ADDRESS 567 E North Ave

6 99231 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 6 99231

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1030 Ensor st St. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Magner

(Residence in Baltimore: No. 1020 Hillman st St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Widow

6-DATE OF BIRTH, Not Known (Month) (Day), 1 (Year)

7-AGE, 80 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work H W
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie Flannigan

(Address) 1030 N. Ensor st

15- OCT 29 1916 ROBERT P. KRAUTER

Filed ..., 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 27 1916 (Month) (Day), 191 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Wm. Tuesday, M. D. (Coroner.)

Oct 27 1916 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos 1 ds. In the State 64 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross. DATE OF BURIAL, Oct 30 1916

20-UNDERTAKER M. W. Dippel ADDRESS Evans & Lomax

important. See instructions on back of

Spec.—5-19-13—M. & T.—500 Bks.

699232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 no 99232

REGISTERED NO. C 99232

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 E. Lanvale ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Flaherty

(Residence in Baltimore: No. 414 E. Lanvale St. St.; — yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: Unknown (Month), (Day), 1830 (Year)

7-AGE: 86 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary F. Flaherty

(Address) 414 E. Lanvale St.

15- Filed OCT 30 1916 191

HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: October 26 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 23d 1916, to Oct 26 1916, that I saw h m alive on Oct 26th 1916, and that death occurred, on the date stated above, at — p m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis — old age

(Duration) don't know da.

CONTRIBUTORY (Secondary) Heart failure

(Duration) yrs. mos. da.

(Signed) Reginald J. Tonry M. D.

Oct 27 1916 (Address) 414 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem

DATE OF BURIAL: Oct 30, 1916

20-UNDERTAKER: Walter Fahey & Sons

ADDRESS: 1 Lafayette Ave

C99233 HEALTH DEPARTMENT—CITY OF BALTIMORE No 99233

CERTIFICATE OF DEATH

REGISTERED No. C 99233

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2535 Ashton St. 20th WARD)

2 FULL NAME Ruth Estelle Hanna

(Residence in Baltimore: No. 2535 Ashton St.; 4 yrs. mos. ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: October 29th, 1912 (Month) (Day) (Year)

7 AGE: 4 yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: —— None
(b) General nature of industry, business, or establishment in which employed (or employer): ——

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Joseph H Hanna

11 BIRTHPLACE OF FATHER (State or country): Ohio

12 MAIDEN NAME OF MOTHER: Sarah King

13 BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph H Hanna

(Address) 2535 Ashton St

15. OCT 30 1916, 191 MARY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October 29th, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from October 27th 6, 191 , to October 29th 6, 191 , that I saw her alive on October 27th 6, 191 , and that death occurred, on the date stated above, at 11 45 m.

The CAUSE OF DEATH* was as follows:

Diphtheria

(Duration) — yrs. — mos. 2 ds

Contributory (SECONDARY) Bronchial Pneumonia

(Duration) — yrs. — mos. 1 ds.

(Signed) H. Glassmann M. D.

Oct 29th 6, 191 (Address) 268 St Wilkens Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Oct 30th 6, 191

UNDERTAKER: F. B. Kephart — ADDRESS: 2738 Fulton Ave

699234 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 99234

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 403 Lemon ST.: 4 WARD) 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Bennett

(Residence in Baltimore: No. 403 Lemon St.; yrs., 4 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, Col | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1 (Year)

7-AGE, 41 yrs. mos. da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas H. Smith.

(Address) 609 Cornell St

15- Filed OCT 30 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease.

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) about 1 yrs. mos. da.

(Signed) Albert D Driscoll M. D. (Coroner)

Oct 29 1916. (Address) 312 N Carrollton av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery | DATE OF BURIAL, Oct 30 1916

20-UNDERTAKER Geo H Hooper | ADDRESS 609 Little Pacaso

important. See instructions on back

Spec.—8-24-14—M. & T.—2000 Blks.

C99235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED No. C 99135

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 Penn Al St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Hodges

(Residence in Baltimore: No. 708 Penn Al St.; 20 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Wid'd

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, 51 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Wicomico Co Md.

PARENTS.

10-NAME OF FATHER, Peter Greene

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Eliza Duffy

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Hodges

(Address) 708 Penn Al

15- OCT 30 1916 HARRY C. ANDREWS

Filed ....., 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 16 1916, to Oct 27 1916, that I saw h[illegible] alive on Oct 27 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Coma

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cafarrhus

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) [illegible] M. D.

Oct 27 191.6 (Address) 739 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Oct 30, 1916.

20-UNDERTAKER Jacob Hooper

ADDRESS 609 Eutaw St

Spec.—8-24-14—M. & T.—2000 Blks.

C99236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 50

REGISTERED NO. C 99236

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Infirmary ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Emma Einhardt.

(Residence in Baltimore: No. Church Home & Infirmary St., — yrs., — mos. 31 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month), (Day), 1877 (Year)

7-AGE, 39 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City.

PARENTS.

10-NAME OF FATHER, Joseph Schell.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Mary (unknown)

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Val. Schell

(Address) 739 S. Third St.

15- OCT 30 1916 MARY C. ANDREWS Burial Permit Clerk

Filed OCT 30 1916 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 26 1916, to Oct 27 1916, that I saw h er alive on Oct 27 1916 and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Diabetic Carbuncle

(Duration) yrs. mos. 31 ds.

CONTRIBUTORY (Secondary) Septicaemia

(Duration) yrs. mos. ds.

(Signed) Wm. Harmon M. D.

Oct 27, 1916. (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 31 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 18 N. O'Donnell St.

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Oct. 30, 1916

20-UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Howard St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99237 63 X

CERTIFICATE OF DEATH.

REGISTERED NO. C 99237

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3600 ~~Hanover~~ 2 St.; V3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eileen J. Hart

(Residence in Baltimore: No. 3600 Addison St.; 1 yrs., 8 mos., 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 21 (Day), 1915 (Year)

7-AGE, 1 yrs. 8 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Engraver
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Milton O. Hart

11-BIRTHPLACE OF FATHER (State or Country), Balto Co

12-MAIDEN NAME OF MOTHER Estelle J. Loveley

13-BIRTHPLACE OF MOTHER (State or Country), Harford Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Milton O. Hart

(Address) 3600 Cedar Ave

15- OCT 30 1916 HARRY C. ANDREWS

Filed....., 191. Burial Permit Clerk... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 7 1916, to Oct 29 1916, that I saw h[illegible] alive on Oct 29 1916, and that death occurred, on the date stated above, at 3P m.

The CAUSE OF DEATH* was as follows:

acute Ant. Polio Myelitis

(Duration)..... yrs. mos. 22 ds.

CONTRIBUTORY (Secondary) ~~~~~

(Duration)..... yrs. mos. ds.

(Signed) L. Blivantz M. D.

Oct 29, 191 6 (Address) 865 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem

DATE OF BURIAL, 10/30/1916

20-UNDERTAKER Elmore & Son

ADDRESS 3615 Eastern Ave

At 2 P.M.

Spec.—8-24-14—M. & T.—2000 Bks.

699238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

REGISTERED NO. C 99238

CITY OF BALTIMORE: (No.) 521 Orchard ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Harris

(Residence in Baltimore: No. 521 Orchard St.; 25 yrs. [illegible] mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 25 yrs. [illegible] mos. [illegible] ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Housework

9-BIRTHPLACE, (State or Country), N. Y.

PARENTS.

10-NAME OF FATHER, Saml. Mitchel

11-BIRTHPLACE OF FATHER (State or Country), N. Y.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. C. Harris

(Address) 521 Orchard St

15-OCT 30 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 28th, 1916. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct 14th 1916, to Oct 28th 1916, that I saw h[illegible] alive on Oct 28th 1916, and that death occurred, on the date stated above, at 8.00 p.m.

The CAUSE OF DEATH* was as follows:

Organic Dis of Heart

(Duration) [illegible] yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) 2 yrs. mos. ds.

(Signed) C. Graham Clark M. D.

Oct 29th 1916 (Address) 607 N. Arlington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, Oct. 31st 1916.

20-UNDERTAKER Felix P. Pyle.

ADDRESS 102 E. Fayette St.

Spec.—5-19-13—M. & T.—500 Bks.

99239

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH.

REGISTERED No. C 99239

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 567 Dolphin ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Dampson

(Residence in Baltimore: No. 567 Dolphin St. St.; 50 yrs.. — mon. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 51 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) House work

PARENTS.

9-BIRTHPLACE, (State or Country), Easton Short Maryland

10-NAME OF FATHER, Unknown Maryland.

11-BIRTHPLACE OF FATHER (State or Country). Maryland.

12-MAIDEN NAME OF MOTHER Unnone

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edmonia Hamilton

(Address) 567 Dolphin st

15- OCT 30 1916 Filed, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 17 1916, to Oct. 27 1916, that I saw h[illegible] alive on Oct. 27 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 10 da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) W. T. Carter M. D.

Oct. 27, 1916. (Address) 515 Mosher St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn Cemetery DATE OF BURIAL. Oct. 30—, 1916.

20-UNDERTAKER Felix B. Pyle. ADDRESS 102 E. Mulberry St.

Spec.—8-24-14—M. & T.—2000 Bks.

699240 HEALTH DEPARTMENT—CITY OF BALTIMORE 64

CERTIFICATE OF DEATH.

REGISTERED NO. C 99240

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2440 Buchanan St. ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Kinston

(Residence in Baltimore: No. 2440 Buchanan St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, C C

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Unknown (Month) (Day), 1848 (Year)

7-AGE, 68 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis Winston

(Address) 2440 Buchanan St

15- OCT 30 1916 Filed, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 15 1916, to Oct 27 1916, that I saw h— alive on Oct 27 1916, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Paralysis

Cerebral Hemorrhage

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) R Garland Schmidt M. D.

Oct 28, 1916 (Address) 1534 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Gloucester Point, What Gloucester Co Va. DATE OF BURIAL, Oct 30, 1916

20-UNDERTAKER Mrs. K. A. Elliott ADDRESS 505 East St

Spec.—8-24-14—M. & T.—2000 Bks.

99241.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C. 99241

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 George ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rolanda Simmons

(Residence in Baltimore: No. 827 George St.; 11 yrs. 9 mos. 10 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, January 18, 1905 (Month) (Day) (Year)

7-AGE, 11 yrs. 9 mos. 10 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work School Girl
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Anderson Simmons

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary A. Savage

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Simmons

(Address) 827 George St

15- OCT 30 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 28, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 1915, to Oct 28 1916, that I saw her alive on Oct 28 1916, and that death occurred, on the date stated above, at 7.00 P m.

The CAUSE OF DEATH* was as follows:

Hemiplegia a Cerebral Hemorrhage (Duration) yrs. 11 mos. da.

CONTRIBUTORY (Secondary) Mitral Regurgitation (Duration) 2 yrs. mos. da.

(Signed) Wm. H. Wright M. D.

Oct 28, 1916 (Address) 1209 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....da. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Oct 31, 1916

20-UNDERTAKER John H Toadvine — ADDRESS 142 W Saratoga St

Spec.—8-24-14—M. & T.—2000 Bks.

C 99242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 99242

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 Baker ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Wilmore

(Residence in Baltimore: No. 610 Baker St.; — yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month), 1 (Day), (Year)

7-AGE, 42 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Wilmore

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs John Wilmore

(Address) 610 Baker

15-

Filed OCT 30 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10 1916, to Oct 27 1916, that I saw him alive on Oct 26 1916, and that death occurred, on the date stated above, at 12a m.

The CAUSE OF DEATH* was as follows:

Asthma Dropsy

Of Heart

(Duration) yrs. 6 mos. 2 ds.

CONTRIBUTORY (Secondary) D. Heart

(Duration) yrs. 6 mos. 2 ds.

(Signed) L. G. W. Kennard M. D.

Oct 27 1916. (Address) 708 Druid Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Oct 30, 1916

20-UNDERTAKER James H Dennis

ADDRESS 303 Preston

Spec.—8-24-14—M. & T.—2000 Bks.

C99248

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH.

REGISTERED NO. C 99243

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 Rutland Av St. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth J. Ball

(Residence in Baltimore: No. 1112 Rutland Av St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Sept 11, 1860 (Month) (Day) (Year)

7-AGE, 56 yrs. 1 mos. 17 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) Lady

9-BIRTHPLACE, (State or Country). Balto City

PARENTS.

10-NAME OF FATHER, Robert Lawrence

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Kate Spence

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Carney

(Address) 1112 Rutland Ave

15- OCT 30 1916 Filed ..../..../ 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 28, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 23 1916, to Oct 28 1916, that I saw her alive on Oct 27 1916, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo L Downing M. D.

Oct 30, 191.6 (Address) 1453 Eutaw ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem'y

DATE OF BURIAL, Oct 31, 1916.

20-UNDERTAKER Willard C Fuller

ADDRESS 221 N Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

699244

HEALTH DEPARTMENT—CITY OF BALTIMORE

91

CERTIFICATE OF DEATH.

REGISTERED NO. C 99244

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Caplan

(Residence in Baltimore: No. 123 Asquith St.; — yrs., mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, October 19, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 10 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Harry Caplan

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Annie Weinberg

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital

(Address) Records

15- OCT 30 1916 Filed....., 191.... HARRY C. ANDREWS Registrar. Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 29, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 24 1916, to Oct. 29 1916, that I saw h alive on Oct. 29 1916, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY —
(Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. Schonnet M. D.

Oct. 30, 1916 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 10 ds. In the State ....yrs. ....mos. 10 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Blvd

DATE OF BURIAL, 10/30 1916

20-UNDERTAKER Jack Levis

ADDRESS 1411 E Balto

Spec.—8-24-14—M. & T.—2000 Bks.

99245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40

REGISTERED NO. C 99245

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 E. Fayette St. 5 ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mendel Goshman

(Residence in Baltimore: No. 1025 E. Fayette St St.; 4 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH. Unknown (Month) (Day), 1868. (Year)

7-AGE. 47 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer). House

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unkown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Levis

(Address) 1411 E. Baltimore St.

15- OCT 30 1916 Filed, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month), 30 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1916, to Oct. 30, 1916, that I saw him alive on Oct 30, 1916, and that death occurred, on the date stated above, at 2.45 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 2 ds.

(Signed) Theo. H. Morrison M. D.

10/30, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Hebrew Rosedale

DATE OF BURIAL. 10/30/1916

20-UNDERTAKER Jos. Levis

ADDRESS 1411 E. Balto

Spec.—8-24-14—M. & T.—2000 Bks.

C99246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

126

REGISTERED NO. C 99246

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isidor M. Stoessels

(Residence in Baltimore: No. 3009 W. North Ave. St.; 40 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 21st, 1847. (Month) (Day) (Year)

7-AGE, 68 yrs. 10 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Retired
(b) General nature of industry, business, or establishment in which employed (or employer), Merchant

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Morris Stoessels

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Lottie

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Record

(Address)

15- OCT 30 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 29, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 27, 1916, to Oct 29, 1916, that I saw h[illegible] alive on Oct 29 1916, and that death occurred, on the date stated above, at 7.20 P. m.

The CAUSE OF DEATH* was as follows:

Hypertrophied Prostate

..... (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

..... (Duration) yrs. mos. 2 ds.

(Signed) N. W. Voss M. D.

Oct 29, 1916 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State 40 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence 3009 W. North Ave

19-PLACE OF BURIAL OR REMOVAL, Chesterfield — DATE OF BURIAL, Oct 31st, 1916.

20-UNDERTAKER, David Lindheim — ADDRESS [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

99147 HEALTH DEPARTMENT—CITY OF BALTIMORE 72

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Md. General Hosp. REGISTERED NO. C 99147

CITY OF BALTIMORE: (No. ... St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joanna Harr

(Residence in Baltimore: No. 868 Columbia Ave St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Widow

6-DATE OF BIRTH, July (Month) 4 (Day), 1836 (Year)

7-AGE, 80 yrs. 3 mos. 24 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Hiram Toney

11-BIRTHPLACE OF FATHER (State or Country), Md?

12-MAIDEN NAME OF MOTHER Ruth Hardo.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Harr

(Address) 868 Columbia Ave

15- OCT 30 1916 Filed ... 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 19 1916, to Oct 28 1916, that I saw her alive on Oct 28 1916, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Fracture of Dislocated Hip
Accidental fall at home (Duration) ... yrs. ... mos. 9 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia
(Duration) ... yrs. ... mos. 5 ds.

(Signed) Eleanor Faulkner M. D.

10-28-1916 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 9 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 868 Columbia Ave

19-PLACE OF BURIAL OR REMOVAL, Westminster — DATE OF BURIAL, Oct 31, 1916

20-UNDERTAKER A. Eichhorst — ADDRESS Pimlico Md

over

Spec.—5-19-13—M. & T.—500 Bks.

699248

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH.

1-PLACE OF DEATH German Aged People's Home REGISTERED NO. C 99248

CITY OF BALTIMORE: (No. Baltimore & Payson St. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hans Henry Toner

(Residence in Baltimore: No. Baltimore & Payson St; St.; 51 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Widower

6-DATE OF BIRTH, Sept. (Month) 13 (Day), 1834 (Year)

7-AGE, 82 yrs. 1 mos. 16 ds.

If LESS than 1 day. ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Rebelsfleth Schleswig-Holstein Germany

PARENTS.

10-NAME OF FATHER, J. Claus Toner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elsbeth Imanos

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record German Aged Home

(Address) Balto & Payson St

15-

Filed OCT 30 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 20 1916, to Oct 29 1916, that I saw him alive on Oct 29 191, and that death occurred, on the date stated above, at 8 05 P.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) many yrs. mos. ds.

(Signed) F. W. Stoltemann M. D.

Oct 31, 1916. (Address) 1908 W. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 15 yrs. 2 mos. 1 ds. In the State 51 yrs. mos. ds.

Where was disease contracted, if not at place of death? German Aged Home

Former or usual residence German Aged Home

19-PLACE OF BURIAL OR REMOVAL, Ft. Luth. German Reformed | DATE OF BURIAL, Oct 31, 1916

20-UNDERTAKER Jos B Cook | ADDRESS 1003 W Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

99249

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

CERTIFICATE OF DEATH.

REGISTERED NO. C 99249

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 35 S. Pulaski ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Elizabeth Stamer

(Residence in Baltimore: No. 35 S. Pulaski St St.: 7 yrs., mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Oct 19, 1916 (Month) (Day) (Year)

7-AGE: ....yrs. 7 mos. 9 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Harry B. Stamer

11-BIRTHPLACE OF FATHER (State or Country): Dallas Texas

12-MAIDEN NAME OF MOTHER: Helen Schriver

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Harry B. Stamer

(Address): 35 S. Pulaski St

15- OCT 30 1916 HARRY C. ANDERSON Burial Permit Officer

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct 28, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1st 1916, to Oct 28 1916, that I saw h[er] alive on Oct 27 1916, and that death occurred, on the date stated above, at 9 45 p.m.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Gastro Enteritis

(Duration) yrs. 1 mos. ds.

(Signed) Leonard K. Leach M. D.

Oct. 29, 1916. (Address) 1 E 21st St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Jerusalem Cem

DATE OF BURIAL: Oct 30, 1916

20-UNDERTAKER: Jos B Cook

ADDRESS 1003 N Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 99250

CERTIFICATE OF DEATH.

x 28

REGISTERED No. C 99250

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital WARD) 14

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Robinson

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Married

6-DATE OF BIRTH, Unknown 1890
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
26 yrs. ..... mos. ..... ds.	..... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... House Work
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Right

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Harriet Groom

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Hospital Record
(Address) .....

15- OCT 30 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 29, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 13 1916, to Oct. 29 1916, that I saw h alive on Oct. 29 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:
General Tuberculosis
Tuberculous Laryngitis
Unknown (Duration) ..... yrs. ..... mos. ..... ds. Chronic
CONTRIBUTORY (Secondary) Pulmonary Phthisis
Unknown (Duration) 2 yrs. 0 mos. ..... ds.
(Signed) Frank [illegible] M. D.
Oct. 29, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 16 ds. In the State 26 yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Not known
Former or usual residence Steubenville Ind

19-PLACE OF BURIAL OR REMOVAL, Steubenville Ind. DATE OF BURIAL, Oct. 30, 191.6

20-UNDERTAKER C & R Harley ADDRESS 115 E West St.

OK W

Spec.—8-24-14—M. & T.—2000 Bks.

C99251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

REGISTERED NO. C 99251

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Thompson

(Residence in Baltimore: No. 1213 Division St. St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word.) Married

6-DATE OF BIRTH, June 19, 1884 (Month) (Day) (Year)

7-AGE, 32 yrs. 4 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Waiter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), S. C.

PARENTS.

10-NAME OF FATHER, John Thompson

11-BIRTHPLACE OF FATHER (State or Country), S. C.

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), S. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Calvert St

15- Filed OCT 30 1916, 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 22, 1916, to Oct 26, 1916, that I saw him alive on Oct 26, 1916, and that death occurred, on the date stated above, at 4:20 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

about (Duration) 5 yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) yrs. mos. ds.

(Signed) Edward L. Smith M. D.

Oct 27, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State 1 yrs. 3 mos. —ds.

Where was disease contracted, if not at place of death? 1213 Division St

Former or usual residence 1213 Division St

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ..., 191...

20-UNDERTAKER ADDRESS

SIDNEY C. ANDREWS
COLLEGE OF P. & S.
Commissioner Health.
Per. WM. E. WOODALL

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699252 120

CERTIFICATE OF DEATH.

REGISTERED NO. C 99252

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 Druid Hill av ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Margaret McSmythe

(Residence in Baltimore: No. 1008 Druid Hill av St.: 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, September (Month) (Day) 1851 (Year)

7-AGE 65 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Work

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, James Cowan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Cathrine Reed

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Narcissa McSmythe

(Address) 1008 Druid Hill av

15- Filed OCT 30 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 29 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Sept 18 1916, to Oct 29 1916, that I saw h[er] alive on Oct 29 1916, and that death occurred, on the date stated above, at 2.50 m.

The CAUSE OF DEATH* was as follows:

Uremia Parenchymatous nephritis

(Duration) yrs. 1 mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) George L. Grant M. D.

Oct 30, 1916 (Address) 721 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery DATE OF BURIAL, Oct 31, 1916.

20-UNDERTAKER John Flowman ADDRESS 901 Hollins

important. See instructions on back of certificate

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699253

CERTIFICATE OF DEATH.

92

REGISTERED NO. C 99253

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 W Dartoga st ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Cozzone

(Residence in Baltimore: No. 1215 W. Dartoga St St.; 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH. Unknown (Month) (Day), 18 77 (Year)

7-AGE. 37 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Home
(b) General nature of industry, business, or establishment in which employed (or employer). Work

9-BIRTHPLACE. (State or Country), Waynesboro Pa

PARENTS.

10-NAME OF FATHER. John Knee

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER. Margaret McKenny

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Gozzo

(Address) 1215 W. Dartoga St

15- Filed OCT 30 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 28 1916, to Oct 29 1916, that I saw her alive on Oct 29 1916, and that death occurred, on the date stated above, at 8.17 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac Weakness

(Duration) yrs. mos. 6 hrs.

(Signed) H. L. Driscoll M. D.

Oct 29, 1916. (Address) 312 N Carrollton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Chambersburg Pa.

DATE OF BURIAL. Oct 31st, 1916

20-UNDERTAKER. John J Howard Son

ADDRESS. 901 Hollins St

Important. See instructions.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

6 99254 — 151

REGISTERED No. C 99254

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 236 N. Caroline St. ST: 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Baby Simon

(Residence in Baltimore: No. 236 N. Caroline St.: 0 yrs. 0 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word)
male	white	Single

6 DATE OF BIRTH Oct. (Month) 26 (Day), 1916 (Year)

7 AGE 0 yrs. 0 mos. 3 ds. — If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country) Balto Maryland

PARENTS

10 NAME OF FATHER: Philip Simon

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Rebecca Spizler

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Rebecca Simon

(Address) 236 N. Caroline St

15 OCT 30 1916 — HARRY C. ANDREWS, Burial Permit Clerk

Filed ....., 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. (Month) 30 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 26th, 1916, to Oct 30th 1916, that I saw him alive on Oct 29th, 1916, and that death occurred, on the date stated above, at 3. a. m.

The CAUSE OF DEATH* was as follows:

Congenital debility

(Duration) 0 yrs. 0 mos. 3 ds

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harris Goldman M. D.

Oct 30, 1916 (Address) 1816 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Lehnen Mt Carmel — DATE OF BURIAL: Oct 30, 1916

20 UNDERTAKER: J. Emerson & Bro — ADDRESS: 1078 Bolton St

State CAUSE OF DEATH in plain terms. This is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 99255 1

CERTIFICATE OF DEATH.

REGISTERED NO. C 99255

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Elizabeth Uhlinger

(Residence in Baltimore: No. 1412 N. Chester St St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, May (Month) 23 (Day) 1876 (Year)

7-AGE, 40 yrs. 5 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles F Lowe

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Emma Westphall

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William L Lowe

(Address) 1412 N Chester

15- OCT 30 1916 HARRY C. ANDREWS Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 28 (Month) (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Oct 22 1916, to Oct 28 1916,

that I saw her alive on Oct 28 1916,

and that death occurred, on the date stated above, at 8.05 P m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Intestinal Hemorrhage

(Duration) yrs. mos. 1 ds.

(Signed) E. H. Keefer M. D.

Oct 28, 1916. (Address) Church Home Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Cy

Former or usual residence 1412 N Chester St

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Nov 1, 191..

20-UNDERTAKER J Kemp & Co

ADDRESS Pratt St

Important. See

Spec.—8-24-14—M. & T.—2000 Blks.

99256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40

REGISTERED NO. C 99256

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Mercy Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William B. Krause

(Residence in Baltimore: No. 812 N. Washington Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Aug 4, 1858. (Month) (Day) (Year)

7-AGE, 58 yrs. 2 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Wm. Krause

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Henrietta Lettmer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hosp

(Address) Calvert St.

15- Filed OCT 30 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 28, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 24 1916, to Oct 28 1916, that I saw him alive on Oct 28 1916 and that death occurred, on the date stated above, at 6.50 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of larynx and Cervical glands

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward H. Lewis M. D.

Oct 28, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State 20 yrs. mos. ds.

Where was disease contracted, if not at place of death? 812 N Washington Ave

Former or usual residence 812 N. Washington Ave

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem

DATE OF BURIAL, Oct 31, 1916.

20-UNDERTAKER John Hennig & Co

ADDRESS 2005 Aliceanna

Important. Be sure...

99257

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

REGISTERED No. C 99257

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1432 N Bradway St. 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard A. Mitchell

(Residence in Baltimore: No. Same St.; 56 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Jan. (Month) 16 (Day) 1859 (Year)

7-AGE: 57 yrs. 9 mos. 12 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Balto Bazaar Hse

9-BIRTHPLACE (State or country): ~~Md~~ Del.

PARENTS

10-NAME OF FATHER: Richard A. Mitchell

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Annie Baker

13-BIRTHPLACE OF MOTHER (State or country):

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louis L Mitchell

(Address) 1432 N Bradway

15- OCT 30 1916 Filed ..... 191.. HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October (Month) 28 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 2 1916, to Oct 28 1916, that I saw h. alive on Oct 28 1916, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Chr. Par. Nephritis

(Duration) yrs. 4 mos. ds.

Contributory (SECONDARY) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) Jas L Blades M. D.

10-29-1916 191.. [Address] Pimlico Md

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Balto County

DATE OF BURIAL: Oct 30 1916

20-UNDERTAKER: Jno G Inman

ADDRESS: Pimlico Md

STATE CAUSE OF DEATH IN PLAIN LANGUAGE. DO NOT USE MEDICAL TERMS. INFORMATION IS very important. See instructions on back of certificate.

699158 HEALTH DEPARTMENT—CITY OF BALTIMORE

167

CERTIFICATE OF DEATH.

REGISTERED NO. C 99158

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital St. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earl Paul

(Residence in Baltimore: No. 518 N Robinson st St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Baby

6-DATE OF BIRTH, July (Month) 27 (Day) 1912 (Year), 1

7-AGE, 4 yrs. 3 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Baby

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Chas Paul

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Anna Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Paul

(Address) 518 N Robinson st

15- OCT 30 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 28 (Day) 1916 (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns accidental while playing with matches

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) J. Wm. Ingles M. D. (Coroner.)

Oct 28 1916 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. mos 3 ds. In the State 6 yrs. 3 mos. ds.

Where was disease contracted, if not at place of death? 518 N Robinson St

Former or usual residence 518 N Robinson St

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL Oct 30 1916

20-UNDERTAKER John A Wilson

ADDRESS Bank & Caroline

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C 99259

HEALTH DEPARTMENT—CITY OF BALTIMORE

30

CERTIFICATE OF DEATH.

REGISTERED NO. C 99259

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 N. Carolina St ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roxeda Chambers.

(Residence in Baltimore: No. 708 N. Carolina St St.: 21 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Mall

4-COLOR OR RACE, Color

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 21 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Talbot Md

PARENTS.

10-NAME OF FATHER, Thomas L Chambers

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Morgan

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Morgan

(Address) 708 N. Carolina St.

15- HARRY C. ANDREWS

Filed OCT 30 1916 191 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 22-10-1916, to 27-10-1916, that I saw h-im alive on 27-10-1916, and that death occurred, on the date stated above, at 10 1/2 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

Probably Tuberculosis

(Duration) about a week yrs. mos. ds.

CONTRIBUTORY (Secondary) Dyspnoea

(Duration) yrs. mos. ds.

(Signed) Wilbur Todd Ray M. D.

30/10, 1916 (Address) 432 N. Carolina St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery DATE OF BURIAL, Oct 31, 1916.

20-UNDERTAKER A C Gill ADDRESS 405 McElderry St

699260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

REGISTERED No. C 99260

PLACE OF DEATH

CITY OF BALTIMORE (No. 1014 Olive St. ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William R. Hood Jr.

(Residence in Baltimore: No. 1014 Olive St.

St.: 4 yrs., 5 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White.	Single.

6-DATE OF BIRTH. May 25th. 1916. (Month) (Day) (Year)

7-AGE. ... yrs. 5 mos. 3 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore. Md.

PARENTS.

10-NAME OF FATHER, William R. Hood Sr.

11-BIRTHPLACE OF FATHER (State or Country). Frederick Md.

12-MAIDEN NAME OF MOTHER Alice S. Himmers

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice S. Hood (Mother)

(Address) 1014 Olive St.

15- OCT 30 1916 HARRY C. ANDREWS

Filed ..., 191.. Burial Permit Clerk.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 28th. 1916., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia.

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Chas M Reinhardt M. D. (Coroner.)

Oct 29 1916, 191.. (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Balto Cem Co. DATE OF BURIAL, Oct 20, 191..

20-UNDERTAKER Wm J Edwards Son ADDRESS 1425 Charles St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99261 "Louis Franck" 45

CERTIFICATE OF DEATH.

REGISTERED NO. C 99261

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Franck

(Residence in Baltimore: No. 339 Fonthill Ave St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 20, (Day) 1852 (Year)

7-AGE 64 yrs. 5 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Foreman in
(b) General nature of industry, business, or establishment in which employed (or employer) Wilkins Hair Factory

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Louis Frank

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Amida Morgenthau

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Franck

(Address) 339 Fonthill Ave

15- Filed OCT 30 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 28 1916, to Oct 29 1916, that I saw him alive on Oct 29 1916, and that death occurred, on the date stated above, at 1300 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Emphysema

(Duration) yrs. mos. 1 ds.

(Signed) M D Logan Jr M. D.

Oct 29, 191. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Balt Md

Former or usual residence 339 Fonthill Ave Balto.

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Oct. 31, 1916.

20-UNDERTAKER Harry W. Ehlen ADDRESS 1944 W. North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

699262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 118

REGISTERED NO. C 99262

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Collins

(Residence in Baltimore: No. 1 month 30 days St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, August (Month) 27 (Day) 1864 (Year)

7-AGE, 52 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, L. A. Hampton

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Nancy Blevins

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C J Smith

(Address) Johns Hopkins Hospital

15- OCT 30 1916 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 23 1916, to October 30 1916, that I saw h m alive on October 30 1916, and that death occurred, on the date stated above, at 5 30 a m.

The CAUSE OF DEATH was as follows:*

Subdiaphragmatic Abscess

(Duration) ..... yrs. ..... mos. 1 wk. ..... ds.

CONTRIBUTORY (Secondary) Uterine Fistula

(Duration) ..... yrs. ..... mos. 1 wk. ..... ds.

(Signed) H. Kisthner M. D.

Oct. 30, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 7 ds. In the State yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Baywood Va

19-PLACE OF BURIAL OR REMOVAL, Galax Va — DATE OF BURIAL, Oct. 31 1916.

20-UNDERTAKER Hillard & Fuller — ADDRESS 221 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

699263 HEALTH DEPARTMENT—CITY OF BALTIMORE 1916

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C 99163

CITY OF BALTIMORE: (No. Johns Hopkins Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milton E. Ridgaway.

(Residence in Baltimore: No. 1721 E. Lanvale St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widower

6-DATE OF BIRTH: February 17, 1884
(Month) (Day) (Year)

7-AGE: 32 yrs. 8 mos. 13 ds.

If LESS than 1 day, 4 hrs. or — min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: pressman
(b) General nature of industry, business, or establishment in which employed (or employer): [redacted]

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Joseph Ridgaway

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Maigt. E. Hammil

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter C. Snyder

(Address) Johns Hopkins Hospital

15- OCT 30 1916 Filed ..... 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: October 30, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 28 1916, to Oct. 30 1916, that I saw h[illegible] alive on Oct. 30 1916, and that death occurred, on the date stated above, at 3 45 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Unknown

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) W. B. Martin M. D.

10/30, 1916 (Address) J. H. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. — mos. 2 ds. In the State yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1721 E. Lanvale St.

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Oct. 2, 191.6

20-UNDERTAKER: Robt. Jenkins

ADDRESS 1452 W. Pratt

Impotant

Spec.—8-24-14—M. & T.—2000 Bks.

099264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 99264

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Maddox

(Residence in Baltimore: No. 619 N. Calvert St. St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

6-DATE OF BIRTH: June 27, 1895 (Month) (Day) (Year)

7-AGE: 21 yrs. 4 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Warehouse-man
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country): D. C.

PARENTS.

10-NAME OF FATHER: Albert E. Maddox

11-BIRTHPLACE OF FATHER (State or Country): Va.

12-MAIDEN NAME OF MOTHER: M. Lucas

13-BIRTHPLACE OF MOTHER (State or Country): Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Asst. Mercy Hospital

(Address) Calvert St.

15- OCT 30 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 30, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1916, to Oct 30 191 6 that I saw him alive on Oct 30 191 6 and that death occurred, on the date stated above, at 1:00 P.M.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

Pulmonary (Duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Tuberculosis (Duration) yrs. mos. ds.

(Signed) Edward H. Smith M. D.

Oct 30, 191 6 (Address) Mercy Hos.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 4 ds. In the State yrs. Don't know mos. ds.

Where was disease contracted, if not at place of death? 619 N. Calvert St.

Former or usual residence 619 N. Calvert St

19-PLACE OF BURIAL OR REMOVAL, Washington DATE OF BURIAL, Oct. 30 191 6

20-UNDERTAKER Wm Cook ADDRESS 502 E Math ave

Spec.—8-24-14—M. & T.—2000 Bks.

B 699265 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 4 x 180

REGISTERED NO. C 99265

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward F. Anderson

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., ... mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

6-DATE OF BIRTH: Nov. 9, 1861 (Month) (Day) (Year)

7-AGE: 54 yrs. 11 mos. 20 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Genl. Notes.

9-BIRTHPLACE (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Stephen Anderson

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Rachael Wick

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) Eden & Madison

15- OCT 30 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct. 29, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 20 1916, to Oct 29 1916, that I saw him alive on Oct. 29 1916, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Pericarditis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward F. Anderson M. D.

Oct 30, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State 54 yrs. 11 mos. 20 ds.

Where was disease contracted, if not at place of death? Denton Md.

Former or usual residence Denton Md.

19-PLACE OF BURIAL OR REMOVAL: Denton Md. DATE OF BURIAL: Oct. 31, 1916.

20-UNDERTAKER: George J. Smith ADDRESS: Fayette St

Spec.—5-19-13—M. & T.—500 Bks.

99266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

80

REGISTERED NO. C 99266

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 N. Pafflefield ST.; 18 WARD) (If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katharine Schaffer

(Residence in Baltimore: No. 128 N. Pafflefield St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Feb. (Month) 21 (Day), 1853 (Year)

7-AGE, 63 yrs. 8 mos. 8 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John F. Konrad

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Phylomena Wagner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mark F. Schaffer

(Address) 128 N. Pafflefield St.

15- HARRY C. ANDREWS

Filed OCT 30 1916 191 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 27 1916, to Oct 29 1916, that I saw her alive on Oct 29 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Leonard E. Black M. D.

Oct 30, 1916. (Address) 1 E. 21st St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park

DATE OF BURIAL. Nov 1, 1916.

20-UNDERTAKER D. F. Smith

ADDRESS 1007 W. Fayette

Spec.—8-2-14—M. & T.—2000 Blks.

99267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

109

REGISTERED NO. C 99267

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas D Cannon

(Residence in Baltimore: No. Franklin Ave near Belair Rd St. Anthonys Rectory Gardenville Balto Co St.: yrs. 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	white	Widower

6-DATE OF BIRTH, Not Known (Month) (Day) 1 (Year)

7-AGE About 59 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sexton at
(b) General nature of industry, business, or establishment in which employed (or employer): St Anthonys Church Balto

9-BIRTHPLACE, (State or Country), Not Known

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country). Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. Nell

(Address) St. Anthonys Church

15- OCT 30 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 29, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 26 1916, to Oct 29 1916, that I saw h[illegible] alive on Oct 29 1916, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Pulmonary edema

(Duration) yrs. mos. 1 da.

CONTRIBUTORY (Secondary) Cardiac dilatation following Strangulated hernia operation (Duration) yrs. mos. 2 ds.

(Signed) Millard L Cannon M. D.

Oct 29, 1916. (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death [illegible] yrs. mos. 1 ds. In the State Many Years yrs. mos. ds.

Where was disease contracted, if not at place of death? Not Known

Former or usual residence St Anthonys Rectory Gardenville Balto Co Md

19-PLACE OF BURIAL OR REMOVAL, St Mary's Cemetery Govanstown DATE OF BURIAL Oct 31, 1916

20-UNDERTAKER Henry Harold Linn ADDRESS 1311 E Eager St

Important. See instructions

B 699268

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

REGISTERED NO. C 99268

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2691½ W Lanvale St.; N WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William L Flaherty

(Residence in Baltimore: No. 2691½ Wilkins Ave St.; 2 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Sept (Month) 11 (Day), 1837 (Year)

7 AGE: 79 yrs. 1 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Farmer

9 BIRTHPLACE (State or country): Eastand Md

PARENTS

10 NAME OF FATHER: Wm L Flaherty

11 BIRTHPLACE OF FATHER (State or country): Carolina Co Md

12 MAIDEN NAME OF MOTHER: Polly Lowering

13 BIRTHPLACE OF MOTHER (State or country): Carolina Co Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Margaret Fell

(Address) 2691½ Wilkins Ave.

OCT 30 1916 Filed ..., 191.. HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 28 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1916, to Oct 28 1916, that I saw him alive on Oct 28, 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of arm

Clinical (Duration) 8 yrs. mos. ds

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed): Harry Glassman M. D.

Oct 28, 1916. (Address) 2687 Wilkins Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Offord Md. DATE OF BURIAL: 10/30, 1916

20 UNDERTAKER: Chas F. Evans & Son ADDRESS: 1180 N. Royal Ave

State CAUSE OF DEATH in plain terms. Omissions is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699269 78 699269

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Womans Hospital REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 9 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Emma R Hall

(Residence in Baltimore: No. 3603 Fremont Ave St.; 63 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, December 3, 1856 (Month) (Day) (Year)

7-AGE, 59 yrs. 10 mos. 5 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore Co

PARENTS.

10-NAME OF FATHER, Isaac P. Bradburn

11-BIRTHPLACE OF FATHER (State or Country). Washington D.C.

12-MAIDEN NAME OF MOTHER Elizabeth Earle

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lisa Lannis

(Address) Albany N.Y.

15- OCT 30 1916 Filed....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 17 1916, to Oct 25 1916, that I saw h(er) alive on Oct 25 1916, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

.....

Carcinoma (Operative).....

.....

..... (Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

..... (Duration) yrs. mos. 4 ds.

(Signed) P. F. Sistrunk M. D.

Oct 25, 1916 (Address) Womans Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 11 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 3603 Fremont Ave

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Oct. 31, 1916.

20-UNDERTAKER Horace Dungee & Son — ADDRESS 363 Fulton Ave

Important: Use indelible pencil.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99270 C99270

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Vincents Infant Asylum

REGISTERED NO. C

CITY OF BALTIMORE: (No. St. Vincents Infant Asy St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Anthony Smith

(Residence in Baltimore: No. St Vincents Infant Asylum St.; yrs., 1 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	wht	Single

6-DATE OF BIRTH, Sept (Month) 28 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
yrs. 1 mos. 3 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm Smith

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Vincents

(Address) W. Fayette & Division St

15- Filed OCT 30 1916, 191... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 25 1916, to Oct 28 1916, that I saw h alive on Oct 28 1916, and that death occurred, on the date stated above, at 6 5 m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Rad. pyelonephritis Asthma Cutting

(Duration) yrs. mos. ds.

(Signed) J. E. Poulson M. D.

Oct 28/16, 191... (Address) 615 Columbia ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 3 ds. In the State yrs. 1 mos. 3 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral | DATE OF BURIAL, Oct 30, 1916

20-UNDERTAKER A. Fahey & Son | ADDRESS 661 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

699271

HEALTH DEPARTMENT—CITY OF BALTIMORE

699271

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 Coulbourn ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred Brooks

(Residence in Baltimore: No. 419 Coulbourn St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. C

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) S

6-DATE OF BIRTH. Oct. 27, (Month) (Day) 1915 (Year)

7-AGE. 1 yrs. 3 mos. da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Alfred Brooks

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER Mary Green

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alfred Brooks

(Address) 419 Coulbourn St.

15- Filed OCT 30 1916, 191... ROBERT R. KRAUTER... Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct. 30th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 28th 1916, to Oct. 30th 1916, that I saw h— alive on Oct. 29th, 1916, and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) yrs. mos. 10 da.

CONTRIBUTORY (Secondary) Enterocolitis Cough

(Duration) yrs. 4 mos. da.

(Signed) A. Lee Elliott M. D.

1924, 1916, (Address) 924 Mad. ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel Cemetery DATE OF BURIAL. Oct. 2d, 1916.

20-UNDERTAKER Felix B. Pyle. ADDRESS 102 E. Mulberry St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699272 28 699272

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 641 N Fulton ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen a Hunter

(Residence in Baltimore: No. 641 N Fulton ave St.: 45 yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 17, 1871 (Month) (Day) (Year)

7-AGE, 45 yrs. 3 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home duties
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER, Frank H Hunter

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Mary A Sharpless

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A Hunter

(Address) 641 N Fulton ave

15- OCT 30 1916 Filed ....., 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 28, 1916 (Month) (Day) (Year)

17- I HEREBY ~~CERTIFY~~, That I attended deceased from July 29 1916, to Oct 28 1916, that I saw h[illegible] alive on Oct 25 1916, and that death occurred, on the date stated above, at 11 20 m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

about 9

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) yrs. mos. 1 ds.

(Signed) Chas L Davis M. D.

Oct 30, 1916. (Address) 927 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Oct. 31, 1916

20-UNDERTAKER William Cook — ADDRESS 521 E North ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 99273

CERTIFICATE OF DEATH.

10 C 99273

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 S Gilmor St. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Vincent Thornton

(Residence in Baltimore: No. 404 S. Gilmor St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Feb (Month) 22 (Day), 1916 (Year)

7-AGE, ... yrs. 8 mos. 8 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Chief
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Patk J Thornton

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Magee

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Patk J Thornton

(Address) 404 S Gilmor St

15-OCT 30 1916 ROBERT P. KRAUTER

Filed ....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 29 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 8 1916, to Oct 29 1916, that I saw h~~im~~ alive on Oct 29 1916, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as followa:

Convulsions

..... (Duration) ..... yrs. ..... mos. 3 hrs. ds.

CONTRIBUTORY (Secondary) Gastro-Enteritis

..... (Duration): ..... yrs. ..... mos. 21 ds.

(Signed) M a O'Neill, M. D.

Oct 30, 191... (Address) 108 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem

DATE OF BURIAL, Oct. 31st 1916.

20-UNDERTAKER Wm B Cothran

ADDRESS 211 Fulton Ave

C99274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

113 C99274

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 655 Portland St. 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julius Schaefer

(Residence in Baltimore: No. 655 Portland St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: Jan (Month) 14 (Day) 1882 (Year)

7-AGE: 34 yrs. 9 mos. 15 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balt Md

PARENTS

10-NAME OF FATHER: Julius Schaefer

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rose Schaefer

(Address) 655 Portland St.

Filed OCT 30 1916, 191.. ROBERT R. KRAUTER

BURIAL PERMIT REGISTRAR

TION is very important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) 29 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 25, 191.., to, Oct 29 191.., that I saw h.. alive on Oct 28 191.., and that death occurred, on the date stated above, at .. m.

The CAUSE OF DEATH* was as follows:

Cerebral Tumor

(Duration) ..... yrs 4 mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos. ..... ds.

(Signed) [illegible] M. D.

Oct 29, 191.. [Address] [illegible]

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Balt Cemetery — DATE OF BURIAL: Oct 31 191 6

20-UNDERTAKER: Geo Lewis Sachse & Son — ADDRESS: 614 N Paca St

699275 HEALTH DEPARTMENT---CITY OF BALTIMORE 699275

CERTIFICATE OF DEATH 40

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1635 North Calvert St. St.: 12 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Eliza Howard

(Residence in Baltimore: No. 1635 North Calvert St St.; 3 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH: April 14, 1847 (Month) (Day) 1 (Year)

7-AGE: 69 yrs. 6 mos. 15 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Calvert Co., Md.

PARENTS

10-NAME OF FATHER: Charles Hodges

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Anne Matilda Harwood

13-BIRTHPLACE OF MOTHER (State or country): A. A. Co., Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Spence Howard

(Address) 1635 North Calvert St.

15- Filed OCT 30 1916, 191 ROBERT R. KRAUTER REGISTRAR

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October 29. 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1916, to, Oct 29 1916, that I saw h[er] alive on Oct 29 1916, and that death occurred, on the date stated above, at 6.45 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach.
(Symptoms having existed
for) (Duration) yrs 5 mos. ds.

Contributory (SECONDARY) .....
(Duration) yrs. mos. ds.

(Signed), Frank D. Lyon M. D.

Oct 30, 1916. [Address] 1619 St. Paul St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: All Hallows' & Chapel Cemetery Woodlawn Cemetery — DATE OF BURIAL: 10/31, 1916

20-UNDERTAKER: Henry W. Dickson & Son — ADDRESS: 80 S. Eutaw St.

TION is very important. See instructions on

699276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 699276

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 857 W Lexington St. 18 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Frederick Georgius

(Residence in Baltimore: No. 857 W Lexington St. 33 yrs. 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: December 5, 1882 (Month) (Day) (Year)

7 AGE: 33 yrs. 10 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Stocker
(b) General nature of industry, business, or establishment in which employed (or employer): Mfg. Stockers

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Frederick Georgius

11 BIRTHPLACE OF FATHER (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Mary E McCarthy

13 BIRTHPLACE OF MOTHER (State or country): Baltimore

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Catherine Walsh
(Address) 857 W Lexington St

15 Filed OCT 30 1916, 19..
ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October 28, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1916. to Oct 28 1916. that I saw him alive on Oct 28, 1916. and that death occurred, on the date stated above, at 8 00 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
of Both Lungs. Com
plications (Duration) Indefinite

Contributory (SECONDARY) Cerebral Hemorrhage (Duration) Indefinite yrs. mos. ds.

(Signed) James E. Wolfinger M. D.

Oct 29, 1916 (Address) 871 Hanlon av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Peters Cem — DATE OF BURIAL: Oct 31, 1916

20 UNDERTAKER: H. C Browning Son — ADDRESS: 817 N. Schroeder St

state CAUSE OF DEATH in plain terms, so that it is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

699277 — 1 PLACE OF DEATH

50 699277 — REGISTERED NO. C

CITY OF BALTIMORE: (No. 2322 Pinna Av St.; 15 Ward) — (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael C. Gunning

(Residence in Baltimore: No. 2322 Pinna Av St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male — 4-COLOR OR RACE: White — 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: July (Month) 29 d (Day), 1852 (Year)

7-AGE: 64 yrs. 3 mos. ds. — If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retired Grocer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Ireland.

PARENTS

10-NAME OF FATHER: Martin Gunning

11-BIRTHPLACE OF FATHER (State or country): Ireland.

12-MAIDEN NAME OF MOTHER: Mary McManaway

13-BIRTHPLACE OF MOTHER (State or country): Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Bro. M. Margarita
(Address): 520 N. Gilmor St

15- Filed OCT 30 1916 ..., 191... ROBERT R. KRAUTER ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch, 1916, to, Oct 29 1916, that I saw him alive on Oct 26 1916, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:
Diabetes Followed by Nephritis.

(Duration) 2 yrs 3 mos ds.

Contributory (SECONDARY): Diabetic Coma & Gangrene Making 7 Years

(Duration) yrs mos 7 ds.

(Signed), M. D.

Oct 30, 1916. [Address] 1605 Mortimer

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Oct 31, 1916

20-UNDERTAKER: H. B Browning Bro — ADDRESS: 517 N Smallwood St

TION is very important. See instructions on the back

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99278 C99278

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 Carswell St.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

2-FULL NAME John F. Shields

(Residence in Baltimore: No. 1726 Carswell St.: Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Feb. (Month) 8 (Day), 1838 (Year)

7-AGE: 78 yrs. 8 mos. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Patrick Shields

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Ellen Mc Kenna

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agnes Shields

(Address) 1726 Carswell St.

15-

Filed OCT 30 1916, 191

ROBERT R. KRAUTER

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1916, to Oct 28 1916, that I saw h[illegible] alive on Oct 28 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Edema & Rectal Stricture

(Duration) yrs. mos. ds.

(Signed) Harry E. Blake M. D.

Oct 30, 191.. (Address) 1316 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Oct 31 191..

20-UNDERTAKER John J Moran — ADDRESS Bank & Caroline Sts

Spec.—8-24-14—M. & T.—2000 Bks.

C99279 HEALTH DEPARTMENT—CITY OF BALTIMORE 1 C99279

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Gill

(Residence in Baltimore: No. 825 N. Bradford St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 14, 1894 (Month) (Day) (Year)

7-AGE, 22 yrs. mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Frank Stack

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Anna Lupine

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm J Gill

(Address) 825 N Bradford St

15- Filed OCT 30 1916 191 ROBERT R. KRAUTER DEPUTY REGISTRAR Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 28, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 28 1916, to Oct 28 1916, that I saw h er alive on Oct 28 1916, and that death occurred, on the date stated above, at 10.45 A.M.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. 1 mos. 9 ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(Duration) yrs. mos. ds.

(Signed) Bryard S. Jacobson M. D.

Oct 28, 1916 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 0 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? (?)

Former or usual residence 825 N. Bradford St

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, Oct 31 1916

20-UNDERTAKER John A Moran — ADDRESS Balto

Spec.—8-24-14—M. & T.—2000 Bks.

C99280

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99280

CERTIFICATE OF DEATH.

4 109

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. University Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ~~Nellie Kost~~ Emma L. Anderson.

(Residence in Baltimore: No. 501 W Fayette St. St.; 39 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1863 (Year)

7-AGE, 53 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Housework

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Chas. Jacobs

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Emma White

13-BIRTHPLACE OF MOTHER (State or Country), Massachusetts

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hosp. Records

(Address) Fayette & Greene Sts.

15- OCT 30 1916 Filed, 191.. ROBERT R. KRAUTER Registrar. Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Oct 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 26 1916, to Oct 26 1916, that I saw her alive on Oct 26 1916, and that death occurred, on the date stated above, at 5 P.m.

The CAUSE OF DEATH* was as follows:

Strangulated Umbilical Hernia (Operation - Termination)

(Duration) about 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. C. Hollis M. D.

Oct 30, 1916 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 39 yrs. mos. ds. In the State 39 yrs. mos. ds.

Where was disease contracted, if not at place of death? at 501 W Fayette St.

Former or usual residence 501 W Fayette St.

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, Oct. 31, 191.6.

20-UNDERTAKER Joseph B. Clark ADDRESS 603 W. Balto St.

BUREAU OF V. S.
RECEIVED FEB 9 1917
ANSWERED

Rec'd FEB 10 1917 dont appear again

Hagerstown, Md.,
Feb. 7th., 1917.

Dr. Frederick V. Beitler,
Bureau of Vital Statistics,
Baltimore, Md.

Dear Doctor:

I hereby make application for the change in name on your records, of my Sister, who died in the University Hospital, Baltimore, Md., under the name of Nellie Kelly--while her correct name is Emma L. Anderson. The following are the facts concerning the name of the deceased and to this statement I have made affidavit. My Sister, whose death occurred Oct.27,1916, has since the death of her Husband in the Baltimore, Md. Fire, become weak minded. While I have not heard from her directly in the past five years or more yet I did from time to time hear concerning her from a Mrs. Jacobs who is now dedd, and I was informed by her that on several occasions my Sister had been found under an assumed name in an unbalanced mental condition. When she last visited my home in Hagerstown, Md. #610 W. Franklin St., she showed symtoms of her weakness in mind by a very unusual amount of feeling over the loss of her Husband. I have not heard from her in any way as above stated for five years or over, but at the time of her death in the University Hospital, I was notified of her death--and the burial arrangements were made thru Undertaker Jos.B. Cook of #1003 W. Balto. St. Baltimore, Md. It is evident that at the Hospital my Sister had so notified them of her relationship to me that they at once sent me a Telegram of her death. I am at a loss to know how she entered the Hospital under the name of Nellie Kelly as she was not married again I feel certain nor could she have changed her first name in any way. The fact of our relationship stands out clear as I was at once notified of her death and I request the change of your Death records to Emma L. Anderson instead of Nellie Kelly under which name she died at the Hospital under date of Oct. 27, 1916 and was buried under dame name by Undertaker Cook on Nov. 1st. If there is any other statement or form that it will be necessary for me to file with your Department for making effective this change, please forward same and advise me of the amount of cost covering the transaction. Very truly yours,

Mrs. Emma L. Rigney

I hereby make oath that the statements made above are true

Mrs. Emma L. Rigney

N.B.
Kindly forward me copy of corrected Transcript of Death of Emma L. Anderson.

Subscribed & sworn to before me
7th day Feb 1917
Ira L. Shrin Notary Public

Spec.—8-24-14—M. & T.—2000 Bks.

699281 HEALTH DEPARTMENT—CITY OF BALTIMORE † 699281

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U. S. Marine Hospital REGISTERED NO. C 29

CITY OF BALTIMORE: (No. U.S. Marine Hosp. ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Jones

(Residence in Baltimore: No. U. S. Marine Hosp. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 57 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seaman
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Nathaniel C. Jones.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER ——— Andrews

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
his statement on advice
(Informant) .....
(Address) John T. Jones 1614 E. Pratt St. M

15- OCT 30 1916 ROBERT R. KRAUTH
Filed ....., 191... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 30, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 17 1916, to Oct. 30 1916, that I saw him alive on Oct. 30 1916, and that death occurred, on the date stated above, at 11:45 a.m.

The CAUSE OF DEATH* was as follows:
Chronic valvular
heart disease
.....
..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. T. Vogel M. D.
10-30, 1916. (Address) U.S. Marine Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. mos. 12 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? —
Former or usual residence St Michaels Md

19-PLACE OF BURIAL OR REMOVAL, St Michaels Md. DATE OF BURIAL, ..., 191...

20-UNDERTAKER ..... ADDRESS .....

Spec.—8-24-14—M. & T.—2000 Bks.

699282

HEALTH DEPARTMENT—CITY OF BALTIMORE

20

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.: 14 Ward)

REGISTERED NO. C 99282

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob R. Howard.

(Residence in Baltimore: No. 1413 Druid Hill Ave., St.: Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: July (Month) 4 (Day) 1874 (Year)

7-AGE: 42 yrs. 3 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Roaster
(b) General nature of industry, business, or establishment in which employed (or employer): in Hotel

9-BIRTHPLACE (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Jacob Howard

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Sarah Smith

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R Pihelp

(Address) Johns Hopkins Hosp.

15- Filed OCT 31 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: October (Month) 29 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct 20, 1916 to Oct 29 1916, that I saw h-im alive on Oct 29, 1916, and that death occurred, on the date stated above, at 1.50 a. m.

The CAUSE OF DEATH* was as follows:

Infection Leg with Septicemia
(Staphylococcus aureus)

(Duration) X yrs. X mos. 2 ds.

CONTRIBUTORY (Secondary) Caused by the scratching of a pin

(Duration) yrs. mos. ds.

(Signed) Harvey N. Murray M. D.

Oct. 29, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 5

Former or usual residence 1413 Druid Hill Ave.

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Nov. 1st, 1916

20-UNDERTAKER: Jas M. Johnson

ADDRESS 1234 Ethug St.

Important: Use indelible pencil.

Spec.—5-19-13—M. & T.—500 Bks.

C 99283

HEALTH DEPARTMENT—CITY OF BALTIMORE

30

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C 99283

CITY OF BALTIMORE: (No. 507 Robert ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodore Johnson.

(Residence in Baltimore: No. 507 Robert St.; Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. (Month) 22 (Day), 1914 (Year)

7-AGE, 12 yrs. 2 mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Wm Johnson

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Nettie Hill

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nettie Johnson

(Address) 507 Robert St.

15- Filed OCT 31 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 8 191 6, to Oct. 29 191 6, that I saw him alive on Oct. 28 191 6, and that death occurred, on the date stated above, at 1.35 p. m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus

The Brain, 3 mos. ds.

(Duration) yrs.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. S. Carr Jr. M. D.

Oct. 29, 191 6 (Address) 515 Mosher St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, Oct. 31, 191 6

20-UNDERTAKER Jesse H. Holland

ADDRESS 517 Robert St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99284 91

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1446 Covington ST.: 24 WARD)

REGISTERED NO. C. 99284

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Shea

(Residence in Baltimore: No. 1446 Covington St.: 1 yrs. 9 mos. 22 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. March 7, 1915. (Month) (Day) (Year)

7-AGE. 1 yrs. 7 mos. 22 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto, Md

PARENTS.

10-NAME OF FATHER. Michael Shea

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Mary Flynn

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Shea (mother)

(Address) 1446 Covington St.

15- OCT 31 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 29, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 18 1916, to Oct. 29 1916, that I saw h[illegible] alive on Oct. 28 1916, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(Duration) yrs. mos. 11 da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) [illegible] M. D.

Oct 30, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cemetery

DATE OF BURIAL. Oct. 31, 1916

20-UNDERTAKER P. J. McGinley & Flynn

ADDRESS 1422 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

C 99285

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 Boyle St. 24 Ward) REGISTERED No. C 99285

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene C. Herzberger

(Residence in Baltimore: No. 1524 Boyle St.; ..... yrs., 9 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan. 29, 1916. (Month) (Day) (Year)

7-AGE, ... yrs. 9 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Wm. Herzberger

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Henrietta Luckhardt

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Herzberger

(Address) 1524 Boyle

15-

Filed OCT 31 1916, 191.... MARY C. ANDREWS

Burial Permit ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 29, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 21 1916, to Oct 29 1916, that I saw her alive on Oct 28/16 191..., and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Intestinal Indigestion

..... (Duration) ..... yrs. 6 mos. ..... ds.

(Signed) Philip B. Fowler M. D.

10/30, 1916 (Address) 1432 William St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery — DATE OF BURIAL, Nov. 1, 1916.

20-UNDERTAKER, P. F. W. E. Flynn — ADDRESS 1422 Light St.

Spec.—8-24-14—M. & T.—2000 Blks.

C 99286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 92

REGISTERED NO. C 99286

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sigfrid Gunn

(Residence in Baltimore: No. 4 S Bonnet St.; ....yrs., mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Sept Eleven, 1 (Month) (Day) (Year)

7-AGE. 24 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Sailor
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Sweden

PARENTS.

10-NAME OF FATHER, John Gunn

11-BIRTHPLACE OF FATHER (State or Country), Sweden

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nurse Mercy Hosp.

(Address) Calvert St.

15- Filed OCT 31 1916, 191.... HARRY C. ABEL Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 25 1916, to Oct 27 1916, that I saw h[illegible] alive on Oct 27 1916 and that death occurred, on the date stated above, at 10.25 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) Four days

CONTRIBUTORY (Secondary) Alcoholism Chronic

(Duration) yrs. mos. ds.

(Signed) Edward J. Bunch M. D.

Oct 31, 191.. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1/2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? S/S Borgestad

Former or usual residence S/S Borgestad

19-PLACE OF BURIAL OR REMOVAL, Johnsville Cemetery

DATE OF BURIAL, Oct 31, 191..

20-UNDERTAKER Robt. Schumer

ADDRESS 1424 Bway

99287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 99287

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2013 McKinnon St.; 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George T. Nielsen

(Residence in Baltimore: No. 2013 McKinnon St.; yrs. 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Feb. (Month) 19 (Day), 1843 (Year)

7-AGE, 73 yrs. 8 mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Engineer

9-BIRTHPLACE. (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Mary Koch

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. Nielsen

(Address) 2013 McKinnon

15- OCT 31 1916 (Date)

BARRY O. ANDREWS 191. Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

Duration 1 day

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D. (Coroner.)

Oct 31, 1916. (Address) 619 N. Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Oct. 1, 1916

20-UNDERTAKER Geo. H. Little — ADDRESS 531 W. Fremont

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C99288

HEALTH DEPARTMENT—CITY OF BALTIMORE

42

CERTIFICATE OF DEATH.

REGISTERED NO. C 99288

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Stansbury.

(Residence in Baltimore: No. 801 Dapp St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, September 1, 1875 (Month) (Day) (Year)

7-AGE, 41 yrs. 1 mos. 27 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Isaac Baily

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Rebecca —

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter C. Snyder

(Address) Johns Hopkins Hospital

15- OCT 31 1916 Filed ..., 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 28, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 24 1916, to Oct. 28 1916, that I saw her alive on Oct. 28 1916, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

General Peritonitis

Mistaken Diagnosis

Carcinoma of Breast

Microscopic (Duration) 0 yrs. 4 mos. 4 ds.

Examination

CONTRIBUTORY (Secondary) Chronic Pelvic Inflammatory Disease (Duration) 3 yrs. mos. ds.

(Signed) H. P. Shaw M. D.

Oct. 28, 1916 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 801 Dapp St.

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Oct. 31, 1916.

20-UNDERTAKER Chas. R. Bailey

ADDRESS 421 Jefferson

Important. See instructions on ...

Spec.—8-24-14—M. & T.—2000 Bks.

C99289

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

CERTIFICATE OF DEATH.

REGISTERED No. C 99289

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Brown

(Residence in Baltimore: No. (1909 Edmondson Ave) St.: ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Oct (Month) 30 (Day), 1916 (Year)

7-AGE: —yrs. —mos. —ds. If LESS than 1 day, ...hrs. or 45 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: John W Brown

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Rhoda A Chairs

13-BIRTHPLACE OF MOTHER (State or Country): Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John W Brown

(Address) 1909 Edmondson Ave.

15-

Filed OCT 31 1916 HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct (Month) 30 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 30 1916, to ....191..., that I saw h l m alive on Oct 30 1916, and that death occurred, on the date stated above, at 9.50 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) —yrs. —mos. —ds.

CONTRIBUTORY (Secondary)

(Duration) —yrs. —mos. —ds.

(Signed) C M Harmon M. D.

Oct 30, 1916. (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Cedar Hill

DATE OF BURIAL: Oct 31, 1916

20-UNDERTAKER: Armstrong Co

ADDRESS: 1615 Ft Hill

Spec.—8-24-14—M. & T.—2000 Bks.

099290

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C. 99290

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mbargaret waidmen

(Residence in Baltimore: No. 2408 Roslyn Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sing

6-DATE OF BIRTH, October 29, 1916
(Month) (Day) (Year)

7-AGE, — yrs. — mos. ..... ds.

If LESS than 1 day, 18 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, Harry Waidmen

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Margaret

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Pfeil

(Address) Johns Hopkins Hosp

15- Filed OCT 31 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 30, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 30 1916 to Oct 30 1916, that I saw her alive on Oct 30 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Prematurity

18 hours.
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Milo K. Miller M. D.

Oct 30, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 18 hours In the State ..... yrs. — mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2408 Roslyn Ave.

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery

DATE OF BURIAL, Nov. 1, 1916

20-UNDERTAKER W. J. Tschudy & Son

ADDRESS North & Pa. Ave

C99291

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

REGISTERED NO. C 99291

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 208 N. Cross 23 ST.; WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabel Miller

(Residence in Baltimore: No. 208 N. Cross St. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month), 1 (Day) (Year)

7-AGE: 41 yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Philip Stevens

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Mary Butler

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Isabel Miller

(Address) 208 N. Cross St

15 OCT 31 1916 Filed, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct (Month) 30 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1916, to Oct 30 1916, that I saw h[illegible] alive on Oct 29, 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Complications)

(Duration) yrs. mos. 8 ds

Contributory (SECONDARY)

(Duration) yrs. mos. 8 ds.

(Signed) H. Schmidt M. D.

Oct 30, 1916 (Address) 728 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Oct 31, 1916

20-UNDERTAKER: Wood & Hooper

ADDRESS: 609 Little Grant

State CAUSE OF DEATH in plain terms, so that it may be properly classified. This is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699292

CERTIFICATE OF DEATH.

x 29

REGISTERED NO. C 99292

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Simmons

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., 1 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Sept. 11, 1864
(Month) (Day) (Year)

7-AGE, 52 yrs. 1 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Simmons

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Nettie Hall

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) Calvert St

15-

Filed OCT 31 1916 191.....

HARRY C. ARDEBY
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 18 1916, to Oct 28 1916.

that I saw h-- alive on Oct 28 1916,

and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

Cardio Dilation & Regurgitation

(Duration) One Hour

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(Duration) 2 yrs. 5 mos. 4 ds.

(Signed) Edward L. Smith M. D.

Oct 28, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 10 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Annapolis R & Pac Sts

Former or usual residence Annapolis R & Pac Sts

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Oct 31, 1916

20-UNDERTAKER Wm H Hooper

ADDRESS 60 Smith Ave

Spec.—5-19-13—M. & T.—500 Bks.

699293

HEALTH DEPARTMENT—CITY OF BALTIMORE

37

CERTIFICATE OF DEATH.

REGISTERED NO. C 99293

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 Brward ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myrtle Preston

(Residence in Baltimore: No. 1507 Brevard St.: yrs. 2 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August (Month) -5- (Day), 16 (Year),

7-AGE, yrs. 2 mos. 24 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Balto. City.

PARENTS.

10-NAME OF FATHER, William Preston

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Hester Parker

13-BIRTHPLACE OF MOTHER (State or Country) Balto. City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hester Preston

(Address) 1507 Brevard St

15- Filed OCT 31 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 29th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 23 1916, to October 29 1916, that I saw her alive on October 26 1916, and that death occurred, on the date stated above, at 5.30 P.M.

The CAUSE OF DEATH* was as follows:

Congenital syphilis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Bertha E. Tasmen M. D.

Oct. 30, 1916 (Address) 2733 Lodge Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Oct 31, 1916

20-UNDERTAKER Geo H Hooper — ADDRESS 609 Lith Ave St

Spec.—8-24-14—M. & T.—2000 Bks.

699294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

REGISTERED No. C 99294

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 N. Broadway ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Keith

(Residence in Baltimore: No. 1109 N. Broadway St.; 50 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. June 29 (Month) (Day) 1842 (Year)

7-AGE. 74 yrs. 4 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. Don't know.

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Mary Lennon

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth A. Keith

(Address) 1109 N. Broadway

15- OCT 31 1916 HARRY C. ANDREWS

Filed ....., 191.... Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct 30 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 1914, to Oct. 30th, 1916, that I saw h[illegible] alive on October 29th 1916, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Senile Dementia Heart Disease with Failing Compensation of Chronic Interstitial Nephritis (Chronic Interstitial Nephritis) (Duration) Don't Know yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart Exhaustion with Pneumonia Edema

(Duration) yrs. mos. 1 ds.

(Signed) Wilmer Brinton, M. D.

October 31st 1916 (Address) Calvert & Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cem.

DATE OF BURIAL. Nov 2, 191.6

20-UNDERTAKER Todd & Hamill

ADDRESS 1422 N. Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

699295 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. x 136

REGISTERED NO. C 99295

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. Women's Hospital Baptist St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and add out No. 18.)

2-FULL NAME Alexandra Constantinovna Anosenko

(Residence in Baltimore: No. 2907 East Monument St.; 1 yrs. — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): married

6-DATE OF BIRTH: April 28, 1890 (Month) (Day) (Year)

7-AGE: 24 yrs. 6 mos. 2 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Housewife (b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Petrograd Russia

PARENTS.

10-NAME OF FATHER: Constantine Kimarsky

11-BIRTHPLACE OF FATHER (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Praskovia K. Sergeeva

13-BIRTHPLACE OF MOTHER (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Anosenko

(Address) 56 a Biddle St

15- Filed OCT 31 1916, 191 HARRY T. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct 30 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 191 6. to Oct 30 191 6. that I saw h[im] alive on Oct 30 191 6. and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Shock following Operation for Cancer (Chief Cause)

(Duration) ....yrs. ....mos. ....da.

CONTRIBUTORY (Secondary) Hemorrhage (Duration) ....yrs. ....mos. ....da.

(Signed) M. Anosenko M. D.

....., 191... (Address) 56 a Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 da. In the State ....yrs. 10 mos. ....da.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Pinzgrad Russia

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem

DATE OF BURIAL: Nov 1, 1916.

20-UNDERTAKER: Henry W. Jenkins & Sons Co

ADDRESS: Mt Pulaski & Orchard

Spec.—8-24-14—M. & T.—2000 Bks.

D 699296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

39

REGISTERED NO. C 99296

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 W Lexington ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs A. Turner.

(Residence in Baltimore: No. 1712 W Lexington St.: 2 Lt yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. (Month) 12 (Day), 1851 (Year)

7-AGE, 65 yrs. 1 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Builder
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm B Turner.

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Louisa Brotherton

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Irene Williams

(Address) 1710 W Lexington St

15- OCT 31 1916 Filed, 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1915, to Oct 28 1916, that I saw h e alive on Oct 28 191 6, and that death occurred, on the date stated above, at 9P m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

Contributory Chronic Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D L Dungan M. D.

Oct 30, 191 6 (Address) 1712 W Lexington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Nov 31, 191 6

20-UNDERTAKER H C Richter & Son

ADDRESS Pine & Park

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699297 41

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1927 Eutaw Pl. ST.; 14 WARD)

REGISTERED NO. C 99297

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Darius Howell Guest

(Residence in Baltimore: No. 1927 Eutaw Place St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept 23, 1855 (Month) (Day) (Year)

7-AGE, 61 yrs. 1 mos. 7 ds. If LESS than 1 day, hrs. or mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) W Paper

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Richard S. Guest

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Guyton

13-BIRTHPLACE OF MOTHER (State or Country), Harford Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) D Bowen

(Address) 1733 Linden Ave

15- Filed OCT 31 1916, 191.. Barry C. Ahern Deputy Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 30, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1916, to Oct 30 1916, that I saw him alive on Oct 30 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D Bowen M. D.

Oct 30, 1916 (Address) 1733 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Nov 1, 1916

20-UNDERTAKER H Eichhorn Jr ADDRESS Howard St

699298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

REGISTERED No. C 99298

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 105 W. Montgomery St. ST.: 726 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Aaron Ward. (Col'd)

(Residence in Baltimore: No. 105 W. Montgomery St. St.: yrs., Do not know mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored.	Single.

6-DATE OF BIRTH, Do not know. (Month) ....., 1 (Day) ..... (Year)

7-AGE, 38 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Do not know.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER (State or Country), Do not know.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country), Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Otto M. Reinhardt.

Coroner.

(Address) .....

15- Filed OCT 31 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 19th. 1916. (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an....inquiry..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....

.....

Lobar Pneumonia.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

Oct 30 1916, 191... (Address) 1017 S. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Potter's Field	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

Commissioner Health.

Important. See instructions on back of this sheet.

morgue

C 99299

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

CERTIFICATE OF DEATH.

REGISTERED NO. C 99299

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 430 N Broadway St. 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Jones

(Residence in Baltimore: No. 430 N Broadway St. 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	single

6-DATE OF BIRTH, Unknown (Month) , 1 (Day) (Year)

7-AGE, 60 about Unknown yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) None

(Address) City Hospital Bay Shore

15- OCT 31 1916 MARY C. ANDREWS

Filed ..... 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 17 (Day) , 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) and from investigation find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thomas Ryan Smith M. D. (Coroner.)

Oct 19, 1916. (Address) 1610 E Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

PUBLIC CEMETERY

11376

Morgue

Cause of death must be stated in full. Abbreviations are not allowed. Be sure to answer every question. Omissions cause delay. Read carefully. See instructions on back of certificate.

E99300

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

CERTIFICATE OF DEATH.

REGISTERED No. C 99300

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 441 Conway ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lee Inow.

(Residence in Baltimore: No. 441 Conway. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Col	Single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 19 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Unknown
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), " "

12-MAIDEN NAME OF MOTHER " "

13-BIRTHPLACE OF MOTHER (State or Country), " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Ball

(Address) 441 Conway St.

15- MARY C. ANDREWS

Filed OCT 31 1916, 191..... Deputy Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert D. Driscoll (Coroner) M. D.

Oct 13, 1916. (Address) 312 N Carrollton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

PUBLIC CEMETERY

Commissioner Health.

important. See instructions on back of certificate.

Morgue

C 99301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 99301

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST.; 4 WARD)
(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Scott,

(Residence in Baltimore: No. Irvington Va, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col.	Married

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 40 yrs. ..... mos. ..... ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, "

11-BIRTHPLACE OF FATHER (State or Country). "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country). "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-
Filed OCT 31 1916, 191.....
Burial Permit Issued
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 10, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) found that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis, following pistol shot wound in abdomen, probable homicide (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert L. Doscall M. D.
(Coroner.)
Oct 18, 1916 (Address) 312 N. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State few minutes yrs. ..... mos. 1 ds.

Where was disease contracted, if not at place of death? Irvington Va.

Former or usual residence Irvington Va.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
PUBLIC CEMETERY	OCT 31 1916
20-UNDERTAKER	ADDRESS

important. See instructions on back of certificate.

Spec.—6-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99302 — 79 C99302

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. Aged Mens Home St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Hall

(Residence in Baltimore: No. 1400 W Lexington St.; 79 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Wid

6-DATE OF BIRTH. July 20, 1837 (Month) (Day) (Year)

7-AGE. 79 yrs. 3 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Mariner
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Hall

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), do

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs H W Gidneon

(Address) Matron

15- Filed OCT 31 1916 191 ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 31, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 191 6, to Oct 31 191 6, that I saw h alive on Oct 31 191 6, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Pulmy Oedema

(Duration) yrs. mos. 2 ds.

(Signed) E. Norwood M. D.

Oct 31, 1916 (Address) 939 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 10 yrs. mos. ds. In the State 79 yrs. 3 mos. 11 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery — DATE OF BURIAL, Nov. 1, 191 6

20-UNDERTAKER George J. Smith — ADDRESS 1000 W Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699303. 1 699303

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. McCaffery

(Residence in Baltimore: No. 1442 S. Charles St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July 17, 1883
(Month) (Day) (Year)

7-AGE, 33 yrs. 3 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Driver
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Chas. McCaffery

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Kate Balla

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- OCT 31 1916 Filed ..... 191.. ROBERT R. KRAUTER Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 30, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 20 1916, to October 30 1916, that I saw h[illegible] alive on October 30 1916, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

..... (Duration) ..... yrs. ..... mos. 18 ds.

CONTRIBUTORY (Secondary) Peritonitis

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) A. H. Bloomfield M. D.

Oct. 30, 1916. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONAL TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 9 ds. In the State " yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1442 S. Charles St

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery — DATE OF BURIAL, Nov. 2, 1916

20-UNDERTAKER Mrs. J. H. Evans Sons — ADDRESS 1428 S. Charles St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99304 90 C99304

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 Orleans ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jeremiah Magruder

(Residence in Baltimore: No. 1722 Orleans St.; 40 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Not Known (Month) (Day), 1831 (Year)

7-AGE, 85 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Brickyard

9-BIRTHPLACE, (State or Country), Calvert Co Md

PARENTS.

10-NAME OF FATHER, Jacob Magruder

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Magruder

(Address) 1722 Orleans St.

15- Filed OCT 31 1916, 191.. ROBERT B. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 15 1916, to Oct 29 1916, that I saw h[illegible] alive on Oct 29 1916, and that death occurred, on the date stated above, at 2.20 p.m.

The CAUSE OF DEATH* was as follows:

Old Age.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 1 mos. ds.

(Signed) [illegible] M. D.

Oct 31, 191.. (Address) 1904 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Osborn Cemetery DATE OF BURIAL, Nov 1, 191..

20-UNDERTAKER Wm. H. A. Elliott ADDRESS 516 East St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699305

CERTIFICATE OF DEATH.

92 699305

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Naftole Baron

(Residence in Baltimore: No. 43 N. Caroline St St.; ..... yrs., 9 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH. Jan (Month) 23 (Day), 1916 (Year)

7-AGE. ....yrs. 9 mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. Morris Baron

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Eva Lowen

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Lewis

(Address) Johns Hopkins Hospital

15-

Filed OCT 31 1916

ROBERT R. KRAUTER
Burial Permit ..... (1) and Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 26 1916 to October 31 1916, that I saw him alive on October 31 1916, and that death occurred, on the date stated above, at 11 30 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, lobar, primary (Lobar)

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.

Oct. 31 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 43 N. Caroline St

19-PLACE OF BURIAL OR REMOVAL. Mt Lebanon Cem

DATE OF BURIAL. Nov 1, 1916

20-UNDERTAKER Jack Levis

ADDRESS 1119 E Balto

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99306

CERTIFICATE OF DEATH.

74 C99306

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lora Fort

(Residence in Baltimore: No. 501 N. Monroe St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH. July (Month) 16, (Day) 1867 (Year)

7-AGE. 49 yrs. 3 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Fireman
(b) General nature of industry, business, or establishment in which employed (or employer). City Fire Dept

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Allen Fort

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Cordelia Fort

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Fort

(Address) 501 N. Monroe St

15- Filed OCT 31 1916 191.... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 31 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 16 1916, to Oct 31 1916, that I saw h.im alive on Oct 31 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

.....

.....

Edema of Lungs

..... (Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Cerebral tumor

..... (Duration) yrs. mos. ds.

(Signed) W Houston Longcope M. D.

10-31-, 191.6. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. mos. 15 ds. In the State 49 yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 501 N. Monroe

19-PLACE OF BURIAL OR REMOVAL. Loudon Park | DATE OF BURIAL. Nov. 2nd, 1916

20-UNDERTAKER Wm Dickney & Son | ADDRESS North Pa.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699307

CERTIFICATE OF DEATH.

170 699307

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 252 S. Duncan St.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Roppelt

(Residence in Baltimore: No. 252 S. Duncan St.; 40 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Feb. (Month) 23 (Day), 1876 (Year)

7-AGE. 40 yrs. 8 mos. 7 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country) Balt. Md.

PARENTS.

10-NAME OF FATHER. John Schreifer

11-BIRTHPLACE OF FATHER (State or Country). Germany.

12-MAIDEN NAME OF MOTHER. Margaret Lankardt

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David Roppelt

(Address) 252 S. Duncan St.

15-

Filed OCT 31 1916 ROBERT R. KRAUTER

Burial Permit Register

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct. (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 28 1916, to Oct 29 1916, that I saw h[illegible] alive on Oct 27 1916, and that death occurred, on the date stated above, at 6 40 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(Duration) yrs. mos. 24 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 1 yrs. mos. da.

(Signed) Geo. Heller M. D.

10-30, 1916 (Address) 937 Jo[illegible] St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer Cemetery DATE OF BURIAL. Nov. 2, 1916

20-UNDERTAKER Christian Miller ADDRESS 2334 Jefferson St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

679308 — 679308

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. ↓ WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie May Slutley

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH. June —, 1856 (Month) (Day) (Year)

7-AGE. 60 yrs. 4 mos. ..... da. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE. (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. John Hautz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Hautz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St

15- OCT 31 1916 ROBERT R. KRAUTER

Filed ....., 191.... Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 31, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 25 1916, to Oct 31 1916, that I saw h-er alive on Oct 31 1916, and that death occurred, on the date stated above, at 11.30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Clinical Examination)

(Duration) Do not know yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) Edward W. Smith M. D.

Oct 31, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 ds. In the State 60 yrs. 4 mos. ..... da.

Where was disease contracted, if not at place of death? Monkton, Balto Co. Md

Former or usual residence Monkton, Balto Co. Md

19-PLACE OF BURIAL OR REMOVAL. Catholic Cemetery

DATE OF BURIAL. Nov 2, 1916

20-UNDERTAKER Henry W. Weis & Son

ADDRESS 805 N. Calvert St

Permission requested to remove to 805 N. Calvert St.

Spec.—8-24-14—M. & T.—2000 Bks.

C99309 HEALTH DEPARTMENT—CITY OF BALTIMORE 28 C99309

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1840 E Biddle St.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert J. Schraml

(Residence in Baltimore: No. 1840 E Biddle St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, February (Month) 20 (Day), 1895 (Year)

7-AGE, 21 yrs. 8 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jacob Schraml

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Johanna Tauber

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Schraml

(Address) 1840 E Biddle

15-

Filed OCT 31 1916 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 30 1916, to Oct 29 1916, that I saw him alive on Oct 29 1916, and that death occurred, on the date stated above, at 11 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Oct 31, 1916. (Address) 1201 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, Nov 1916

20-UNDERTAKER Wendell Coffield

ADDRESS 37 S Howard

Spec.—8-24-14—M. & T.—2000 Bks.

699310

HEALTH DEPARTMENT—CITY OF BALTIMORE

699310

CERTIFICATE OF DEATH.

REGISTERED NO. C 76

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospl ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Trombetta

(Residence in Baltimore: No. 649 S. Curley St.; ....yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, September (Month) 16 (Day), 1901 (Year).

7-AGE, 15 yrs. 1 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School Girl
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Trombetta

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Trombetta

(Address) 649 S. Curley St.

15- Filed OCT 31 1916, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 31 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Oct 29 1916, to Oct 31, 1916, that I saw h- alive on Oct 31 1916, and that death occurred, on the date stated above, at 1.25 p.m.

The CAUSE OF DEATH* was as follows:

Otitis Media & Mastoiditis

(Duration) ....yrs.....mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia (Duration) ....yrs.....mos. 1 ds.

(Signed) Edward J. Cullinane M. D.

10-31-, 191 6 (Address) 2nd General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 2 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 649 S. Curley

19-PLACE OF BURIAL OR REMOVAL, St Vincent — DATE OF BURIAL, Nov 4, 191 6

20-UNDERTAKER Wendell Jeffreson — ADDRESS 378 Dean

C 99311

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 99311

CERTIFICATE OF DEATH.

REGISTERED No. C 15

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 620 Saint St ST.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ana Drogu

(Residence in Baltimore: No. 620 Saint St St.; yrs., 5 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH, Oct 31, 1916
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or 5 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto md

PARENTS.

10-NAME OF FATHER, Michael Drogu

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Wallace Mary

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Drogu

(Address) 620 Saint St

15- Filed OCT 31 1916 191.... ROBERT T. KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 31, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental asphyxia

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Prematurity

(Duration) ....yrs....mos....ds.

(Signed) Thomas J. H. Sandoval M. D. (Coroner.)

Oct 31, 1916 (Address) 1 N Calvert St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus. DATE OF BURIAL, Nov 1, 1916

20-UNDERTAKER W. F. Sadowski ADDRESS 405 S. Ann

CAUSE OF DEATH must be filled in. Physician's name is important. See instructions on back of certificate.

C99312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED No. C 99312

CITY OF BALTIMORE (No. 1122 Aliceanna St. St.: 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. Hall

(Residence in Baltimore: No. 1122 Aliceanna St. St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: unknown, 1 (Month) (Day) (Year)

7-AGE: 71 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Charity Brown

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lizzie Lewis

(Address) 113 Park St

15. Filed NOV 1 - 1916, 191 HARRY C. ANDREWS Burial Permit Officer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct 30 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1916, to Oct 30, 1916, that I saw h— alive on Oct 29, 1916, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 2 yrs. mos. ds

Contributory (SECONDARY)

(Duration) 2 yrs. mos. ds.

(Signed) H. L. Smith M. D.

Oct 30, 1916 (Address) 1218 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Nov 2 1916

20-UNDERTAKER: C. J. Brandt's Son

ADDRESS: 108 W. Montgomery

state CAUSE OF DEATH in plain terms. Indefinite or unsatisfactory answers will not be accepted. Every question must be answered, or a reason given for the omission. Information is very important. See instructions on back of certificate.

B 99313

HEALTH DEPARTMENT--CITY OF BALTIMORE 64

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED No. C 99313

CITY OF BALTIMORE (No. 222 Jasper st ST. 4 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sanford Grinnell

(Residence in Baltimore: No. 222 Jasper — St.: 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Black	Widower

6-DATE OF BIRTH Unknown, 1 (Month) (Day) (Year)

7-AGE 76 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Market Man
(b) General nature of industry, business, or establishment in which employed (or employer): Produce

9-BIRTHPLACE (State or country): St Marys Co Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): St Marys Co. Md

12-MAIDEN NAME OF MOTHER: Theresa Grinnell

13-BIRTHPLACE OF MOTHER (State or country): St Marys Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Aloysius L. Davis

(Address) 2430 Etting St.

15 NOV 1 - 1916 Filed ..... 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Oct 31, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1916, to Oct 31 1916 that I saw h[illegible] alive on Oct 30, 1916 and that death occurred, on the date stated above, at 5:01 m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(Duration) yrs. mos. 1 ds.

Contributory (SECONDARY) age.

(Duration) yrs. mos. ds.

(Signed) W K Gorsuch M. D.

Oct 31, 1916 (Address) 117 W Saratoga.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Peters Cemetery — DATE OF BURIAL: Nov 1st. 1916.

20-UNDERTAKER: Felix B. Rye. — ADDRESS: 102 E. Fulton St.

State CAUSE OF DEATH in plain terms. Information is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C99314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 99314

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aleda's Hospital Home ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vida Monroe

(Residence in Baltimore: No. 1204 McElderry Street St.; — yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. November 1 (Month) (Day) (Year)

7-AGE. 1 yrs. 3 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Via

PARENTS.

10-NAME OF FATHER. Joe. Monroe

11-BIRTHPLACE OF FATHER (State or Country). Via.

12-MAIDEN NAME OF MOTHER alice buck

13-BIRTHPLACE OF MOTHER (State or Country), Via

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joe. Monroe.

(Address) 1204 N. McElderry St.

15- NOV 1 - 1916 Filed....., 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 31 (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 22 1916, to October 31 1916, that I saw h in alive on October 31 1916, and that death occurred, on the date stated above, at 11½ m.

The CAUSE OF DEATH* was as follows:

Acute Anterior Poliomyelitis.

(Duration) yrs. 1½ mos. da.

CONTRIBUTORY (Secondary) Little's Disease (Cerebral Paralysis)

(Duration) 0 yrs. mos. da.

(Signed) [illegible] M. D.

Oct. 31, 1916 (Address) Aleda's Hospital Home

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Aleda's Home

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery No. 1, DATE OF BURIAL, 191.6

20-UNDERTAKER Milton Davis ADDRESS 1604 McElderry St.

10 A M

Spec.—8-24-14—M. & T.—2000 Blks.

99315

HEALTH DEPARTMENT—CITY OF BALTIMORE

129

CERTIFICATE OF DEATH.

REGISTERED NO. C 99315

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis Blake

(Residence in Baltimore: No. 126 Hill St. (Length of residence in city or hospital, yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, May 1, 1879
(Month) (Day) (Year)

7-AGE, 37 yrs. 5 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Housework
(b) General nature of industry, business, or establishment in which employed (or employer), General

9-BIRTHPLACE (State or Country), Balto Maryland

PARENTS.

10-NAME OF FATHER, Louis Blake

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Hannah Dodson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Calvert St

15- NOV 1 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 30, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 22 1916, to Oct 30 1916, that I saw h[illegible] alive on Oct 30 1916, and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Uterine Fibroids

Do not know (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ether Narcosis

(Duration) 2 yrs. 6 mos. ds.

(Signed) Edward H. Dunn M. D.

Oct 30, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State 44 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 126 Hill St

Former or usual residence 126 Hill St

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, Nov 2 1916

20-UNDERTAKER J. H. Brown & Son — ADDRESS 108 N. Monty

Spec.—5-19-13—M. & T.—500 Bks.

99316

HEALTH DEPARTMENT—CITY OF BALTIMORE (over)

CERTIFICATE OF DEATH.

REGISTERED NO. C 99316

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1436 Battery Av ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Cook (Koch)

(Residence in Baltimore: No. 1436 Battery Av St.: 68 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: Dec - 6 (Month), (Day), 1847 (Year)

7-AGE: 68 yrs. 10 mos. 24 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Koch

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible] Kuhlman

(Address) 1436 Battery Av

15- NOV 1 - 1916 [illegible] MATTHEWS

Filed ....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1916, to Oct 30 1916, that I saw her alive on Oct 30 1916, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Senile debility

(Duration) yrs. mos. ds.

(Signed) E. J. Hamming M. D.

Oct 31, 1916 (Address) 535 Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19- PLACE OF BURIAL OR REMOVAL, Westlawn

DATE OF BURIAL, Nov 1, 1916

20-UNDERTAKER E. J. Hamming

ADDRESS 1466 Battery ave

RAL AFFIDAVIT.

The Daily Record Co. Print, Baltimore

State of Maryland, to wit:

BE IT REMEMBERED, That on this 27th day of April,
A.D. 1932, before me, the subscriber, a Notary Public
of the said State, in and for the City of Baltimore aforesaid, personally appeared
August Kuhlmann.
1436 Battery ave
and made oath in due form of law that Death Certificate # 99316
signed read Henrietta Koch. instead
of Henrietta Cook.

Signed
August Kuhlmann

John P. McNally
Notary Public

Spec.—8-24-14—M. & T.—2000 Bks.

C 99317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

63

REGISTERED NO. C 99317

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1441 Baltimore ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melvin E Crispens

(Residence in Baltimore: No. 1441 Baltimore St.: Life yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, March 3, 1914 (Month) (Day) (Year)

7-AGE	If LESS than 1 day,
2 yrs. 7 mos. 27 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md & Co

PARENTS.

10-NAME OF FATHER, Elmer E Crispens

11-BIRTHPLACE OF FATHER (State or Country), Md & Co

12-MAIDEN NAME OF MOTHER Luella Lowery

13-BIRTHPLACE OF MOTHER (State or Country), Md & Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elmer E Crispens

(Address) 1441 Baltimore

15- Filed NOV 1 - 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 31, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 29 1916, to Oct 31 1916, that I saw h[im] alive on Oct 30 1916, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Acute Poliomyelitis

(Duration) 0 yrs. 0 mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) 0 yrs. 0 mos. ds.

(Signed) John H. Grotkamp M. D.

Oct 31, 1916 (Address) 1305 Taylor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Nov 1, 1916.

20-UNDERTAKER E J Fanning 1938 — ADDRESS E Fayette

11 A M

Spec.—8-24-14—M. & T.—2000 Bks.

B 99318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

REGISTERED NO. C 99318

CITY OF BALTIMORE: (No. 1935 Penna Ave ST., 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Weikert

(Residence in Baltimore: No. 1935 Penna Ave St.; 54 yrs., 9 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED.~~ (Write the word.) married

6-DATE OF BIRTH. Jan 18, 1862 (Month) (Day) (Year)

7-AGE. 54 yrs. 9 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Jacob Almendinger

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Annie M Steiger

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. M. Weikert

(Address) 1935 Penna Ave

15- Filed NOV 1 - 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct. 31, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 15 1916, to Oct. 31 1916, that I saw her alive on Oct. 30 1916, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(Duration) yrs. 9 mos. - ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. G. Thiel M. D.

Oct. 31, 1916. (Address) 201 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Greatern Cemetery — DATE OF BURIAL. Nov. 2, 1916

20-UNDERTAKER Mrs A Rohde Son — ADDRESS 730 Pulton

Spec.—8-24-14—M. & T.—2000 Bks.

C99319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

186

REGISTERED NO. C 99319

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 University Hospital St. WARD)

(If death occurred in a hospital or institution, give the NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Smith.

(Residence in Baltimore: No. 409 N. Exeter St. St.; 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month), (Day), 1911 (Year)

7-AGE, 5 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Smith.

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Beatrice Smith

(Address) 409 N. Exeter St

15- NOV 1 - 1916 HARRY C. ANDREWS

Filed, 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 30 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 30 1916, to Oct 30 1916, that I saw h[er] alive on Oct 30 1916, and that death occurred, on the date stated above, at 9.10 a m.

The CAUSE OF DEATH* was as follows:

Suffocation, from a foreign body in trachea

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jno Allen M. D.

10/30, 191.. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 409 N. Exeter St.

19-PLACE OF BURIAL OR REMOVAL, St Agnes Cem

DATE OF BURIAL, Nov 1, 1916

20-UNDERTAKER John J. Fields

ADDRESS 1202 E. Lombard

over

C99320

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

REGISTERED NO. C 99320

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 N. Milton ave St. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Stephen Powell

(Residence in Baltimore: No. 15 N. Milton ave. St.; 78 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: Sept (Month) Ninth (Day), 1838 (Year)

7-AGE: 78 yrs. one mos. 21 ds. If LESS than 1 day, 3 hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Nightwatchman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland (Balto)

PARENTS

10-NAME OF FATHER: Samuel Powell

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: not known

13-BIRTHPLACE OF MOTHER (State or country): not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Leona L. Klausmyer

(Address) 15 N. Milton ave.

15- NOV 1 - 1916 Filed, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct. (Month) 30th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 18, 1916, to, Oct 29 1916, that I saw him alive on Oct 29th 1916, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 8 yrs mos. ds.

Contributory (SECONDARY) Senility (Duration) yrs. 2 mos. ds.

(Signed) T. J. Jenkins M. D.

Oct 30th 191 [Address] 119 N. Milton

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Nov 1, 1916

20-UNDERTAKER: A. Sander & Sons

ADDRESS: 1710 Eutaw St

TION is very important. See instructions on back

Spec.—8-24-14—M. & T.—2000 Bks.

699321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

REGISTERED No. C 99321

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 S. Milton Ave St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph L. Shannon

(Residence in Baltimore: No. 616 S. Milton Ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept (Month) 20 (Day), 1853 (Year)

7-AGE, 63 yrs. 1 mos. 11 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Lumber Yard

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Theodore Shannon

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary E. Cousin

13-BIRTHPLACE OF MOTHER (State or Country), Balto - Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Shannon

(Address) 616 S Milton

15- HARRY C. ANDREWS

Filed NOV 1 - 1916, 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 31st (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 23 191..., to Oct. 31 1916, that I saw him alive on " 31 191 6, and that death occurred, on the date stated above, at 11 30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 8 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) ... yrs. ... mos. 1 ds.

(Signed) Chas. Green M. D.

10/31/16 191... (Address) Hart Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem

DATE OF BURIAL, Nov 3, 1916

20-UNDERTAKER Wm Cook

ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

699322 HEALTH DEPARTMENT—CITY OF BALTIMORE 699322

CERTIFICATE OF DEATH.

REGISTERED No. C 79 A

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry C Boland

(Residence in Baltimore: No. 1710 Williams St. St.; 38 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Nov (Month) 26 (Day), 1868 (Year)

7-AGE. 47 yrs. 11 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Brass Finish.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), D. C.

PARENTS.

10-NAME OF FATHER. William Boland

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Mary Mare

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline L Shipley

(Address) 1512 N Streeter St

15- Filed NOV 1 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10-10-16 191, to 10-31-16 191, that I saw h alive on 10-31-16 191, and that death occurred, on the date stated above, at 1100 m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage, right side
Arterio sclerosis
Chronic nephritis
Senile dementia (Duration) 4 Years

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frank C Bruns M. D.

10-31-1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 21 ds. In the State 28 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Not Known

Former or usual residence 1710 Williams St

19-PLACE OF BURIAL OR REMOVAL. London Park Cem — DATE OF BURIAL, Nov 3, 1916.

20-UNDERTAKER Wm Cook — ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C 9932 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40

REGISTERED NO. C 9932 3

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 N Bruce ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Fountleroy

(Residence in Baltimore: No. 730 N Bruce St.; yrs. 1 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1876 (Year)

7-AGE, 40 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, William Washington

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Henrietta Yates

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John C. Fell

(Address) 828 Wharton

15- NOV 1 - 1916 Filed, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 31 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 24 1916, to Oct 31 1916, that I saw h[illegible] alive on Oct 30 1916, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

(a) Carcinoma Stomach

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. K. Wing M. D.

Oct 31, 191 6 (Address) 1209 Eastern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Druid Hill Cemetery DATE OF BURIAL. Nov 2, 1916

20-UNDERTAKER Sam H. Chase & Son ADDRESS 1100 Mosher

Spec.—8-24-14—M. & T.—2000 Bks.

B 99324

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

92

REGISTERED NO. C 99324

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 Eutaw Alley St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Jones

(Residence in Baltimore: No. 1420 Duke Alley St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1881 (Year)

7-AGE, 35 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sidney Mathews

(Address) 1420 Duke alley

15- NOV 1 - 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 20 1916, to Oct 31 1916, that I saw h— alive on Oct 31 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. H. Chesnutt M. D.

Oct 31, 1916. (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury Chu

DATE OF BURIAL, Nov 2, 1916.

20-UNDERTAKER John W Henderson

ADDRESS 31 N Carolina

Spec.—8-24-14—M. & T.—2000 Bks.

99325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

REGISTERED NO. C 99325

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 Madison Ave, ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Imogene Bowring

(Residence in Baltimore: No. 1212 Madison Ave. St.; 27 yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: April 14, 1844, 1 (Month) (Day) (Year)

7-AGE: 72 yrs. 6 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boarding House ~~Keeper~~
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER: Wm S Bowring

11-BIRTHPLACE OF FATHER (State or Country): Baltimore, Md.

12-MAIDEN NAME OF MOTHER: Alverder Glasgow

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Alverder Mrs Thomas

(Address): 1212 Madison Ave

15- NOV 1 - 1916 HARRY C. ANDREWS

Filed....., 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 31, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 24 1916, to Oct 31 1916, that I saw her alive on Oct 31 1916, and that death occurred, on the date stated above, at 1.30 p m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Last Illness (Duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary)

..... (Duration) yrs. mos. ds.

(Signed) Edward H. Gordon M. D.

10/31, 191.6. (Address) 7 E. W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, Nov. 1, 1916.

20-UNDERTAKER Hollenkins Undr. Co — ADDRESS McCulloh & Orchard

IMPORTANT—See instructions

Spec.—8-24-14—M. & T.—2000 Bks.

699326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 64

REGISTERED No. C 99326

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel E. Gordon

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... Unknown (Month), ... (Day), 1870 (Year)

7-AGE.	If LESS than 1 day,
46 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, David Gordon

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elizabeth Wolfe

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William F. Mellon

(Address) Ellicott City Md.

15- Filed NOV 1 - 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10-29 1916, to 10-31 1916, that I saw h[illegible] alive on 10-31 1916, and that death occurred, on the date stated above, at 6 00 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Hypertension

..... (Duration) ..... yrs. dont Know ds.

(Signed) Bernard J. Berry M. D.

Nov 1, 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State 46 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Guilford, Md.

19-PLACE OF BURIAL OR REMOVAL, Finding Fam. Lem. Howard Co. Md. DATE OF BURIAL, Nov 3., 1916.

20-UNDERTAKER Easton Sons ADDRESS Ellicott City

Spec.—7-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99327

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1201 N. Gay St. 8 37 ST.; WARD) REGISTERED NO. C 99327

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Messina

(Residence in Baltimore: No. 1201 N. Gay St.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Married

6-DATE OF BIRTH, Nov. 11th (Month) (Day), 1884 (Year)

7-AGE: 31 yrs. 11 mos. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: House (b) General nature of industry, business, or establishment in which employed (or employer): wife

9-BIRTHPLACE, (State or Country): Italy.

PARENTS.

10-NAME OF FATHER: dont Know

11-BIRTHPLACE OF FATHER (State or Country): Italy.

12-MAIDEN NAME OF MOTHER: dont Know.

13-BIRTHPLACE OF MOTHER (State or Country): Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Beantonio

(Address) 1201 N. Gay st.

15- Filed NOV 1 - 1916, 191 HARRY C. ANDREWS Registrar. Deputy Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1915, to Oct-30 1916, that I saw h alive on Oct-30 1916, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Septicitis Acute

Chronic congestion

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Acute gastro enteritis

(Duration) yrs. mos. 3 ds.

(Signed) S. Bruscio M. D.

Oct-31, 1916 (Address) 602 Gunther ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Vincent Cemetery DATE OF BURIAL: Nov 1, 1916

20-UNDERTAKER: George J. Ruth ADDRESS: 1735 Harford ave.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 699328 qv

1 PLACE OF DEATH

REGISTERED No. C 99328

CITY OF BALTIMORE (No. 2126 Devereux St.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence d Bailey

(Residence in Baltimore: No. 2126 Devereux St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male

4-COLOR OR RACE Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Single

6-DATE OF BIRTH May (Month) 8 (Day), 1914 (Year)

7-AGE 2 yrs. 5 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Md

PARENTS

10-NAME OF FATHER Wm Bailey

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Rebecca Wade

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ann E Wade

(Address) 2126 Devereux

15- Filed NOV 1 - 1916, 191 HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Oct (Month) 31 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1916, to Oct 31 1916 that I saw h[illegible] alive on Oct 31, 1916 and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 2 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Oct 31, 1916 (Address) 1038 W. North

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Nov 2nd, 1916.

20-UNDERTAKER Henry B- Pye.

ADDRESS 102 E. Mulberry St

state CAUSE OF DEATH in plain terms, so that it may be properly classified; is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

99329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH Union Protestant Infirmary

REGISTERED NO. C 99329

CITY OF BALTIMORE: (No. 1514 Division ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James S. Goonell

(Residence in Baltimore: No. 431 Oliver St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widowed

6-DATE OF BIRTH: June (Month) 11 (Day), 1855 (Year)

7-AGE: 61 yrs. 4 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): House

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: James Goonell

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Katherine Henly

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. James Goonell

(Address) 431 Oliver St.

15- NOV 1 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: October (Month) 31 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 25 1916, to Oct 31 1916, that I saw him alive on Oct 31 1916, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach
(Operation Oct. 26, 1916)

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Broncho-pneumonia

(Duration) yrs. mos. 1 ds.

(Signed) R. F. Kieffer M. D.

Oct 31, 1916 (Address) 1514 Division St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 6 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 431 Oliver St.

Former or usual residence 431 Oliver St.

19-PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Nov. 2, 1916

20-UNDERTAKER: H. C. Riedfeld — ADDRESS: 914 Gramm Pl.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699330

CERTIFICATE OF DEATH.

29

REGISTERED NO. C 99330

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1514 St. Gorsuch Ave 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1b.)

2-FULL NAME Ida E. McDonald Green

(Residence in Baltimore: No. 1514 Gorsuch Ave St. Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Dec 3 (Month) (Day), 1857 (Year)

7-AGE. 58 yrs. 10 mos. 27 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). None

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. George McDonald

11-BIRTHPLACE OF FATHER (State or Country). Balto. Co. Md

12-MAIDEN NAME OF MOTHER. Barbara Peach

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) I. E. Green

(Address) 1514 Gorsuch Ave

15- NOV 1 - 1916 Filed, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 30 - 1916 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from about 15 Oct 1916, to 191..., that I saw h... alive on Oct 28 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia, Valvular disease of Heart

about 15 yrs (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. L. Prentice M. D.

191..., (Address) 634 Gorsuch ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount — DATE OF BURIAL, Nov 2, 1916.

20-UNDERTAKER A. C. Rudefill — ADDRESS 24 Greene St

H. Prentice 634 Gorsuch ave

HEALTH DEPARTMENT–CITY OF BALTIMORE

CERTIFICATE OF DEATH

699331

50

REGISTERED No. C 99331

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 806 N. Calhoun St. St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dora Rifkin

(Residence in Baltimore: No. 806 N. Calhoun St. St. 28 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Unknown (Month), 1 (Day), (Year)

7-AGE: 55 (?) yrs. (?) mos. (?) ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) D. Miltner

(Address) 806 N Calhoun

15. Filed NOV 1 - 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: November (Month) – 1 (Day), 1916 (Year).

17. I HEREBY CERTIFY, That I attended deceased from Nov – 1 –, 1916, to Nov – 1 – 1916 that I saw her alive on Nov – 1 –, 1916 and that death occurred, on the date stated above, at 3.15 p.m.

The CAUSE OF DEATH* was as follows:

Diabetes – Nephritis

(Duration) 3 yrs. 1 mos. ds

Contributory (SECONDARY) Oedema Lungs

(Duration) yrs. mos. 2 ds.

(Signed) Wilbur P. Stubbs M. D.

Nov 1, 1916 (Address) 6474 N. Calhoun St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hebrew Henig Ppn

DATE OF BURIAL: Nov. 2, 1916

20-UNDERTAKER: J. Levinson & Bro

ADDRESS 1507 E Baltimore St

State CAUSE OF DEATH in plain terms. No abbreviations or symptoms. Statement is very important. See instructions on back of certificate.

99332

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH.

REGISTERED No. C. 99332

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 731 n Central ave ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Casper Wenzel

(Residence in Baltimore: No. 731 n Central ave

S 64 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (*Write* the word.) Widower

6-DATE OF BIRTH, Sept 8 1838 (Month) (Day), 1 (Year)

7-AGE, 78 yrs. I mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Annie Trell

(Address) 731 N. Central Ave

15- NOV 1 - 1916 Filed....., 191.... HATTY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 31 1916 (Month) (Day), 191 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Frank Smith M. D. (Coroner.)

Oct 31 1916 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 28 yrs. mos. ds. In the State 54 yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, November 2 1916

20-UNDERTAKER Henry Horek Son — ADDRESS 130 E Eager

important. See instructions on back of Certificate

Spec.—5-19-13—M. & T.—500 Bks.

C 99333

HEALTH DEPARTMENT—CITY OF BALTIMORE

152

CERTIFICATE OF DEATH.

REGISTERED NO. C 99333

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1725 Maryland ave ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Mulzac

(Residence in Baltimore: No. 1725 Md ave St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Infant

6-DATE OF BIRTH, Oct 31 (Month), ... (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 1 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Hughes Mulzac

11-BIRTHPLACE OF FATHER (State or Country), British West Indies

12-MAIDEN NAME OF MOTHER Sadie Moore

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sadie Mulzac

(Address) 1725 Md. Ave.

15- NOV 1 - 1916 HARRY C. ANDREWS

Filed ..... 191.. Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 31 1916, to Oct 31 1916, that I saw h[illegible] alive on Oct 31 1916, and that death occurred, on the date stated above, at 11:15 P.M.

The CAUSE OF DEATH* was as follows:

Atelectasis & Premature birth

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas Short M. D.

Oct 31, 1916. (Address) 1827 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TOURISTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn

DATE OF BURIAL, Nov 1, 1916

20-UNDERTAKER John H Owens

ADDRESS 1224 Druid

Spec.—8-24-14—M. & T.—2000 Blks.

Geo. W. Cohee.

699334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

REGISTERED NO. C 99334

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 N. Callington ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Cohee

(Residence in Baltimore: No. 108 N. Callington ave St.; 67 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH. Sept. 25, 1849 (Month) (Day) (Year)

7-AGE. 67 yrs. 1 mos. 6 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer). Marine

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Milton Cohee

(Address) 108 N. Collington Ave

15- Filed NOV 1 - 1916, 191.

ROBT. C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov. 1, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 14 1915, to Nov 1 1916, that I saw h. alive on Oct 31 1916, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Natural Death

Collapse

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bright's Kidney

Collapse (Duration) yrs. 4 mos. ds.

(Signed) [illegible] M. D.

Nov 1 1916 (Address) 1600 E. Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Carmel Cem'y

DATE OF BURIAL. Nov. 4, 1916

20-UNDERTAKER Albert E Fuller

ADDRESS 22 N Bradley

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699335

CERTIFICATE OF DEATH.

79 699335

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1229 Druid Hill Ave. St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca White

(Residence in Baltimore: No. 1229 Druid Hill Ave. St.; 76 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dont Know (Month) (Day) 1 (Year)

7-AGE, 76 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie White

(Address) 1229 D. Hill Ave

15- Filed NOV 1 - 1916, 191... ROBERT P. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 20 1916, to Oct 20 1916, that I saw h er alive on Oct. 20 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Old age

(Duration) yrs. mos. ds.

(Signed) John L. Wheatley M. D.

Oct 21, 1916 (Address) 1230 D. Hill Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Lane's Cemetery

DATE OF BURIAL, Nov 2, 1916

20-UNDERTAKER John A. Bishop

ADDRESS 1157 D. Hill Ave

Spec.—5-19-13—M. & T.—500 Bks.

699336

HEALTH DEPARTMENT—CITY OF BALTIMORE

1046-99336

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2215 Oak St.; 12 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Elizabeth Ball

(Residence in Baltimore: No. 2215 Oak St.; — yrs., 4 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June (Month) 6 (Day), 1916 (Year)

7-AGE, — yrs. 4 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Oscar W. Ball

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Gertrude M Ball

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Oscar W Ball

(Address) 2215 Oak St

15-

Filed, ..., 191.....

Registrar.

ROBERT N. KRAUTER
NOV 1 - 1916
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6 1916, to Oct 31 1916, that I saw h er alive on Oct 31 1916, and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary) Intestinal Indigestion

(Duration) ....yrs. 4 mos. ....ds.

(Signed) L. A. Rucker M. D.

Oct 31, 1916 (Address) 112 W. 20 St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn

DATE OF BURIAL, Nov 2, 1916

20-UNDERTAKER Wm Cook

ADDRESS 502 E Mulberry

Spec.—8-24-14—M. & T.—2000 Bks.

699337

HEALTH DEPARTMENT—CITY OF BALTIMORE

80 699337

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1705 E. Preston ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E. Crist

(Residence in Baltimore: No. 1705 E. Preston St.) 64 yrs., 4 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: June (Month) 10 (Day), 1852 (Year)

7-AGE: 64 yrs. 4 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Master
(b) General nature of industry, business, or establishment in which employed (or employer): Contractor

9-BIRTHPLACE, (State or Country): Baltimore City

PARENTS.

10-NAME OF FATHER: Jacob Crist

11-BIRTHPLACE OF FATHER (State or Country): Europe

12-MAIDEN NAME OF MOTHER: Wilhelmina Bragel

13-BIRTHPLACE OF MOTHER (State or Country): Europe

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Crist

(Address) 1705 E. Preston

15-

Filed NOV 1 - 1916 191.....

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: October (Month) 31. (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 5. 1915, to October 31 1916, that I saw him alive on " " 1916, and that death occurred, on the date stated above, at 8.07 P m.

The CAUSE OF DEATH* was as follows:

.....

Cystitis Calculus

..... (Duration), yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

..... (Duration) yrs. 12 mos. 10 ds.

(Signed) Geo. H. Hartman M. D.

Nov. 1, 191.. (Address) 1121 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Nov 3 191 6

20-UNDERTAKER: William Cook

ADDRESS: 512 E North Ave.

Dr Hartman 1121 North Caroline

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99338

99338

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 N. Patterson Park Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie R Clarkson

(Residence in Baltimore: No. 904 Patterson Park Ave St.; 17 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June — 1856
(Month) (Day) (Year)

7-AGE, 60 yrs. 5 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), U.S.- Md

PARENTS.

10-NAME OF FATHER, William N Fowler

11-BIRTHPLACE OF FATHER (State or Country), U.S.—Md

12-MAIDEN NAME OF MOTHER Martha Barkley.

13-BIRTHPLACE OF MOTHER (State or Country), U.S—Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert E. Hanrahan

(Address) 2436 Francis St

15- Filed NOV 1 - 1916 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 1, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 27 1916, to Nov 1 1916, that I saw h— alive on Oct 31 1916, and that death occurred, on the date stated above, at 5-40 A m.

The CAUSE OF DEATH* was as follows:

Labor Pneumonia

(Duration) ....yrs. ....mos. 11 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 2 yrs. ....mos. ....ds.

(Signed) E E Hanrahan M. D.

Nov 1, 1916 (Address) 2436 Francis St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, New Cathedral Cem — DATE OF BURIAL, Nov 4, 1916

20-UNDERTAKER Joseph L Cook — ADDRESS 1013 N Eutaw St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699339

CERTIFICATE OF DEATH.

79 699339

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 W. Fayette ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Kirby

(Residence in Baltimore: No. 1800 W. Fayette St. St.; 61 yrs., 1 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Sept — (Month) (Day), 1855 (Year)

7-AGE, 61 yrs. 1 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Richard Walsh

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Tierney

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lillie Agnew

(Address) 1800 W. Fayette St

15- Filed NOV 1 - 1916, 191. ROBERT B. KRAUTER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 30 1916, to Oct 31 1916, that I saw her alive on Oct 31 1916, and that death occurred, on the date stated above, at 12 M. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ....yrs. ....mos. 3 hrs. ds.

CONTRIBUTORY (Secondary) Heart Disease (Mitral)

(Duration) Unknown yrs. ....mos. ....ds.

(Signed) W. A. O'Neill M. D.

Oct 31, 1916 (Address) 1 S. N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Nov. 1, 1916.

20-UNDERTAKER New Cathedral Co. — Jos. B. Cook. ADDRESS 1003 W. Baltimore

C99340

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C99340

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2813 Clifton Ave St.; 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Meyer

(Residence in Baltimore: No. 2813 Clifton Ave St., 10 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: May 8 1830 (Month) (Day) (Year)

7-AGE: 86 yrs. 5 mos. 22 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Agent German Society
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Albert G. Meyer

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Anna M. Bischoff

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. A. Meyer
(Address) 1031 N. Carrollton Ave

15 NOV 1 - 1916 ROBERT R. KRAUTER
Filed ..... 191 ..... Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October 31st 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1916, to, Oct 1916, that I saw h— alive on Oct 31 1916, and that death occurred, on the date stated above, at 2 30 A m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis due to Advanced age

(Duration) ..... yrs ..... mos. ..... ds.

Contributory (SECONDARY) Oct 31

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Benson M. D.

Oct 31, 1916 [Address] 700 E Chase

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Nov. 2, 1916

20-UNDERTAKER: Joseph H Cook — ADDRESS: 1003 N Gilmor St

TION is very important. See instructions on back

Spec.—8-24-14—M. & T.—2000 Bks.

C 99341

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 99341

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 313 E. North ave (St.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Brown

(Residence in Baltimore: No.) 313 E. North ave St.; Life time yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Married

6-DATE OF BIRTH. Dec 16 (Month) (Day), 1849 (Year)

7-AGE. 66 yrs. 10 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Mariner
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Edw Brown

11-BIRTHPLACE OF FATHER (State or Country). Ireland.

12-MAIDEN NAME OF MOTHER. Margaret Bedden

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Elizabeth Brown

(Address) 313 E. North ave

15. NOV 1 - 1916 ROBERT R. KRAUTER

Filed ....., 191.. Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct 30 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1916, to Oct 30 1916, that I saw h[illegible] alive on Oct 30 1916, and that death occurred, on the date stated above, at about 10 P m.

The CAUSE OF DEATH* was as follows:

Cause of Death

Final Months

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Hanrahan M. D.

Oct 31, 1916. (Address) 31 E. North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Druid Ridge Cemetery

DATE OF BURIAL. Nov 2. 1916

20-UNDERTAKER Geo A Gerting

ADDRESS Baltimore

Important. See instructions on back.

Spec.—8-24-14—M. & T.—2000 Bks.

C99342

HEALTH DEPARTMENT—CITY OF BALTIMORE

29

CERTIFICATE OF DEATH.

REGISTERED No. C 99342

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 Lamont ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Hart

(Residence in Baltimore: No. 1726 Lamont St.: Life yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, Unknown (Month), (Day), 1 (Year)

7-AGE, 19 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Teamster
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto. md

PARENTS.

10-NAME OF FATHER, Charles Hart

11-BIRTHPLACE OF FATHER (State or Country). Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country). Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alex Hart

(Address) 1726 Lamont ave

15-

Filed NOV 2 - 1916, 191.

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 30 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1 1916. to Oct. 29 1916.

that I saw him alive on Oct 29, 1916.,

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(Duration) yrs. 7 mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Robert J. Green M. D.

Oct. 31, 1916. (Address) 120½ Augusta

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Osborne

DATE OF BURIAL, Nov. 2nd, 191.6

20-UNDERTAKER Wm. J. S. Faulkner

ADDRESS 1409 Madison Ave

SL

699343

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH

REGISTERED No. C 99343

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2004 N North Ave St. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adeline M Groeninger

(Residence in Baltimore: No. 2004 N North Ave St.: — yrs. 6 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): single

6-DATE OF BIRTH: April 16, 1916 (Month) (Day) (Year)

7-AGE: yrs. 6 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: John A Groeninger

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Eutha A Dowling

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John M Groeninger

(Address) 2004 N North Ave

15. Filed NOV 2 - 1916 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 11 (Month) 1 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9/10, 1916, to 11/1, 1916, that I saw h er alive on 11/1, 1916, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Infantile Cerebral Paralysis (Littles Disease)

(Duration) yrs. 1 mos. ds

Contributory (SECONDARY) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Harry Goldberg M. D.

11/1, 191 (Address) 2031 W Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Nov 2, 191

20-UNDERTAKER: M Fahey & Sons | ADDRESS: 106 Lafayette Ave

state CAUSE OF DEATH in plain terms. Its statistical value is very important. See instructions on back of certificate.

699344

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

CERTIFICATE OF DEATH.

REGISTERED No. C 99344

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2411 Mace St. ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bebe Brogden

(Residence in Baltimore: No. 2411 Mace St.

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male.

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct 26, 1916
(Month) (Day) (Year)

7-AGE, ...yrs....mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), 2411 Mace St.

PARENTS.

10-NAME OF FATHER, Eldon Brogden

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Mame Boulden

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mame Boulden

(Address) 2411 Mace St

15-

Filed NOV 2 - 1916, 191.... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 30, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, au-topsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) John H. Mowbray M. D.
(Coroner)

Nov 1 1916. (Address) 3632 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, ..., 19....

20-UNDERTAKER | ADDRESS

JOHNS HOPKINS HOSPITAL
Commissioner Health.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

699345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hillen Road Opposite Lake Montebello ST.; 9 WARD)

REGISTERED NO. C 99345

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret R Philipps

(Residence in Baltimore: No. Hillen Road Opposite Lake Montebello St.; 23 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, October (Month) 9th (Day), 1884 (Year)

7-AGE, 32 yrs. — mos. 22 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore Co Md

PARENTS.

10-NAME OF FATHER. John T. Shanklin

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Co Md

12-MAIDEN NAME OF MOTHER Sarah Goss

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William E Philipps

(Address) Hillen Road Opposite Lake Montebello

15- NOV 2 - 1916 Filed, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 7 1916, to Oct 31 1916, that I saw h[illegible] alive on Oct 30 1916, and that death occurred, on the date stated above, at 1.50 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) yrs. mos. 17 ds.

(Signed) Geo. L. Long M. D.

Oct. 31, 1916 (Address) Hamilton Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Hiss Cemetery Parkville DATE OF BURIAL. Nov. 2, 1916.

20-UNDERTAKER George Schilling & Sons ADDRESS 1126 E Monument

Spec.—8-24-14—M. & T.—2000 Bks.

C99346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH 15 Jack Hospital

REGISTERED NO. C 99346

CITY OF BALTIMORE: (No. Caroline & Aliceana ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Parsons

(Residence in Baltimore: No. 2412 E. Hoffman St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Boy	White	1 yr.

6-DATE OF BIRTH, Oct 31, 1916 (Month) (Day) (Year)

7-AGE, — yrs. — mos. — ds. If LESS than 1 day, 24 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or Country) Md Maryland

PARENTS.

10-NAME OF FATHER, Virgil Parsons

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER S. Morris

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) V. C. Parson

(Address) 2712 E. Hoffman St

15- Filed NOV 2 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 1, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 31 191..., to Nov 1 1916, that I saw h.. alive on Nov 1 191 16, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Catarrh
Prolonged Birth -
Bad presentation
(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Accidental

(Duration) ... yrs. ... mos. 1 ds.

(Signed) E. M. S. Reyes M. D.

..., 191... (Address) 5 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State ... yrs. ... mos. 1 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery — DATE OF BURIAL, Nov 3, 1916

20-UNDERTAKER H. M. Routson — ADDRESS 230 N. Green

699347 HEALTH DEPARTMENT—CITY OF BALTIMORE

120

CERTIFICATE OF DEATH.

REGISTERED NO. C 99347

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital St.: 10 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jerry Kadan

(Residence in Baltimore: No. 513 E. Preston St.: — yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: July 27, 1880 (Month) (Day) (Year)

7-AGE: 36 yrs. 5 mos. 3 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Russia

PARENTS.

10-NAME OF FATHER: Russia

11-BIRTHPLACE OF FATHER (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Russia

13-BIRTHPLACE OF MOTHER (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Lorette Kelly
(Address) 6-13 E. Preston

15-
Filed NOV 2 - 1916 191
HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct 30 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Dmtt Rupt

(Duration) yrs. mos. da.

(Signed) C. E. Libby M. D.
(Coroner)
Nov 1, 1916 (Address) 1639 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death 1 day In the State — yrs. — mos. — da.

Where was disease contracted, if not at place of death?

Former or usual residence 513 E Preston St

19-PLACE OF BURIAL OR REMOVAL: Dan Hill Cemetery
DATE OF BURIAL: Nov 2 1916

20-UNDERTAKER: Robt Kinnier
ADDRESS 1442 Bway

important: See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C99348 HEALTH DEPARTMENT—CITY OF BALTIMORE 92

CERTIFICATE OF DEATH.

1-PLACE OF DEATH REGISTERED NO. C 99348

CITY OF BALTIMORE: (No. 140 N. Washington ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Rumler

(Residence in Baltimore: No. 140 N Washington St.: 62 yrs., 1 mos. 19 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Sept 12, 1854 (Month) (Day) (Year)

7-AGE. 62 yrs. 1 mos. 19 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At Leisure
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Hoen

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Deyer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary [illegible]

(Address) 140 N Washington

15- NOV 2 - 1916 Filed....., 191... HARRY C. ALLEN'S Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. 10 (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct-19 1916, to Oct-31 1916, that I saw her alive on Oct-31 1916, and that death occurred, on the date stated above, at 10.30 Pm.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Tuberculosis

(Duration) ....yrs. mos. 12 da.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. mos. 4 da.

(Signed) J. H. Wade M. D.

Nov. 1, 1916 (Address) 118 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. mos. ....da. In the State ....yrs. mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mount Carmel Cemetery DATE OF BURIAL. Nov 3, 1916

20-UNDERTAKER J. H. Heuisler & Co. ADDRESS [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

699349.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

REGISTERED No. C 99349

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 N 27 St.; 17 Ward)

2-FULL NAME Elizabeth H. Pratt

(Residence in Baltimore: No. 117 N. 27th St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 27 (Day), 1851 (Year)

7-AGE, 65 yrs. 6 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....at home.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER. John Burgfeld

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Dorothea Kuhn

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Balthasar Pratt

(Address) 117 N. 27th St

15- Filed NOV 2 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 2nd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 15th 1916, to Nov. 2nd 1916, that I saw h[er] alive on Nov. 1st 1916, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

.....

Interstitial Nephritis

..... (Duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) ... yrs. 2 mos. ... ds.

(Signed) Geo. Elmer M. D.

Nov. 2nd, 1916. (Address) 1 W. Saratoga St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Nov. 7, 1916

20-UNDERTAKER John Herring & Co. ADDRESS 700 N. Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

C99350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 99350

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2105 Bank ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Sinclair

(Residence in Baltimore: No. 2105 Bank St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dec (Month) 15 (Day), 1847 (Year)

7-AGE, 68 yrs. 10 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto.

PARENTS.

10-NAME OF FATHER, John Pugh

11-BIRTHPLACE OF FATHER (State or Country) Balto

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Sinclair

(Address) 2105 Bank St.

15- Filed NOV 2 - 1916, 191. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 1st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 28 1916, to Nov 1 1916, that I saw h[illegible] alive on Oct 31 1916, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Pleurisy

(Duration) ....yrs. ....mos. 5 ds.

(Signed) J. Whitehurst M. D.

Nov 1, 1916. (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Balto Cem. DATE OF BURIAL. Nov 4th 1916

20-UNDERTAKER Chas E. Evans & Son ADDRESS 1130 Mt Royal ave

Spec.—8-24-14—M. & T.—2000 Bks.

699351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 66

1-PLACE OF DEATH

REGISTERED No. C 99351

CITY OF BALTIMORE: (No. Franklin Square Hospital ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank F. Gilbert

(Residence in Baltimore: No. Franklin Square Hospital St.: ..... yrs., 1 mos. 3 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White.

5-~~SINGLE, MARRIED, WIDOWED OR DIVORCED.~~ Widower. (Write the word.)

6-DATE OF BIRTH, April 27, (Month) (Day) 1852 (Year)

7-AGE, 64 yrs. 6 mos. 4 da. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)..... (Retired)

9-BIRTHPLACE, (State or Country), Carroll Co Md.

PARENTS.

10-NAME OF FATHER, Wm Gilbert.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Catherine Walts

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs L. Brown

(Address) 225 Francis St.

15- NOV 2 - 1916 HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 31, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 28, 1916, to Oct 31 1916, that I saw h~~im~~ alive on Oct 31 1916, and that death occurred, on the date stated above, at 10:25 P.m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (Paralysis)

..... (Duration) yrs. 1 mos. 3 da.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration) yrs. 1 mos. 3 da.

(Signed) L. L. Mason M. D.

Oct. 31, 1916. (Address) Franklin Square Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 3 da. In the State 64 yrs. 6 mos. 4 da.

Where was disease contracted, if not at place of death? Carrollton Md.

Former or usual residence Carrollton Md.

19-PLACE OF BURIAL OR REMOVAL Westminster Cem Co Md. DATE OF BURIAL, Nov 2, 1916

20-UNDERTAKER William Utz ADDRESS 1723 W Lafayette Ave

Spec.—5-19-13—M. & T.—500 Bks.

D 699352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 99352

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1462 N Pare ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Hopewell

(Residence in Baltimore: No. 1462 N Pare St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Infant

6-DATE OF BIRTH, Oct 30, 1916
(Month) (Day) (Year)

7-AGE, ..yrs. ..mos. 1 ds.

If LESS than 1 day, ..hrs. or ..min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Elzie Hopewell

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Hattie Green

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie Hopewell

(Address) 1462 N Pare

15- NOV 2 - 1916 Filed ..., 191.. HENRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 31, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 31 1916, to Oct 31 1916 that I saw h[illegible] alive on Oct 31 1916 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Ill defined Heart & Respiratory failure

(Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary) Premature birth

(Duration) ..yrs. ..mos. ..ds.

(Signed) Edw Thos M. D.

Nov 1, 1916. (Address) 1512 Druid Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Woodlawn Cemetery

UNDERTAKER John Howard

DATE OF BURIAL, Nov 2 1916

ADDRESS 1222 Division St

Spec.—8-24-14—M. & T.—2000 Bks.

C 99353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

REGISTERED NO. C 99353

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 E. 21st ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benton Jones

(Residence in Baltimore: No. 18 E. 21 street St.: 75 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: April 14, 1850 (Month) (Day) (Year)

7-AGE: 66 yrs. 6 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Civil

9-BIRTHPLACE, (State or Country): California

PARENTS.

10-NAME OF FATHER: William C Jones

11-BIRTHPLACE OF FATHER (State or Country): Maine

12-MAIDEN NAME OF MOTHER: Eliza Benton

13-BIRTHPLACE OF MOTHER (State or Country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. B. Vaughan

(Address) 18 E. 21 Street

15- NOV 2 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct (Month) 1st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to Oct 1st 1916, that I saw him alive on Oct 30th 1916, and that death occurred, on the date stated above, at 1:30 p m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm J Watson M. D.

Nov 1, 1916. (Address) 2178 St Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Louis Mo

DATE OF BURIAL: Nov 5, 1916

20-UNDERTAKER: William Cook

ADDRESS: 501 E Watts

699354 HEALTH DEPARTMENT—CITY OF BALTIMORE 151 699354

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 817 Dean St. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Ermalowski

(Residence in Baltimore: No. 817 Dean St St.; yrs., mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct 23, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 10 mos. 10 ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE. (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Frank Ermalowski

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Braun

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Ermalowski

(Address) 817 Dean St

15- Filed NOV 2 - 1916 ....M. 191.... ROBERT R. KRAUTER Registrar.

Burial Form

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 2, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) investigation find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Premature Birth

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry Lyon Funk M. D. (Coroner.)

Nov 2, 1916 (Address) 1610 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Rosary | DATE OF BURIAL. Nov. 3, 1916

20-UNDERTAKER Wm Gallowski | ADDRESS 161 Carlton

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

699355 HEALTH DEPARTMENT—CITY OF BALTIMORE +1 699355

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hosp St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Valdemar Bonnelyche

(Residence in Baltimore: No. Md General Hospital St.; ..... yrs., ... mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown ....., 1867
(Month) (Day) (Year)

7-AGE, 49 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Sea Captain
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Denmark.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) D. H. H. Flood.

(Address) 17 So Gay Street

15. NOV 2 - 1916 ROBERT R. KRAUTER

Filed....., 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 30, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 3, 1916, to Oct 30, 1916, that I saw h[illegible] alive on Oct 28, 1916, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

..... (Duration) ..... yrs. ..... mos. 27 ds.

CONTRIBUTORY (Secondary) Relapse & Cardiac Dilatation (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Elmer Neuenschwander M. D.

10-30, 1916. (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 27 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Denmark.

19-PLACE OF BURIAL OR REMOVAL, Denmark | DATE OF BURIAL, Nov 9, 1916

20-UNDERTAKER Joseph B Cook | ADDRESS 1003 W Balto St

Spec.—8-24-14—M. & T.—2000 Blks.

C99356 HEALTH DEPARTMENT—CITY OF BALTIMORE +6+ C99356

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katie Lynch

(Residence in Baltimore: No. New Pittsburg Balto Co. Md. St.; 75 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 58(?) yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Alexander Brown

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Kate Conard

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Patricia Lane

(Address) 236 Dist Harrows Point Md.

15-

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 1, 191C (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 16 191C, to Nov 1 191C that I saw h er alive on Nov 1 191C, and that death occurred, on the date stated above, at 11.40 P m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Mitral Regurgitation

(Duration) (?) yrs. 2 mos. 16 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ? yrs. mos. 3 ds.

(Signed) Bernard S. Jacobson M. D.

Nov 1, 191C (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 17 ds. In the State 17 yrs. mos. ds.

Where was disease contracted, if not at place of death? (?)

Former or usual residence New Pittsburg Md.

19-PLACE OF BURIAL OR REMOVAL, St. Patricks Cem

DATE OF BURIAL, Nov 4, 191C

20-UNDERTAKER Lilly - Zeiler

ADDRESS 403 E. Wolfe

699357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

699357

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Pier 9 Locust Point. St.: 11 Ward) REGISTERED No. C 169

2-FULL NAME Herbert Shanklin. (Col'd)

(Residence in Baltimore: No. 441 W.Biddle St.: 44 6 mos. 1 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	Colored.	Single.

6-DATE OF BIRTH, Do not know. (Month) (Day) 1 (Year)

7-AGE, 22 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), St.Louis Mo.

PARENTS.

10-NAME OF FATHER, Jesse Shanklin.(C)

11-BIRTHPLACE OF FATHER (State or Country). St.Louis Mo.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country), Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William H.Jones.(C)

(Address) 441 W.Biddle St.

15- Filed NOV 2 - 1916, 191.... ROBERT R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 22nd. 1916. (Month) (Day) 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Kaufman M. D. (Coroner)

Nov 2nd, 191.. (Address) 1017 S.Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Nov 3, 1916

20-UNDERTAKER John H Tenchen — ADDRESS 142 Westfield St

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

699358 HEALTH DEPARTMENT—CITY OF BALTIMORE 170 699358

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1812 E. Chase ST.; 8 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Ford

(Residence in Baltimore: No.) 1812 E Chase St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April 10, 1864 (Month) (Day) (Year)

7-AGE, 52 yrs. 6 mos. 21 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Grocer

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, John D. Ford

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Catherine Brunwalder

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lamar Ford

(Address) 1812 E Chase st

15- Filed NOV 2 - 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 31st, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 7th 1916, to October 31st 1916, that I saw h[illegible] alive on October 30th 1916, and that death occurred, on the date stated above, at 11:25 P m.

The CAUSE OF DEATH* was as follows:

[illegible] Hypertrophy

(Duration) 1 yr. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) yrs. 7 mos. ds.

(Signed) Albert E. Bontz M. D.

Nov 1st, 1916. (Address) 1813 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Nov 3, 1916

20-UNDERTAKER Albert E Fuller — ADDRESS 221 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

699359 HEALTH DEPARTMENT—CITY OF BALTIMORE ×100 699359

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebraw Hospital St.) 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Livingstone

(Residence in Baltimore: No. Youngstown, Ohio St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. October 19", 1873
(Month) (Day) (Year)

7-AGE. 43 yrs. — mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Grocer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Ohio

PARENTS.

10-NAME OF FATHER. Simon Livingstone

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Fannie Brunswick

13-BIRTHPLACE OF MOTHER (State or Country). Switzerland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs S Livingstone

(Address) Youngstown Ohio

15- Filed NOV 2 - 1916, 191.... ROBERT B. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. November 1, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 31, 1916, to Nov 2, 1916, that I saw h im alive on Nov 2, 1916, and that death occurred, on the date stated above, at 1245 P.M.

The CAUSE OF DEATH* was as follows:

Tonsillectomy

Acute Hypertrophy + Degeneration of Tonsils

(Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Malignant Edema of Larynx pharynx + tongue (Duration) — yrs. — mos. 2½ ds.

(Signed) M.K. Kevin M. D.

Nov 2, 1916. (Address) Hebraw Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 3 ds. In the State — yrs. — mos. 3 ds.

Where was disease contracted, if not at place of death? Hebraw Hosp

Former or usual residence Youngstown, Ohio

19-PLACE OF BURIAL OR REMOVAL. Youngstown Ohio DATE OF BURIAL. Nov 3, 191...

20-UNDERTAKER David Sindheim ADDRESS 18 Market

C99360 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6 172 C99360

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. St Josephs Hospital ST. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary LaFevre

(Residence in Baltimore: No. 2632 E Balto st

St.; yrs. 67 mos. 6 ds. 26

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, April (Month) 6 (Day) 1849, ? (Year)

7-AGE, 67 yrs. 6 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... House Work

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Hammond

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William LaFevre

(Address) 2632 E Balto st

15- NOV 2 - 1916 Filed ROBERT R. KRAUTER Registrar.

Burial Permit

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 31 (Day) 1916, 191 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture of neck of femur fell down stairs

(Duration) yrs. mos. ds.

(Signed) J. Ramsay D. Bradley M. D. (Coroner.)

Nov 1 1916 191... (Address) 2632 E Balto st N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. ds. In the State 67 yrs. mos. dys.

Where was disease contracted, if not at place of death? 2632 E. Balto st

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem DATE OF BURIAL, Nov 3 1916

20-UNDERTAKER Lilly & Zeiler ADDRESS 403 S Wolfe st

Spec.—8-24-14—M. & T.—2000 Bks.

C99361

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99361

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2711 Eastern Ave St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah L. V. Mills

(Residence in Baltimore: No. 2711 Eastern Ave St.; 50 yrs. — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 27 (Month) (Day), 1854 (Year)

7-AGE, 62 yrs. — mos. 5 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Dorchester Co. Md

PARENTS.

10-NAME OF FATHER, Solomon Tyler

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Hannah Brambles

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Mills

(Address) 2711 Eastern ave

15-

NOV 2 - 1916

Filed....., 191.....

ROBERT P. KRAUTER

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 1 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from July 7 1916, to Nov 1 1916, that I saw h.. alive on Nov 1 1916, and that death occurred, on the date stated above, at 1.40 p. m.

The CAUSE OF DEATH* was as follows:

Cancer Carcinoma

(Duration) yrs. 5 mos. da.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. da.

(Signed) C L Long M. D.

11/X, 191.. (Address) 2701 Eastern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel

DATE OF BURIAL, Nov 4, 191.

20-UNDERTAKER Libby & Linn

ADDRESS 403 E. Biddle

Spec.—8-24-14—M. & T.—2000 Bks.

C99362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1920 C99362

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1333 Greenmount Ave St.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Francis

(Residence in Baltimore: No. 333 Greenmount Ave St.; 37 yrs. 9 mos. 15 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. Jan. (Month) 12 (Day), 1879 (Year)

7-AGE.	If LESS than 1 day,
37 yrs. 9 mos. 15 da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Patrick F. Murphy

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary J. Dunn

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Emma Murphy

(Address) 1333 Greenmount Ave

15- NOV 2 - 1916 Filed ....., 191.... ROBERT P. LAMASTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. November (Month) 1st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1916, to Nov. 1st 1916, that I saw her alive on Nov. 1st 1916, and that death occurred, on the date stated above, at 11 55 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Cardiac Insufficiency

(Duration) 0 yrs. 3 mos. 0 da.

CONTRIBUTORY (Secondary) Left Hemiplegia

(Duration) 0 yrs. 3 mos. 20 da.

(Signed) J. A. Chatard M. D.

Nov 2nd 1916. (Address) 740 W. Belle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....da. In the State ....yrs....mos....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Cross	Nov 5th, 1916
20-UNDERTAKER	ADDRESS
Geo. M. Gaylord	1924 W. Balt. St.

Spec.—8-24-14—M. & T.—2000 Bks.

699363 HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH.

REGISTERED NO. C 99363

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 E. 22. St. ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

2-FULL NAME Philip A. Barton

(Residence in Baltimore: No. 12 E. 22. St. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Oct (Month) 28. (Day), 1840 (Year)

7-AGE, 76 yrs. 1 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm. J. Barton

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Eliza Ives

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cornelius A. Barton

(Address) 12 E. 22. St.

15- NOV 3 - 1916 Filed....., 191..... MARY C. ANDREW Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 30 1916, to Nov 2. 1916, that I saw h im alive on Nov 1- 1916, and that death occurred, on the date stated above, at 8.50 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. R. Waggner M. D.

11/3, 191.. (Address) 1501 E Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Rock Ridge Cem. DATE OF BURIAL, Nov. 4, 1916

20-UNDERTAKER E. W. Mitchell & Co ADDRESS Balto Md.

Spec.—8-24-14—M. & T.—2000 Bks.

699364 HEALTH DEPARTMENT—CITY OF BALTIMORE 79

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3608 Cottage Ave ST.; 15 WARD)

REGISTERED No. C 99364

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert von Briesen

(Residence in Baltimore: No. 3608 Cottage Ave St.; Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH. Unknown (Month) , 1 (Day) (Year)

7-AGE. 57 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Builder
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto City

PARENTS.

10-NAME OF FATHER. Oscar von Briesen

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Susanna Wagner

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rud E. von Briesen

(Address) 3608 Cottage Ave

15- NOV 3 - 1916 HARRY C. ANDREWS

Filed ..... 191... Burial Permit Clerk

M. Abrams Registrar. 1638 E Baltimore St

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov. 2nd (Month) (Day) , 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 23rd 1916, to Nov. 2nd 1916, that I saw h— alive on Nov. 2nd 1916, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis; Chr. Myocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia; Angina pectoris

(Duration) yrs. mos. 2 ds.

(Signed) Michael A. Abrams M. D.

, 191... (Address) 1634 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Lorraine Cemetery

DATE OF BURIAL. Nov. 4, 1916

20-UNDERTAKER W. J. Tickner & Sons

ADDRESS North Penna ave

699365 HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

40

REGISTERED NO. C 99365

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2100 Brookfield av St. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Hickman

(Residence in Baltimore: No. 2100 Brookfield ave St.: 35 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): married

6-DATE OF BIRTH: Unkown (Month), (Day), 1850 (Year)

7-AGE: 66 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Unkown

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Unkown

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): J Lewis

(Address): 1411 E Bolt x

15. NOV 3 - 1916 191 HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: November 21, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1916, to, Nov 21, 1916, that I saw him alive on November 21, 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Liver

(Duration) ..... yrs. 4 mos. ..... ds

Contributory (SECONDARY) Terminal pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) M. Chidgrey M. D.

Nov 21, 1916 (Address) 216 N. High St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hebrew Rosedale

DATE OF BURIAL: 11/3, 191 6

20-UNDERTAKER: Jack Lewis

ADDRESS: 1411 E Bolt St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. is very important. See instructions on back of certificate.

Spec.—3-24-14—M. & T.—2000 Bks.

M 99366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

REGISTERED NO. C 99366

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hilda Freeman

(Residence in Baltimore: No. 2523 Mc Culloh St St.; 2 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 15 (Day), 1887 (Year)

7-AGE, 29 yrs. 4 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Morris Levin

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rena Borosofsky

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Baltimore

15-

Filed NOV 3 - 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 10, 1916, to Nov 2, 1916, that I saw her alive on Nov 2, 1916, and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
Mitral Regurgitation
Arteriosclerosis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pneumonia

Dilatation (Duration) yrs. mos. 1 ds.

(Signed) Edward Friedman M. D.

Nov 2, 1916 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 5 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? (?)

Former or usual residence 2523 Mc Culloh St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship

DATE OF BURIAL, 11-3, 1916

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

M 9936 7

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37

REGISTERED NO. C 9936 7

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 S Eutaw Mercy Hospital ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eddie Harris

(Residence in Baltimore: No. 622 S Eutaw St.; ..... yrs., mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Oct (Month) 24 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. 10 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE (State or Country) Balto Md.

PARENTS.

10-NAME OF FATHER, Frank Harris.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Fannie Hashin

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Harris.

(Address) 622 S Eutaw St.

15-

Filed NOV 3 - 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk & Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 24 1916, to Nov 3 1916, that I saw h[illegible] alive on Nov 2 1916, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

(a) Original Lues.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward P. Sweet M. D.

Nov 3, 191.. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. mos. 16 ds. In the State ..... yrs. mos. 10 ds.

Where was disease contracted, if not at place of death? 622 S. Eutaw St.

Former or usual residence 622 S. Eutaw St.

19-PLACE OF BURIAL, OR REMOVAL. Mt Auburn DATE OF BURIAL. Nov 3, 1916.

20-UNDERTAKER C. E. Brown & Son ADDRESS 1018 W Monto

699368

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

REGISTERED No. C 99368

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1803 Kavanaugh St. WARD) 15

2-FULL NAME Ida Dunlap (Dunlap)

(Residence in Baltimore: No. 1803 Kavanaugh St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, ... (Month) ..... (Day), 1850 (Year)

7-AGE, 20 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Richard Haley

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Sophia Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 1321 Hollins (North)

15- NOV 3 - 1916 HARRY C. ANDREWS
Filed ....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 30 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Nephritis

Chronic

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Alcoholism

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. H. Mitchell M. D.
(Coroner)

Nov. 2, 1916. (Address) 816 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Oct. 3, 1916

20-UNDERTAKER James H. Dunnar — ADDRESS 1338 Eastern

important. See instructions on back of certificate.

99369

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

40

REGISTERED No. C 99369

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2325 Arunah Ave St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elisa Paar.

(Residence in Baltimore: No. 2325 Arunah Ave St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed.

6-DATE OF BIRTH: May 19, 1854 (Month) (Day) (Year)

7-AGE: 62 yrs. 5 mos. 12 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: John Ballman

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr Ernest Beseler

(Address) 2325 Arunah Ave

15- NOV 3 - 1916 Filed ..., 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Oct. 31, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 14, 1916, to Oct 31, 1916, that I saw her alive on Oct. 30, 1916, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach and right breast.

(Duration) 1 yr. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) E. F. Dickey M. D.

Nov. 2, 1916 [Address] 14 N. Monroe St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery DATE OF BURIAL: Nov 3 1916

20-UNDERTAKER: Geo. A. Gertz ADDRESS: Baker & Pine St.

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 99370 151

CERTIFICATE OF DEATH.

REGISTERED No. C 99370

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Hunter.

(Residence in Baltimore: No. 909 Hawart St Norfolk Va St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. B.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Oct (Month) 31, (Day) 1916 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or 15 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William Booker.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Estella Hunter.

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Estelle Hunter

(Address) 909 Hawart St Norfolk Va

15-

Filed NOV 3 - 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 31, (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 31 191 6, to Oct 31 191 6, that I saw h[illegible] alive on Oct 31 191 6 and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

.....

Premature Birth

.....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward P. Dunnock M. D.

Oct 31, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State 15 min yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? mercy Hosp

Former or usual residence Norfolk Va

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S.

DATE OF BURIAL, NOV 2 ....., 191...

20-UNDERTAKER

ADDRESS

Commissioner Health.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

699371 104

REGISTERED NO. C 99371

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2105 Jefferson St. St. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sandro Sherwood Shipley

(Residence in Baltimore: No. 2105 Jefferson St., St.; 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: August 11th 1916 (Month) (Day) (Year)

7-AGE: yrs. 2 mos. 22 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Charles Shipley

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md.

12-MAIDEN NAME OF MOTHER: Agnes Cross

13-BIRTHPLACE OF MOTHER (State or country): Howard County

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. S. Shipley

(Address) 2105 Jefferson St

15- NOV 3 - 1916 Filed ..... 191.. HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 2nd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1916, to, Nov. 1st. 1916, that I saw him alive on Nov. 1st. 1916, and that death occurred, on the date stated above, at 6.20 m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-Enteritis.

(Duration) yrs mos. 20 ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed) Geo. Seymour M.D. M. D.

Nov. 2nd, 1916 [Address] 2528 E. Monument St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Trinity Cemetery — DATE OF BURIAL: Nov 3/16 191..

20-UNDERTAKER: Christian Miller — ADDRESS: 2334 Jefferson St

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

699372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1239 N. Lombard ST.; 18 WARD)

REGISTERED No. C 99372

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E. Morrison

(Residence in Baltimore: No. 1239 N. Lombard St.; 21 yrs. 4 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, June (Month) 17 (Day), 1895 (Year)

7-AGE.	If LESS than 1 day,
21 yrs. 4 mos. 16 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James P. Morrison

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Nixon

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Elizabeth Morrison

(Address) 1239 N. Lombard St

15- HARRY C. ANDREAE

Filed NOV 3 - 1916, 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1915, to Nov 2 1916, that I saw h[er] alive on Nov 2 1916, and that death occurred, on the date stated above, at 5.45 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. A. Greulich M. D.

Nov 3, 1916. (Address) 108 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral Cemetery	Nov 4th, 1916.
20-UNDERTAKER	ADDRESS
John J. Fields	1200 W. Lombard st

B 699373

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

REGISTERED No. C 99373.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 307 N. Pulaski ST. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wesley Wise Smith

(Residence in Baltimore: No. 307 N. Pulaski St Sr.: 51 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: Aug (Month) 1st (Day), 1839 (Year)

7-AGE: 77 yrs. 3 mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): House

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: William Smith

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Belinda Bennett

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Mamie Smith

(Address) 307 N. Pulaski St.

15- FILED NOV 3 - 1916 HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 1 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1916, to Nov. 1st 1916, that I saw him alive on Nov. 1st, 1916, and that death occurred, on the date stated above, at 12 10 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) Indefinite yrs. mos. ds

Contributory (SECONDARY) Apoplexy

(Duration) yrs. mos. 6 ds.

(Signed) Benjamin Cadden M. D.

Nov. 1st, 1916 (Address) 252 N. Payson St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Nov 3 1916

20-UNDERTAKER: [illegible]

ADDRESS: 318 Light St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Each item is very important. See instructions on back of certificate.

699374

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

REGISTERED NO. C 99374

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 Argyle St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Doris E Stang

(Residence in Baltimore: No. 1710 Argyle St.; yrs. mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Oct (Month) 31 (Day), 1916 (Year)

7-AGE: yrs. mos. 2 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Walter E Stang

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Mildred A Smith

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Walter E Stang

(Address): 1710 Argyle St

15- NOV 3 - 1916 Filed, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 31, 1916, to, Nov 3 1916, that I saw her alive on Nov 1 1916, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) yrs mos 2 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Dr Mc Sandmann M. D.

Nov 3, 1916 [Address] 1714 N Caroline

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Nov 3rd, 191 6

20-UNDERTAKER: George J. Rutty

ADDRESS: 1700 Harford Ave.

TION is very important. See instructions on back of certificate.

C99375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43

REGISTERED No. C 99375

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1417 W Franklin ST. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Cora L. Nagle

(Residence in Baltimore: No. 1417 W. Franklin St.; 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Feme

4 COLOR OR RACE: white

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Oct 29, 1866 (Month) (Day) (Year)

7 AGE: 50 yrs. mos. 2 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John G. Nagle

11 BIRTHPLACE OF FATHER (State or country): Don't Know

12 MAIDEN NAME OF MOTHER: Wilhelmina Steck

13 BIRTHPLACE OF MOTHER (State or country): Don't Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Howard Weeks

(Address) 1417 W. Franklin St

15 NOV 3 - 1916 Filed ....., 19.. HARRY C. ANDREWS Burial Permit Issued REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November 2, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April, 1916, to Nov. 2, 1916, that I saw h[illegible] alive on Nov 1st, 1916, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast

(Duration) 3 yrs. mos. ds

Contributory (SECONDARY) Carcinoma Lungs

(Duration) yrs. 3 mos. ds.

(Signed) Alberus Cotton M. D.

Nov 3, 1916 (Address) 1303 Mad W

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Nov 4, 1916

20 UNDERTAKER: Chas. E. Franck

ADDRESS: 802 Madison Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement is very important. See instructions on back of certificate.

C99376 HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C99376

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 1440 N Paca St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Williams a Young

(Residence in Baltimore: No. 1440 N. Paca St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col'd	Married

6-DATE OF BIRTH, Dec. 8, 1915
(Month) (Day) (Year)

7-AGE, 7 yrs. 10 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Charles Young

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Eliza Jones

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 1440 N. Paca St

15- NOV 3 - 1916 ROBERT E. KRAUTER Registrar.
Filed ....., 191.... Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 2, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebro Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cold

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

Nov. 3, 1916 (Address) 814 N. Paca

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State None yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Laurel Cemetery — DATE OF BURIAL, Nov 3, 1916

20-UNDERTAKER Stewart & Owen Co — ADDRESS 108 W North Ave

important. See instructions on back of certificate.

699377

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 699377

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 834 Coke alley ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Dulaney

(Residence in Baltimore: No. 834 Coke alley St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Col	Single

6-DATE OF BIRTH, July 17 1870, 1
(Month) (Day) (Year)

7-AGE. 40 yrs. 3 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Washington DC

PARENTS.

10-NAME OF FATHER, Henry Delaney

11-BIRTHPLACE OF FATHER (State or Country), Washington

12-MAIDEN NAME OF MOTHER Alice Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Washington

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Hearns

(Address) 160 S 4

15- Filed NOV 4 - 1916, 19.. ROBERT R. KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 2 1916, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Nov 3 1916 (Duration) yrs. mos. ds.

(Signed) C. Ernest Linsey M. D.
(Coroner.)

....., 191.. (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. mos. ds. In the State 2 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Washington D C DATE OF BURIAL, Nov 5, 1916

20-UNDERTAKER Wm Cook ADDRESS 902 E Monument ave

Frazier Street - Adams Exp.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

R 99378 — 78 C 99378

1-PLACE OF DEATH Woman's Hospital — REGISTERED NO. C

CITY OF BALTIMORE: (No. ... ST.; 14 ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Caroline Costello

(Residence in Baltimore: No. Woman's Hospital St.; 1 yrs. 1 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Divorced

6-DATE OF BIRTH, May (Month) 1 (Day) 1877 ~~1878~~ (Year)

7-AGE, 38 yrs. 6 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): ✓

9-BIRTHPLACE, (State or Country), Frederick Maryland

PARENTS.

10-NAME OF FATHER, Chas Washington Rose

11-BIRTHPLACE OF FATHER (State or Country), Frederick Md

12-MAIDEN NAME OF MOTHER Amelia Potts

13-BIRTHPLACE OF MOTHER (State or Country), Frederick County

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Amelia Rose

(Address) Frederick Md

15- Filed NOV 4 - 1916 191... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 17 1916, to Nov 3 1916, that I saw h er alive on November 3 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Post Operative Shock after Laparotomy intestinal operation (Fistula)

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) (3) ... yrs. ... mos. ... ds.

(Signed) R. R. Silvester M. D.

Nov 3..., 1916 (Address) Womans Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 19 ds. In the State 38 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Frederick, Maryland

19-PLACE OF BURIAL OR REMOVAL, Frederick Md — DATE OF BURIAL, Nov 3.., 1916

20-UNDERTAKER Henry W. Jenkins Sons Co — ADDRESS Mt Hollow + Arch

by Automobile

699379 HEALTH DEPARTMENT—CITY OF BALTIMORE 699379

CERTIFICATE OF DEATH.

167

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital St. 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Finan

(Residence in Baltimore: No. 1224 Riverside Ave St.; 5 yrs., 10 mos., 7 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec 24, 1910 (Month) (Day) (Year)

7-AGE, ~~5~~ yrs. 10 mos. 7 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, George Finan

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md

12-MAIDEN NAME OF MOTHER Lula

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Finan

(Address) 1224 Riverside

15- NOV 4 - 1916 ROBERT R. KRAUTER Burial Permit Registrar.

Filed ....., 191....

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 2, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar. 1 day

(Duration) ....yrs. ....mos. ....da.

CONTRIBUTORY (Secondary) Burns 3 degree Extremities (Duration) 2 days

(Signed) W. T. Talley M. D. caused by

(Coroner)

Nov 2, 191 6 (Address) 1637 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 7 da. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery

DATE OF BURIAL, Nov. 4, 1916

20-UNDERTAKER P. J. McGlynn

ADDRESS 1422 Light

CAUSE OF DEATH to be plainly written. Every question must be answered if possible. Physician should fill out and sign certificate before undertaker makes his return. Name of informant important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

639 C99380 — 79 C99380

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 Josephine ST.; 4 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Sherwood

(Residence in Baltimore: No. 630 Josephine St.; 48 yrs., 11 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, Dec. — (Month) (Day), 1867 (Year)

7-AGE,	If LESS than 1 day,
48 yrs. 11 mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Laundry at home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, George Harris

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Julia A. Stanton

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Thompson

(Address) 630 Josephine St

15- NOV 4 - 1916 Filed....., 191..... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 1st (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 23d 1916, to Nov. 1st 1916, that I saw her alive on Oct. 27th 1916, and that death occurred, on the date stated above, at 7:30 a. m.

The CAUSE OF DEATH* was as follows:

.....

.....

(a).....

Endocarditis (Duration) — yrs. 9 mos. — ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(b)..... (Duration) — yrs. 3 mos. — ds.

(Signed) Edward E. Mackinnon M. D.

Nov. 1st, 191... (Address) 1334 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Ft Lesley — DATE OF BURIAL, Nov 4, 1916

20-UNDERTAKER, John J. Conroy — ADDRESS, 901 Hollins St.

C99381

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99381

168

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 620 W Saratoga ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence E. Douglass

(Residence in Baltimore: No. 620 Saratoga St.; yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE, 45 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie Douglass

(Address) 316 N. Green St.

15-

Filed NOV 4 - 1916, 191 ROBERT B. KRAUTER Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gas Poison, (accidental)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert L Driscoll M. D. (Coroner)

Nov 3, 1916. (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery DATE OF BURIAL, Nov. 4 1916

20-UNDERTAKER W M Rawlson ADDRESS 230 W Green

CAUSE OF DEATH: This point is important. See instructions on back of certificate.

699382 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47

REGISTERED NO. C 99382

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1022 Fulmonable ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caleb Evans

(Residence in Baltimore: No. 1022 Fulmore St. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Blk	widower

6-DATE OF BIRTH, October 2, 1873
(Month) (Day) (Year)

7-AGE, 43 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Porter
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, John A. Evans

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Elizabeth Potter

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible]

(Address) 1222 Division

15- Filed NOV 4 - 1916, 191... MARY C. ANDREW Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 2, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY. (Secondary) Chronic Nephritis

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

Nov. 2, 1916. (Address) 1 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, Nov. 4 1916

20-UNDERTAKER John H. Owens ADDRESS 1222 Division

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C99383

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

CERTIFICATE OF DEATH.

REGISTERED NO. C 99383

1-PLACE OF DEATH Florence Crittenden Mission

CITY OF BALTIMORE: (No. 837 Hollins ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Stewart

(Residence in Baltimore: No. ..... St.; ..... yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, probably June (Month) 9 (Day), 1916 (Year)

7-AGE, ... yrs. 4 mos. 24 da.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Child.
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Foundling

PARENTS.

10-NAME OF FATHER.

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss D. Hunsdiff

(Address) 837 Hollins St

15- Filed NOV 4 - 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191 , to Nov 3 1916, that I saw h im alive on Nov 3 1916, and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows:

Indigestion intestinal, Carnivic

..... (Duration) ..... yrs. 5 mos. ..... da.

CONTRIBUTORY (Secondary) Broncho pneumonia

..... (Duration) ..... yrs. ..... mos. 1 da.

(Signed) John L. Baldwin M. D.

....., 191... (Address) 453 Hollins St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 2 mos. ..... da. In the State ..... yrs. 2 mos. ..... da.

Where was disease contracted, if not at place of death? Florence Crittenden Mission

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. | DATE OF BURIAL. ....., 191...

20-UNDERTAKER | ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 99384

1916

REGISTERED NO. C 99384

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1024 N. Gay ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary K. Dressel

(Residence in Baltimore: No. 1024 N. Gay st St.; 63 yrs., 7 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, March (Month) 29th (Day), 1853 (Year)

7-AGE, 63 yrs. 7 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Leonhard Dressel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Maria Seidel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Annie Dressel

(Address) 1024 N Gay st

15- Filed NOV 4 - 1916, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 2d (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 12 1916, to Nov 2 1916, that I saw her alive on Nov 2 1916, and that death occurred, on the date stated above, at 11½ P. m.

The CAUSE OF DEATH* was as follows: Chronic Intestinal Nephritis Sigh Bladder Prolapse

(Duration) yrs. 10 mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. 1 mos. 3 ds.

(Signed) Chas. E. Wolfe M. D.

Nov 2, 1916 (Address) 1414 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Nov. 5, 1916.
20-UNDERTAKER	**ADDRESS**
George Schilling & Sons	1126 E Monument St

Spec.—8-24-14—M. & T.—2000 Bks.

No 99385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

REGISTERED No. C 99385

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 Fleet ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Otto Wm Bauer

(Residence in Baltimore: No. 1601 Fleet St.; 6 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH, June (Month) 5 (Day), 1916 (Year)

7-AGE, yrs. 4 mos. 29 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Charles Bauer

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Clara Margarethe Fistermann

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Bauer

(Address) 1607 Fleet St.

15-

Filed NOV 4 - 1916, 191

HARRY C. ANDREWS
Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 2 1916, to Nov 3 1916, that I saw h— alive on Nov 3 1916, and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Acute Gastritis

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Acute Indigestion

(Duration) yrs. mos. 24 ds.

(Signed) J. Whelan M. D.

Nov 3, 1916. (Address) 16 S. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, Nov 5, 1916

20-UNDERTAKER H. Sander & Sons — ADDRESS 1210 Fleet St

Spec.—8-24-14—M. & T.—2000 Blks.

C 99386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED NO. C 99386

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2307 Foster Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Langgood

(Residence in Baltimore: No. 2307 Foster Ave St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: December 9, 1859. (Month) (Day) (Year)

7-AGE: 56 yrs. 10 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Packing Plant

9-BIRTHPLACE, (State or Country): Baltimore City Md

PARENTS.

10-NAME OF FATHER: Geo. N. Langgood

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Anna B. Nagel

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine Longgood

(Address) 2307 Foster Ave

15- Filed NOV 1 1916 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Nov. 2, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 2 1916, to Nov. 2 1916, that I saw him alive on Oct 31 1916, and that death occurred, on the date stated above, at 8 40 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Cerebrosis Fever

(Duration) yrs. 2 mos. ds.

(Signed) C. N. Mitchell M. D.

Nov 2, 1916 (Address) 100 S. Patterson Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: 1st Evangelical

DATE OF BURIAL: Nov. 4., 1916

20-UNDERTAKER: H. Sander & Sons

ADDRESS: 1210 Eutaw St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 69387 50

REGISTERED NO. C 99387

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Gorsuch & Pentwood Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Louise Reinhardt

(Residence in Baltimore: No. Gorsuch & Pentwood Ave St.; 7 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. Feb. (Month) 18 (Day), 1847 (Year)

7-AGE. 69 yrs. 8 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Penn.

PARENTS.

10-NAME OF FATHER. Thos F. Pinsch.

11-BIRTHPLACE OF FATHER (State or Country). Penn.

12-MAIDEN NAME OF MOTHER. Mary A Brady.

13-BIRTHPLACE OF MOTHER (State or Country). Penn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Grau.

(Address) Gorsuch & Pentwood Aves.

15-

Filed NOV 4 - 1916, 191.... HARRY C. ANDREWS Registrar.

Burial Permit ....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Apiles 1916, to Nov 2 1916, that I saw her alive on Nov 2 1916, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Diabetes

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) 6 yrs. mos. 6 ds.

(Signed) H. H. Boles M. D.

11/2/16, 191... (Address) Arlington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park

DATE OF BURIAL. Nov 5, 191 6

20-UNDERTAKER George J Smith

ADDRESS 1000 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

C99388

HEALTH DEPARTMENT—CITY OF BALTIMORE

79

CERTIFICATE OF DEATH.

REGISTERED NO. C 99388

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1840 W. North Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha J. Patchett

(Residence in Baltimore: No. 1840 W. North Ave St.; 80 yrs., 9 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH: Jan. 27 (Month) 1836 (Day) 1 (Year)

7-AGE: 80 yrs. 9 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Maryland

PARENTS.

10-NAME OF FATHER: Lemuel Stewart

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Catherine Thompson

13-BIRTHPLACE OF MOTHER (State or Country): Penna.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence J. Henry

(Address) 1840 W. North Ave.

15-

NOV 4 - 1916

Filed ..... 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Nov. (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 2 191 6, to Nov. 2 191 6, that I saw her alive on Nov 2 191 6, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Valvular heart Disease

(Aortic Obstruction)

Several years

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Acute Indigestion

about 4 days

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. E. Pole M. D.

Nov. 4, 191.. (Address) 2034 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Nov. 5, 191 6

20-UNDERTAKER: Geo Rosset

ADDRESS: 1442 N Gay

Important. Be particular and write plainly.

C 99389

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

REGISTERED NO. C 99389

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 820 N. North ave ST. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Himmelrich

(Residence in Baltimore: No. 820 N. North ave St.: 65 yrs. 9 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: January 24th, 1851 (Month) (Day) (Year)

7-AGE: 65 yrs. 9 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balto

PARENTS

10-NAME OF FATHER: Bernard Himmelrich

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Mrs Kunz

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J Rice

(Address) 1918 Linden Ave

15 Filed NOV 4 - 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: November 3, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1916, to Nov. 3rd, 1916, that I saw h.. alive on Nov. 3rd, 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) Arteriosclerosis

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) Jos Zeltzman M. D.

Nov. 4, 1916. (Address) 1920 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Balto Hebrew

DATE OF BURIAL: Nov 5th, 1916

20-UNDERTAKER: Harris Sonneborn

ADDRESS: 118 N Howard St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. This information is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699390

CERTIFICATE OF DEATH.

152

REGISTERED NO. C 99390

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Blanck.

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Nov (Month) 3 (Day), 1916 (Year)

7-AGE. ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, 3 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Frederick C Blanck

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Catherine Butler,

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick C Blanck.

(Address) 247 Linden Ave.

15-

NOV 4 - 1916

Filed ....., 191.... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 3 191 6, to Nov 3 191 6, that I saw h m alive on Nov 3 191 6, and that death occurred, on the date stated above, at 1 A M P m.

The CAUSE OF DEATH* was as follows:

Atrophy prematurity

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward L. Smith M. D.

Nov 4, 191.. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State 3 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Mercy Hosp

Former or usual residence Mercy Hosp

19-PLACE OF BURIAL OR REMOVAL, Holy Cross

DATE OF BURIAL, Nov. 4.., 1916..

20-UNDERTAKER C. T. Evans & Son

ADDRESS 118 W. Mt Royal

Spec.—5-19-13—M. & T.—500 Bks.

699391

HEALTH DEPARTMENT—CITY OF BALTIMORE

1920

CERTIFICATE OF DEATH.

REGISTERED NO. C 99391

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 N Ann ST.; W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ann Gillet

(Residence in Baltimore: No. 15 N. Ann St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1833 (Year)

7-AGE, 83 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Nurse
(b) General nature of industry, business, or establishment in which employed (or employer). Self

9-BIRTHPLACE, (State or Country). Balto Co

PARENTS.

10-NAME OF FATHER. James Gillet

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Mary A Stamp

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sallie Gray

(Address) 15 N Ann St.

15- Filed NOV 4 - 1916, 191. HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~Nov~~ Oct 1 1916, to Nov 2 1916.

that I saw h W alive on Nov 2 1916.

and that death occurred, on the date stated above, at 3 40 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis (Chronic)

(Duration) yrs. One mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. 14 ds.

(Signed) C. C. Rusk M. D.

Nov. 3, 1916 (Address) 2000 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Greenmt Cemty

DATE OF BURIAL. Nov 5, 1916

20-UNDERTAKER Albert C Fuller

ADDRESS 224 N Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699392

CERTIFICATE OF DEATH.

28

REGISTERED NO. C 99392

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Halden

(Residence in Baltimore: No. 1722 E. Lexington St.; ..... yrs., ... mos. ..... ds.)
571 Dolphin st

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
M	C	Widower

6-DATE OF BIRTH, ... (Month) ..... (Day) 1870 (Year)

7-AGE,	If LESS than 1 day,
46 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Coal Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Watkins Halden

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Julia Thorn

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

NOV 4 - 1916

Filed ....., 191... HARRY C. ANDREWS Registrar.

Important. See instructions on back of this sheet.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 31 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 23 1916, to Oct 31 1916, that I saw h[illegible] alive on Oct 31 1916, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

.....

.....2.....

..... Pulmonary Tuberculosis

..... (Duration) ..... yrs. unknown mos. ..... ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Nov 3, 191.6 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 8 ds. In the State unknown yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 571 Dolphin St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health.

699393

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1916

REGISTERED NO. C 99393

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 642 W. Hoffman ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matilda Dorsey.

(Residence in Baltimore: No. 642 W. Hoffman. St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Nov. 1 (Month) (Day), (Year)

7-AGE: 44 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Home.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Wm. Garrett

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Sophia Richardson

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF ~~MY~~ KNOWLEDGE

(Informant) Bertha Dorsey

(Address) 642 W. Hoffman

15 Filed NOV 4 - 1916, 191 HARRY O. ANDREWS Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 1 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1916, to Nov. 1, 1916, that I saw h[illegible] alive on Nov. 1, 1916, and that death occurred, on the date stated above, at 8:30 m.

The CAUSE OF DEATH* was as follows:

Mucous Colitis

(Duration) yrs. 2 mos. ds

Contributory (SECONDARY) Chronic Nephritis

(Duration) yrs. mos. ds.

(Signed) Norbert C. Blake M. D.

Nov. 3, 1916 (Address) 1014 W. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: Nov. 4, 1916

20-UNDERTAKER: Samuel S. Hendley ADDRESS: 518 N. Bond

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

C99394 HEALTH DEPARTMENT—CITY OF BALTIMORE

104

CERTIFICATE OF DEATH.

REGISTERED No. C 99394

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1409 E Pratt ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Spitzer.

(Residence in Baltimore: No. 1409 E Pratt St St.; yrs., 1 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept 29 (Month) (Day), 1915. (Year)

7-AGE, ...yrs. 1 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), 1409 E Pratt St Baltimore

PARENTS.

10-NAME OF FATHER, Jos G Spitzer

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Sophia Snyder

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos G Spitzer

(Address) 1409 E Pratt St

15- NOV 5 - 1916 HARRY C. ANDREWS

Filed....., 191....Burial Permit Issued.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 4 (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Gastro Intestinal Indigestion

2 d's Illness (Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Paralysis alcoholism

(Duration)....yrs....mos....ds.

(Signed) Theresa Lyon Smith M. D. (Coroner.)

Nov 4, 1916 (Address) 1610 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel DATE OF BURIAL, 11/5 1916

20-UNDERTAKER Jack Lewis ADDRESS 1411 E Balt St

CAUSE OF DEATH must be plainly written, and all questions answered so far as possible. Every certificate is important. See instructions on back of certificate.

699395

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

REGISTERED NO. C 99395

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 20 S. Ann street St. 2 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Kaplan

(Residence in Baltimore: No. 20 S. Ann Street St.: 20 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Aug — (Month) (Day), 1861 (Year)

7-AGE: 55 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Levis

(Address) 1411 E Baltimore

15. Filed NOV 5 - 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 3 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1915 to Nov 3 1916 that I saw h[illegible] alive on Nov 3 1916. and that death occurred, on the date stated above, at 6[illegible] m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. ds

Contributory Chronic Nephritis

(SECONDARY) High Blood Pressure (Duration) one yr yrs. mos. ds.

(Signed) Anthony Ryan Sweeney M. D.

Nov 4, 1916 (Address) 1610 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hebrew Washington Co | DATE OF BURIAL: 11/5 1916

20-UNDERTAKER: Jack Levis | ADDRESS: 1411 E Baltimore

N. B.—Be sure to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact information of occupation is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99396

CERTIFICATE OF DEATH.

170

REGISTERED NO. C 99396

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 148 W. Hamburg ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Brooks,

(Residence in Baltimore: No. 148 W. Hamburg St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1878 (Year)

7-AGE, 38 yrs. ? mos. ? ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): (Laundry)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Albert Kellam

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Spriggs

(Address) 148 W. Hamburg St.

15-

Filed NOV 5 - 1916, 191

HARRY T. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 3rd, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 10 1916, to Nov. 3 1916, that I saw her alive on November 2nd 1916, and that death occurred, on the date stated above, at 11.50 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) yrs. 9 mos. 17 ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. 3 ds.

(Signed) J. Guy Bowley M. D.

11/3/16 (Address) 136 W. Hill St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, Nov. 5, 1916.

20-UNDERTAKER R. L. Parham — ADDRESS 1511 W. Hamburg St.

Important: See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99397

CERTIFICATE OF DEATH.

28

REGISTERED NO. C 99397

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 E. Ann St.; V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Cegelski Zwasne

(Residence in Baltimore: No. 801 E. Ann St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	married

6-DATE OF BIRTH, July (Month) 22 (Day), 1897 (Year)

7-AGE, 19 yrs. 3 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Thomas Cegelski

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Constantin Hadzicka

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Cegelski

(Address) 801 E. Ann St

15- NOV 5 - 1916 Filed, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 27, 1916, to Nov. 3 1916, that I saw her alive on Nov. 2. 1916, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. N. Dillard M. D.

Nov. 3, 1916 (Address) 621 Columbia Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cem — DATE OF BURIAL, Nov. 6, 1916

20-UNDERTAKER Jacob Trallowski — ADDRESS 428 E Bond St.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

699398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 108

REGISTERED NO. C 99398

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St.) 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph B. Tillman

(Residence in Baltimore: No. 7 Days in Hospital St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, (Month) Quitman (Day) , 1876 (Year)

7-AGE, 40 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Farmer

9-BIRTHPLACE, (State or Country), Ga

PARENTS.

10-NAME OF FATHER, Quitman

11-BIRTHPLACE OF FATHER (State or Country), Quitman

12-MAIDEN NAME OF MOTHER Quitman

13-BIRTHPLACE OF MOTHER (State or Country), Quitman

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. R. Denmark

(Address) Washington D C

15- NOV 5 - 1916 Filed , 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 4 (Day) , 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 28 1916, to Nov 4 1916, that I saw him alive on Nov 4 1916, and that death occurred, on the date stated above, at 7 50 pm.

The CAUSE OF DEATH* was as follows:

Pneumonia and
probably Septicaemia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Operation for appendicitis
Cholecystitis (Duration) yrs. mos. ds.

(Signed) Mont R Reed M. D.

Nov 4, 1916 (Address) John Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State yrs. mos. 7 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Quitman Ga.

19-PLACE OF BURIAL OR REMOVAL, Quitman Ga

DATE OF BURIAL, Nov. 5, 1916.

20-UNDERTAKER Albert E Fuller

ADDRESS 221 N Broadway

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C99399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 99399

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2212 Chelsea Terrace St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Adelaide C. Roy

(Residence in Baltimore: No. 2212 Chelsea Terrace St.; 60 yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Sept (Month) 14 (Day), 1830 (Year)

7-AGE, 86 yrs. 1 mos. 20 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Salem New Jersey.

PARENTS.

10-NAME OF FATHER, James Hall

11-BIRTHPLACE OF FATHER (State or Country), Salem New Jersey

12-MAIDEN NAME OF MOTHER Sarah Brown

13-BIRTHPLACE OF MOTHER (State or Country), Philadelphia Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry R. Roy

(Address) 2212 Chelsea Ter

15- NOV 5 - 1916 Filed 191.. HARRY C. ADAMS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 20 1916, to Nov 3 1916, that I saw h[er] alive on Nov 3 1916, and that death occurred, on the date stated above, at 9.20 p m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) — yrs. 1 mos. — da.

CONTRIBUTORY (Secondary) Senility

(Duration) 1 yrs. 3 mos. — da.

(Signed) George C. Shannon M. D.

Nov 3, 1916 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park

DATE OF BURIAL. Nov 5, 1916

20-UNDERTAKER Jos B. Cook

ADDRESS 1003 Baltimore St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

699406

HEALTH DEPARTMENT—CITY OF BALTIMORE

45

CERTIFICATE OF DEATH.

REGISTERED No. C 99400

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.) 7 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James A. French.

(Residence in Baltimore: No. 1 Month 2 Day's in Hospital St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March (Month) 11 (Day), 1849 (Year)

7-AGE, 67 yrs. 7 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Minister
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, John French

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER, Judith Blantan

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter C. Brayda

(Address) Johns Hopkins Hospital

15-

Filed NOV 5 1916, 191.....

HARRY O. ANDREE
Burial Permit Clerk
Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 2 1916, to Nov. 4 1916, that I saw him alive on Nov. 4 1916, and that death occurred, on the date stated above, at 6 15 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of prostate.

(Duration) 1 yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Carcinoma of prostate

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. A. C. Cox M. D.

Nov. 4, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Richmond. Va

19-PLACE OF BURIAL OR REMOVAL, Lumberton Ga

DATE OF BURIAL, Nov 5, 1916.

20-UNDERTAKER Albert E Fuller

ADDRESS 221 N Broadway

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 99401 40

REGISTERED NO. C 99401

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 Taylor Str, St.; 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Kurrle

(Residence in Baltimore: No. 23 Taylor Str. St.; 50 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	married

6-DATE OF BIRTH, Aug 4th, (Month) (Day) 1849 (Year)

7-AGE, 67 yrs. 2 mos. 30 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Balster Rauber

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Kurrle

(Address) 23 Taylor Str.

15- Filed NOV 5 - 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 3d, (Month) Sept 3d. (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 3 1916, to Nov. 2d 1916, that I saw her alive on Nov. 2d 1916, and that death occurred, on the date stated above, at 5 30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma (Gastric)

Chronic (Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wilmer C. Eason M. D.

Nov 3d 1916. (Address) Cockeysville Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Nov 5th, 1916.

20-UNDERTAKER, George F. Ruth. — ADDRESS 1735 Taylor Ave.

Col.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C 99402

HEALTH DEPARTMENT—CITY OF BALTIMORE

135

CERTIFICATE OF DEATH.

REGISTERED No. C 99402

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 829 Hanover St.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hermia Snyder

(Residence in Baltimore: No. 829 Hanover St.; 41 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, (Month) (Day) (Year) Dont Know, 1

7-AGE, 41 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country) Balto Md.

PARENTS.

10-NAME OF FATHER, Wm. H. Higdon

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md.

12-MAIDEN NAME OF MOTHER Anna Hartman

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Snyder

(Address) 829 Hanover St

15- Filed NOV 5 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) Nov (Day) 2, (Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1916, to Nov 2 1916, that I saw h alive on Nov 2 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chief Cause: Placenta Previa

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Shock due to Hemorrhage

(Duration) yrs. mos. ds.

(Signed) R. L. Campbell M. D.

Nov 3 1916 (Address) 1644 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, Nov 5, 1916

20-UNDERTAKER H. & M. D. Lynn ADDRESS 1422 Light

important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. C 99403

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2501 Hallins St.: 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Merriken

(Residence in Baltimore: No. 2501 Hallins St.; yrs. 1 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Jan (Month) 27 (Day), 1837 (Year)

7-AGE: 79 yrs. 9 mos. 6 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Balti Co Md

PARENTS

10-NAME OF FATHER: Joshua Bolt

11-BIRTHPLACE OF FATHER (State or country): Balto Co Md

12-MAIDEN NAME OF MOTHER: Ambrose

13-BIRTHPLACE OF MOTHER (State or country): Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Annie Merriken

(Address) 2501 Hallins St

15- Filed NOV 5 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 3rd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1, 191 6, to, Nov 3rd 191 6, that I saw h[illegible] alive on Nov 3 191 6, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver and Stomach

Primary (Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) General Condition

Terminal (Duration) ... yrs. 3 mos. ... ds.

(Signed) [illegible] M. D.

11-4 - 191 6 [Address] [illegible]

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Pleasant Grove Balto Co Md 20-DATE OF BURIAL: Nov 5 191 6

20-UNDERTAKER: A S Marshall ADDRESS 2339 Fell St

THE CAUSE OF DEATH MUST BE FILLED IN. SEE INSTRUCTION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

699404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170

REGISTERED NO. C 99404

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.) 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Hittner

(Residence in Baltimore: No. 535 N. Gay St. St.) Life yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: Feb. 7, 1872 (Month) (Day) (Year)

7-AGE: 44 yrs. 8 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Store

9-BIRTHPLACE (State or Country): Balto Maryland

PARENTS.

10-NAME OF FATHER: Philip Hittner

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Helen Hubner

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp.

(Address) Calvert St.

15- Filed NOV 5 - 1916, 191.... MARY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 3, 191 6 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 31 1916 to Nov. 3 1916, that I saw h[illegible] alive on Nov. 3 1916 and that death occurred, on the date stated above, at 4:40 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Tubercular Lymphatic Nephritis

Do not know (Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) [illegible] (Duration) yrs. mos. da.

(Signed) [illegible] M. D.

Nov. 3, 191.. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State [illegible] yrs. mos. ds.

Where was disease contracted, if not at place of death? 535 N. Gay St.

Former or usual residence 535 N. Gay St.

19-PLACE OF BURIAL OR REMOVAL: Mount Olivet — DATE OF BURIAL: Nov. 6, 191 6

20-UNDERTAKER: Zirkler & Zirkler — ADDRESS 1739 E. Eager

important. See instructions on back of certificate.

699405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

REGISTERED No. C 99405

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1621 N Dallas st ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Boston

(Residence in Baltimore: No. 1621 N Dallas st

St yrs. 1 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	Col	Baby

6-DATE OF BIRTH, Jan 3 1914, 1
(Month) (Day) (Year)

7-AGE, 2 yrs. 10 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baby
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, James Boston

11-BIRTHPLACE OF FATHER (State or Country). Balto City

12-MAIDEN NAME OF MOTHER Julia Long

13-BIRTHPLACE OF MOTHER (State or Country). N C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Boston

(Address) 1621 Dallas st

15- NOV 5 - 1916, 191 MARY C. ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 3 1916, 191
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) C. J. Boston Coroner. M. D.

Nov 4 1916 (Address) NE Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Laurel cemetery

DATE OF BURIAL, Nov ..., 19..

20-UNDERTAKER C. C. Gross

ADDRESS 66 McElroy St

CAUSE OF DEATH to be filled in plainly, giving the exact cause of death in each case. Every question should be answered if possible. Where there is any doubt, the word "probably" should be used. Every item is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

699406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED No. C 9940 6

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2747 Maryland ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ferdinand M. Slagle.

(Residence in Baltimore: No. 2747 Maryland ave St.; 2 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 7 (Day), 1885 (Year)

7-AGE, 31 yrs. 4 mos. 26 da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Thomas Slagle

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Sophia A. Shaum

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sophia A. Slagle

(Address) 2747 Maryland ave

15- Filed NOV 5 - 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1916, to Nov 3 1916, that I saw him alive on Nov 2 1916, and that death occurred, on the date stated above, at 11.01 m.

The CAUSE OF DEATH* was as follows:

Laryngeal Intervention

(Duration) yrs. 8 mos. da.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. 3 mos. da.

(Signed) Frank E. Wagner M. D.

Nov 3, 1916. (Address) 1106 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park Cemetery

DATE OF BURIAL. Nov. 5, 1916

20-UNDERTAKER Henry W. Jenkins & Sons.

ADDRESS 1 Mont & Orchard Sts.

50

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

699407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97

REGISTERED No. C 99407

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1132 N. Vincent St.) 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Weinberg

(Residence in Baltimore: No. 1132 N. Vincent St.) 30 yrs. — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): married

6-DATE OF BIRTH, (Month) Mar (Day) 15, (Year) 1856

7-AGE, 50 yrs. 7 mos. 18 da. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION: (a) Trade, profession or particular kind of work: Dress

(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Calvert Co Md

PARENTS.

10-NAME OF FATHER: John Young

11-BIRTHPLACE OF FATHER (State or Country): Calvert Co Md

12-MAIDEN NAME OF MOTHER: Fanie Williams

13-BIRTHPLACE OF MOTHER (State or Country): Calvert Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Felicia Cornish

(Address) 921 N. Montford

15- Filed NOV 5 - 1916, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) Nov (Day) 2, (Year) 1916

17. I HEREBY CERTIFY, That I attended deceased from Oct 27 1916, to Nov 2 1916, that I saw her alive on Nov 2 1916, and that death occurred, on the date stated above, at 3.15 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 6 da.

CONTRIBUTORY (Secondary)

(Duration) .... yrs. .... mos. .... da.

(Signed) F. C. Lucke M. D.

Nov 3, 1916 (Address) 1313 N. Monte

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... da. In the State .... yrs. .... mos. .... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery DATE OF BURIAL, Nov 5, 1916

20-UNDERTAKER James H. Dennis ADDRESS 1328 Eutaw

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

699408 104

REGISTERED NO. C 99408

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 N Eutaw St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Bogden

(Residence in Baltimore: No. 1125 N Eutaw St.; ... yrs., 4 mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Single

6-DATE OF BIRTH: June (Month) 3 (Day), 1916 (Year)

7-AGE: ... yrs. 4 mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: John Bogden

11-BIRTHPLACE OF FATHER (State or Country): Oaks Md

12-MAIDEN NAME OF MOTHER: Florna Evans

13-BIRTHPLACE OF MOTHER (State or Country): Oaks, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florna Bogden

(Address) 1125 N Eutaw St

15- Filed NOV 5 - 1916 191... MARY C. FEDDEMS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 28 1916, to Nov 3 1916, that I saw her alive on Nov 2 1916, and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Autopsy Ord.

(Duration) ... yrs. 4 mos. ... ds.

(Signed) W. A. Wright M. D.

Nov 4, 191 6 (Address) Nov 4 1916

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Nov 6, 191 6

20-UNDERTAKER: James H Dunn — ADDRESS: 130 Preston

important. See instructions on back of certificate.

699409

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C 99409

170

REGISTERED No. C ~~99410~~

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2035 E. Pratt St.: V WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Benjamin F. Wills

(Residence in Baltimore: No. 2025 E Pratt St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6 DATE OF BIRTH October 11, 1841 (Month) (Day) (Year)

7 AGE 75 yrs. 23 mos. ds. | If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Grist Sub't/Lighting Supt
(b) General nature of industry, business, or establishment in which employed (or employer): Balto. Electric

9 BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Andrew F. Wills

11 BIRTHPLACE OF FATHER (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Elizabeth S. Rusk

13 BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) F. D. Neary

(Address) 1109 American Bldg

15 Filed NOV 5 - 1916, 191 HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH November 3, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1916, to Nov. 3, 1916, that I saw him alive on Nov. 3, 1916, and that death occurred, on the date stated above, at 9:50 P m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis causing uraemia

(Duration) 5 yrs. mos. ds

Contributory (SECONDARY) Terminal infection

(Duration) yrs. mos. 3 ds.

(Signed) S. S. Pue M. D.

Nov. 5, 1916 (Address) 2006 E Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Nov. 6, 191 6

20 UNDERTAKER H E Hughes

ADDRESS 17 S Broadway.

N. B.—Every item of information must be given as nearly as possible. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C99410

HEALTH DEPARTMENT--CITY OF BALTIMORE.

CERTIFICATE OF DEATH

REGISTERED No. C 99410

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2200 Elsinor Ave St. 15 29 WARD)

2-FULL NAME John Gabriel Manson

(Residence in Baltimore: No. 2200 Elsinor Ave St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): widowed

6-DATE OF BIRTH: February (Month) 28 (Day), 1833 (Year)

7-AGE: 83 yrs. 8 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Ship joiner
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: John Manson

11-BIRTHPLACE OF FATHER (State or country): unknown

12-MAIDEN NAME OF MOTHER: Sarah Eichberger

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jessie Manson

(Address) 2200 Elsinor

15. Filed NOV 5 - 1916, 191 MARY T. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 4 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct Nov-3, 1916, to Oct Nov 3 1916, that I saw him alive on Nov 3, 1916, and that death occurred, on the date stated above, at 5 4 m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis, with Chronic Myocarditis

(Duration) I don't know yrs. mos. ds

Contributory (SECONDARY) Hart Failure

(Duration) yrs. mos. 7 ds.

(Signed) Ibsley Gale M. D.

Nov-4, 1916 (Address) 2202 Garrison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Nov 6, 191

20-UNDERTAKER: H Eastfield Sons

ADDRESS: 1723 Broadway

N. B.—Every item of information should be carefully supplied. Also state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

699411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 699411

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 Wyeth n ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

2-FULL NAME Charles Meyer

(Residence in Baltimore: No. 516 Wyeth n St.; 26 yrs., 8 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: January (Month) 23 (Day), 1890 (Year)

7-AGE: 26 yrs. 8 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Teller Shampoo
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Charles Meyer

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Elizabeth Meyer

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Meyer

(Address) 516 Wyeth st

15- Filed NOV 6 1916 ROBERT E. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1916, to Nov 3 1916, that I saw h alive on Nov 3 1916, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Arteriosclerosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Coy Boyd M. D.

, 191... (Address) 6 W. Lexington st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Pauls Cemetery — DATE OF BURIAL, Nov 6, 1916

20-UNDERTAKER Jos Jourdans, Jun — ADDRESS 217 S. Pac

important. See instructions on back of certificate.

99412

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 99412

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1937 Edmondson Ave ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME George A. Waddell

(Residence in Baltimore: No. 1937 Edmondson St.: 20 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: Oct 25, 1868 (Month) (Day) (Year)

7 AGE: 48 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Electrician
(b) General nature of industry, business, or establishment in which employed (or employer): M & M. Iron Co

9 BIRTHPLACE (State or country): Canada

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (State or country): Canada

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Josephine Waddell

(Address) 1937 Edmondson

NOV 6 - 1916 Filed ..., 191.. ROBERT B. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov 3, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1916, to Nov 3rd, 1916, that I saw him alive on Nov 3rd, 1916, and that death occurred, on the date stated above, at 11 A. m.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 10 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Joseph J. Herring M. D.

Nov 8, 1916 (Address) 1621 Orleans

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Westminster Md

DATE OF BURIAL: Nov 6, 1916

20 UNDERTAKER: Wm Thompson

ADDRESS: 230 E Lexington

N. B.—Every item of information called for should be given, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

699413

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 699413

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1230 N. Mordecai St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Virginia Weil

(Residence in Baltimore: No. 1230 N Mordecai St St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: March 22-93, 1853 (Month) (Day) (Year)

7 AGE: 63 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Do

9 BIRTHPLACE (State or country): Virginia

PARENTS

10 NAME OF FATHER: Simon Simon

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Adelaide Cohen

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Clara Weil

(Address) 1230 N Mordecai

15. Filed NOV 6 - 1916, 191.. ROBERT B. KRAUTER BURIAL PERMIT CLERK REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov 5th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1916, to Nov 5th 1916, that I saw her alive on Nov 5th, 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 10 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Abraham Samuels M. D.

Nov 5th, 1916 (Address) 1928 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Sarawal Va DATE OF BURIAL: Nov 9, 1916

20 UNDERTAKER: Jackson Co ADDRESS: 1611 Madison

N. B.—Every item of information should be carefully supplied. Also where no statement is made state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

c9414 — 28 c9414

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 953 N Chester (St.) 7 (Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary O. Jules

(Residence in Baltimore: No.) 953 N Chester (St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. ....Jan.... (Month) 1 (Day) 1893 (Year)

7-AGE. 24 yrs. .... mos. .... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER. Joseph Rompitelli

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER. Clementini ?

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernest O. Jules

(Address) 953 N Chester St

15-

Filed NOV 8 1916 ROBERT B. KRAUTER DEPUTY REGISTRAR ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Nov 5 (Month) (Day), 191.. (Year).

17. I HEREBY CERTIFY, That I attended deceased from Oct 24 191.., to Nov 5 191.., that I saw h.. alive on Nov 5 191.., and that death occurred, on the date stated above, at 1500 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) .... yrs. 2 mos. .... ds.

CONTRIBUTORY (Secondary) Condition Exhaust

(Duration) .... yrs. .... mos. .... ds.

(Signed) W. J. Sprunk M. D.

Nov 5, 191.. (Address) 1500 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral — DATE OF BURIAL. Nov 7, 191..

20-UNDERTAKER Roth Schnorr — ADDRESS 1422 W Bway

important. See instructions on ... of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

699415

HEALTH DEPARTMENT—CITY OF BALTIMORE

120 699415

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 Cortain ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Rinkle

(Residence in Baltimore: No. 1401 Cortain St Ste 27 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 19, 1855 (Month) (Day) (Year)

7-AGE, 61 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Tobacco
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Chas Rinkle

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Kat Kumm

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Rinkle

(Address) 1401 Cornish St

15-

ROBERT R. KRAUTER

Filed NOV 6 1916 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 29 1916, to Nov 5 1916, that I saw him alive on Nov 4 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Indefinite (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Maurice Jones M. D.

Nov 7, 1916 (Address) 423 S. Ford

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill — DATE OF BURIAL, Nov 7, 191..

20-UNDERTAKER Capt Johnson — ADDRESS 1424 Pine

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

699416

HEALTH DEPARTMENT—CITY OF BALTIMORE

699416

CERTIFICATE OF DEATH.

REGISTERED NO. C 151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 Collington Ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joe R Baker

(Residence in Baltimore: No. 1816 Collington Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: October 18, 1916 (Month) (Day) (Year)

7-AGE: ..... yrs. ..... mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Joseph Vermain

11-BIRTHPLACE OF FATHER (State or Country): Baltimore Md.

12-MAIDEN NAME OF MOTHER: Mary Virginia Moore

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. McSherrell

(Address) 1 Eden Ave. Broadway

15-

Filed: NOV 6 1916 191.. ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: November 11, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 13 1916, to November 11 1916, that I saw him alive on November 2 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Prematurity (Stillborn)

..... (Duration) ..... yrs. ..... mos. 13 ds.

CONTRIBUTORY (Secondary) Jaundice

..... (Duration) ..... yrs. ..... mos. 13 ds.

(Signed) John Thomas Murray Jr. M. D.

Nov 11, 191.. (Address) John Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Johnston Cemetery

DATE OF BURIAL: Nov 13 191..

20-UNDERTAKER: Ralph Turner

ADDRESS 4429 Reisterstown Road

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

B 699417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 699417

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2623 Frederick Rd ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel M. Vogt

(Residence in Baltimore: No. 2623 Frederick Road St.)

yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE. 64 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Merchant
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER. Jacob Vogt

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Caroline Eb-

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Chas. Vogt

(Address) 2623 Frederick Road

15- Filed NOV 6 1916 191 ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 3, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 31 1916, to Nov 3 1916, that I saw h[illegible] alive on Nov 3 1916, and that death occurred, on the date stated above, at 5 30 p.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. E. Rumpf M. D.

Nov 6, 191. 6 (Address) 2026 E. Madison St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Nov. 6, 191. 6

20-UNDERTAKER George J. Smith

ADDRESS 1006 E Fayette St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C99418

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C99418

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 Lennox ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry C. Baile

(Residence in Baltimore: No. 725 Lennox St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Apr. (Month) 10 (Day), 1852 (Year)

7-AGE, 64 yrs. 6 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Supt Rushmore

9-BIRTHPLACE, (State or Country), Md

10-NAME OF FATHER, Peter Baile

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Katherine Cassel

13-BIRTHPLACE OF MOTHER (State or Country), Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Amelia F. Baile

(Address) 725 Lennox St

NOV 6 1916 ROBERT R. KRAUTER

d....., 19.... Registrar

Burial Permit Issued

Delivered North & Baltn

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 2 1916, to Nov 4 1916, that I saw him alive on Nov 3d 1916, and that death occurred, on the date stated above, at 4.50 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Howard C. Belson M. D.

Nov 4, 1916. (Address) 1914 Bolton St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lindridge Cem.

DATE OF BURIAL, Nov. 6, 1916

20-UNDERTAKER Wm. J. Tuckner & Sons.

ADDRESS North & Penna Ave

Spec.—8-24-14—M. & T.—2000 Bks.

Ella Gerber

699419

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 699419

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2131 E. Lombard ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Gerber

(Residence in Baltimore: No. 2131 E. Lombard St. St.; 23 yrs. ... mos. ... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. June — (Month) (Day), 1855 (Year)

7-AGE, 61 yrs. 5 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Solomon Gerber

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rena Braun

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Balto St.

15-

Filed ....., 191.... Registrar.

NOV 6 1916 ROBERT B. KRAUTER

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 5th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1916, to Nov 5th 1916, that I saw her alive on Nov 5th 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. 2 mos. ds.

(Signed) Heloise Lauenstein M. D.

Nov 6th, 1916. (Address) 719 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel Cd — DATE OF BURIAL, 11/6, 1916

20-UNDERTAKER Cook Lewis — ADDRESS 1411 E Balto St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99420 — 109 C99420

CERTIFICATE OF DEATH.

8 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2013 E. Preston ST.; WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia E. Geller

(Residence in Baltimore: No. 2013 E Preston. St.; yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. November 20, 1915
(Month) (Day) (Year)

7-AGE. ....yrs. 11 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, John C. Geller

11-BIRTHPLACE OF FATHER (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER Mattie V Gladden

13-BIRTHPLACE OF MOTHER (State or Country) Somerset Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John C Geller

(Address) 2013 E. Preston st

15-

Filed NOV 8 1916 191... ROBERT R. KRAUTER Registrar.
Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 2 191 6, to Nov 5 191 6, that I saw her alive on Nov 4 191 6, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Acute Tonsilitis

.....(Duration) ...yrs. ...mos. 3 d.

CONTRIBUTORY (Secondary) Acute Intestinal Obstruction

unknown (Duration) ...yrs. ...mos. ...ds.

(Signed) B. P. Hess M. D.

Nov 5, 1916. (Address) 130 S Patt Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cemetery — DATE OF BURIAL, Nov 7, 1916.

20-UNDERTAKER Henry Lutz — ADDRESS 1007 N. Bond st

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C99421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 C99421

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter E. Thomas.

(Residence in Baltimore: No. 209 W. Mulberry St. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov 8, 1870
(Month) (Day) (Year)

7-AGE, 46 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Huckster.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Richard Thomas.

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Mary Richardson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry E. Thomas

(Address) 422 E. - 25th Street

15-

Filed NOV 6 1916 ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 2, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9/21 1916, to Nov. 2 1916, that I saw h[illegible] alive on Nov. 2 1916, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Valvular Heart Disease

(Duration) ..... yrs. 4 mos. ..... ds.

(Signed) Nevin Hein M. D.

11/2, 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4½ ds. In the State ..... yrs. 6 mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 209 W. Mulberry St.

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Nov. 6, 1916.

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C99422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

QV 699422

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Duncan Lowman

(Residence in Baltimore: No. 112 Birkhead St. St.; 47 yrs., 5 mos., 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: May 25, 1874 (Month) (Day) (Year)

7-AGE: 47 yrs. 5 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: John Lowman

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Angelia Krauer

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Rev. Mercy Hosp

(Address): Calvert St.

15-

Filed NOV 6 1916, 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Nov. 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 30 1916, to Nov 5 1916, that I saw h[illegible] alive on Nov 5 1916, and that death occurred, on the date stated above, at 4 00 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) -

(Duration) yrs. mos. ds.

(Signed) Edward L. Smith M. D.

Nov 5, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. 65 mos. ds.

Where was disease contracted, if not at place of death? 112 Birkhead St

Former or usual residence 112 Birkhead St

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill

DATE OF BURIAL: Nov. 7, 191 6.

20-UNDERTAKER: Wm Cook

ADDRESS: 502 E North Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699423 699423

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Jane Wisong

(Residence in Baltimore: No. St Josephs Hosp St.; 86 yrs. 8 mos. ds.)

940 N. Mulberry St.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb. 11, 1830 (Month) (Day) (Year)

7-AGE, 86 yrs. 8 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Duering

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Ann Fanning

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank C. Wisong

(Address) 940 N. Mulberry

15- Filed NOV 6 1916, 191.. ROBERT B. KRAUTER Registrar.

BURIAL PERMIT GIVEN

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 5th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 27 1916, to Nov. 5 1916, that I saw h[illegible] alive on Nov. 5 1916, and that death occurred, on the date stated above, at 3.15 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myo Cardits

Acute Pulmonary Edema

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) William F. Dunbar M. D.

Nov 5, 1916 (Address) St. Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. 9 mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence St Joseph's Hosp

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, Nov. 8, 1916.

20-UNDERTAKER Wm Cook

ADDRESS 502 E. Northern

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99424

CERTIFICATE OF DEATH.

170 C99424

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 N. Caroline ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Bradford

(Residence in Baltimore: No. 1314 N. Caroline St.; 67 yrs., 5 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May (Month) 30th (Day), 1849 (Year)

7-AGE 67 yrs. 5 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Maryland, Balto. City

PARENTS.

10-NAME OF FATHER, McAdams

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. J. Bradford

(Address) 1732 Vincent Ave

15- NOV 6 1916 ROBERT P. KRAUTER
Filed....., 191.... DEPUTY COMPTR. Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 3 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 25 1916, to Nov. 3 1916, that I saw her alive on Nov. 3 1916, and that death occurred, on the date stated above, at 8:20 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Cardiac Dilatation

(Duration) 3 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Thomas J. Talbott M. D.

Nov. 4, 1916. (Address) Marlborough Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Greenmount Cem. DATE OF BURIAL. Nov. 6, 1916

20-UNDERTAKER Chas. S. Evans & Son ADDRESS 1811 Park Royal Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Infth Weise

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99425

CERTIFICATE OF DEATH.

151 C99425

REGISTERED NO. C

1-PLACE OF DEATH

CITY OR BALTIMORE: (No. 1522 Hanover ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infth Weise

(Residence in Baltimore: No. 1522 Hanover St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
F	W	

6-DATE OF BIRTH, Nov 3, 1916.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs....mos....1....ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), 1522 Hanover st

PARENTS.

10-NAME OF FATHER, John Weise

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Margaret Schmidt

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-
Filed NOV 6 1916 191.... ROBERT R. KRAUTER
Registrar.
Burial Permit Oiled

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 3, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 2 1916, to Nov 3 1916, that I saw h— alive on Nov 3 1916, and that death occurred, on the date stated above, at 1 m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ....yrs....mos....7....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) .....M. D.

Nov 3, 1916. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C 99426

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 99426

CERTIFICATE OF DEATH.

119

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2118 W. Fayette St.; 6 WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward G. Schwaykoff.

(Residence in Baltimore: No. 2118 W. Fayette St.) St.: 47 yrs. ... mos. ... da.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb. (Month) 23, (Day) 1869 (Year)

7-AGE, 47 yrs. 8 mos. 12 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Beer Wagon
(b) General nature of industry, business, or establishment in which employed (or employer): Driver

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Adam Schwaykoff

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER L. Stumpff

13-BIRTHPLACE OF MOTHER, (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. Schwaykoff

(Address) 372 W. Fayette St

15-

NOV 6 1916

Filed ..., 191...

ROBERT B. KRAUTER

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1916, to Nov 4 1916, that I saw h... alive on Nov 4 1916 and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) ... yrs. ... mos. 14 ds.

(Signed) Howard W. Jones M. D.

Nov 4, 1916. (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cemetery DATE OF BURIAL, 11/7/16, 191...

20-UNDERTAKER George A. Parks ADDRESS Parks & Lowry

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699427 699427

CERTIFICATE OF DEATH.

64 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 36 E Fort Ave ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME William Henry Clark

(Residence in Baltimore: No. 36 E Fort Ave St.; 60 yrs. 3 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 29 (Month) (Day), 1856 (Year)

7-AGE, 60 yrs. 3 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Letter Carrier
(b) General nature of industry, business, or establishment in which employed (or employer): Balto P.O.

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jonas Clark

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Margaret Fidi

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Clark

(Address) 36 E. Fort Ave.

15-

Filed NOV 6 1916

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 4 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 30 1916, to Nov 3 1916, that I saw h[illegible] alive on Nov 3 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Apoplexy.)

(Duration) ....yrs. ....mos. 1d. ds.

CONTRIBUTORY (Secondary) Nephritis chronic parenchymatous

(Duration) ....yrs. ....mos. 5 ds.

(Signed) Neale Stitt M. D.

11/5, 1916. (Address) 1819 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, 11/7, 1916

20-UNDERTAKER P. Frew McCully ADDRESS 89 E. Fort

important. See instructions on back of certificate.

699428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+134 699428

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Home of Hospitality St. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Eckam

(Residence in Baltimore: No. 10 days St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, March (Month) (Day) 1880 (Year)

7-AGE. 36 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country) Carroll Co., Md

PARENTS.

10-NAME OF FATHER, David Shanetts

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Margaret Stone

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Bankard

(Address) Westminster, Md.

15- NOV 6 1916 Filed ....., 191.... ROBERT R. KRAUTER Special Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis following an accidental Miscarriage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nurse Opinion

(Duration) yrs. mos. ds.

(Signed) H. McKellar M. D. (Coroner.)

Nov 6, 191.6 (Address) 819 N. Gay

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 12 ds. In the State yrs. mos. 10 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Carroll Co., Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Windsor Md	Nov. 9th, 19.6
20-UNDERTAKER H Bankard Sons	ADDRESS Westminster Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

699429 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 699429

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1237 James ST.; 21 WARD) REGISTERED NO. C

2-FULL NAME Rosanna Smith

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1237 James St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widow

6-DATE OF BIRTH, Apr (Month) 6 (Day), 1837 (Year)

7-AGE, 79 yrs. 6 mos. 28 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Penna.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ira M. Smith

(Address) 1237 James

15- Filed NOV 6 1916 191 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 4th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11-2 191 6, to 11-4 191 6, that I saw h alive on 11-3 191 6, and that death occurred, on the date stated above, at 10P.m.

The CAUSE OF DEATH* was as follows:

a Cerebral Hemorrhage

b

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Frank R. Miller M. D.

11-5-, 1916. (Address) 5 E. Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Fork M. E. Church Cemetery — DATE OF BURIAL, Nov 7 1916

20-UNDERTAKER Philip Henry — ADDRESS 2016 Allen

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699430

CERTIFICATE OF DEATH.

151 699430

REGISTERED NO. C.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2411 Eager Place ST.) 7 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Vicen

(Residence in Baltimore: No. 2411 Eager Place St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Infant

6-DATE OF BIRTH. Nov (Month) 5 (Day), 1916 (Year)

7-AGE. ..yrs..mos..ds. If LESS than 1 day, 9 hrs. or ..min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Infant
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Mat Vicen

11-BIRTHPLACE OF FATHER (State or Country). Bohemia

12-MAIDEN NAME OF MOTHER. Mary Loudelba

13-BIRTHPLACE OF MOTHER (State or Country). Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mat Vicen

(Address) 2411 Eager Place

15. Filed NOV 6 1916, 191.. ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 5 1916, to Nov 6 1916, that I saw h-r alive on Nov 5 1916, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ..yrs..mos..ds.

CONTRIBUTORY (Secondary) Extra Uterine Gestation

(Duration) ..yrs..mos..ds.

(Signed) F. F. A. Ruzicka, M. D.

Nov 6 191.6 (Address) 604 N Paca St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer

DATE OF BURIAL. Nov 6 191.6

20-UNDERTAKER Frank Crackston

ADDRESS 1706 Eutaw

CAUSE OF DEATH must be stated plainly. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

699431

HEALTH DEPARTMENT—CITY OF BALTIMORE

123 699431

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Woman's Hospital

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Bertha Hellings

(Residence in Baltimore: No. 3502 Poplar Grove Ave Forest Park St.; 19 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. Sept 17, 1878. (Month) (Day) (Year)

7-AGE. 38 yrs. 1 mos. 18 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE. (State or Country), Balto Co. Md

PARENTS.

10-NAME OF FATHER. George Hellings

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Anna D Headaker

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Ella L. Hellings

(Address) 3502 Powlatan Ave

15- NOV 6 1916 ROBERT R. KRAUTER

Filed ....., 191.... Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 1, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 31 1916, to November 3 1916, that I saw her alive on November 3 1916, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

..... Carcinoma L. Lung .....
Stone in Kidney
..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Nephrotomy (11.1.16)
..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) ..... M. D.

11.1....., 1916. (Address) Woman's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 3502 Poulatan Ave Forest Park

19-PLACE OF BURIAL OR REMOVAL. Woman's Cemetery — DATE OF BURIAL. Nov. 7, 1916

20-UNDERTAKER Joseph B. Cook — ADDRESS 1003 W. Balto St

Important. See instructions on back of certificate.

330

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99432 C99432

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 Somerset ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Henry Mettee

(Residence in Baltimore: No. 1017 Somerset St.; 77 yrs. 9 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, February (Month) 3d (Day), 1839 (Year)

7-AGE, 77 yrs. 9 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Coopper
(b) General nature of industry, business, or establishment in which employed (or employer): A Knigan Packing Co

9-BIRTHPLACE, (State or Country), Balto. md

PARENTS.

10-NAME OF FATHER, Henry Mettee

11-BIRTHPLACE OF FATHER (State or Country), Balto. md.

12-MAIDEN NAME OF MOTHER Mary Inloes

13-BIRTHPLACE OF MOTHER (State or Country), Balto. md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Emma Mettee

(Address) 1017 Somerset St

15-

Filed NOV 6 1916 191.....

ROBERT R. KRAUTER
Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 5th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1st 1916, to Nov. 5th 1916, that I saw h— alive on Nov 5th 1916, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis Hypertrophy of Prostate

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo A Tenney M. D.

Nov 6th 1916. (Address) 2537 Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL. November 8 1916

20-UNDERTAKER Henry Hosch Son

ADDRESS 1301 E Eager St

important. See instructions on back of certificate.

699433

HEALTH DEPARTMENT---CITY OF BALTIMORE

64 699433

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No 1003 S. Howard ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Johnson

(Residence in Baltimore: No. 1003 S. Howard St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Unknown (Month) (Day), 1853 (Year)

7-AGE: 63 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Jarvis Johnson

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Mary Ann

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hester Fisher

(Address) 1003 S. Howard St

15- Filed NOV 6 1916 ROBERT R. KRAUTER REGISTRAR

Burial Permit 61074

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: November 4 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 20, 1916, to, Nov 4 1916, that I saw h[er] alive on Nov 1 1916, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Primal Arteriosclerosis

(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY) Cerebral Apoplexy

(Duration) yrs. 3 mos. ds.

(Signed), H. S. McCaul M. D.

Nov 4, 1916 [Address] 2005 Druid Hill Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Lauriel Cem

DATE OF BURIAL: Nov 7, 1916

20-UNDERTAKER: J. H. Brown & Son

ADDRESS: 108 W. Montgomery Laurel St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF DISEASE OR CONDITION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

699434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

67 699434

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2123 N Charles ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate Gehring

(Residence in Baltimore: No. 2123 N Charles St.; 72 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Nov. (Month) 4th (Day), 1844 (Year)

7-AGE, 72 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Joseph Foster

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Gehring Wells

(Address) 2123 N. Charles St.

15- Filed NOV 6 1916, 191 ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 5th (Day); 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 16th 1916, to Nov 4th 1916, that I saw h[illegible] alive on Nov 4th 1916, and that death occurred, on the date stated above, at 12 20 P m.

The CAUSE OF DEATH* was as follows:

Paresis

(Duration) Abt 3 Years

CONTRIBUTORY (Secondary) Pneumonia

(Duration) 1 yrs. mos. ds.

(Signed) C. Blackwell M. D.

Nov 5th, 1916. (Address) 602 N Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, 22d 7, 1916

20-UNDERTAKER Henry W. Williams & Son

ADDRESS 1031 N. Calvert St.

CAUSE OF DEATH must be plainly written, and all questions answered, as this certificate is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

699435 HEALTH DEPARTMENT—CITY OF BALTIMORE 699435

CERTIFICATE OF DEATH.

170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 E Lafayette Av St.: 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Densel.

(Residence in Baltimore: No. 2010 E Lafayette Av St.: ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	Widower

6-DATE OF BIRTH, July (Month) 28 (Day), 1869 (Year)

7-AGE, 47 yrs. 3 mos. 7 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Henry Densel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Helena Dick

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Densel

(Address) 2015 E Lafayette Ave

15-

Filed NOV 6 1916 ROBERT R. KRAUTER

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 5 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Nov 7 1915, to Nov 5 1916, that I saw h[illegible] alive on Nov 5 1916, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 8 mos. 26 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jacob Frosh M. D.

Nov 6, 1916 (Address) 1823 N Wolfe St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Oak Lawn Cemetery

DATE OF BURIAL, Nov 8, 1916.

20-UNDERTAKER E D Fanning

ADDRESS 1535 E Lafayette Ave

CAUSE OF DEATH must be plainly written. Every question must be answered if possible. Omissions cause delay and are important. See instructions on back of certificate.

C99436

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 C99436

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 923 W. Barre, ST. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick K. Browning

(Residence in Baltimore: No. 923 W. Barre. St.; 37 yrs. 3 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH July (Month) 9 (Day), 1879 (Year)

7-AGE 37 yrs. 3 mos. 26 ds. | If LESS than 1 day, \ hrs. or \ min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Moulder.
(b) General nature of industry, business, or establishment in which employed (or employer) Foundry.

9-BIRTHPLACE (State or country) Baltimore, Md.

PARENTS

10-NAME OF FATHER Frederick K. Browning

11-BIRTHPLACE OF FATHER (State or country) Maryland.

12-MAIDEN NAME OF MOTHER Elizabeth Carney.

13-BIRTHPLACE OF MOTHER (State or country) Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. K. Browning.

(Address) 1271 Sargeant St.

Filed NOV 6 1916, 191

ROBERT R. KRAUTER
Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Nov. (Month) 4 (Day), 1916 (Year).

17. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1916, to Nov. 4, 1916, that I saw him alive on Nov. 3, 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Tubercular Peritonitis.

(Duration) \ yrs. 4 mos. \ ds

Contributory (SECONDARY) Unknown

(Duration) \ yrs. \ mos. \ ds.

(Signed) Albert J. Chambers, M.D.

Nov. 5, 1916 (Address) 1012 N. Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL London Park Cemetery

DATE OF BURIAL Nov 7, 1916

20-UNDERTAKER John J. Field

ADDRESS 1202 Lombard St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C99437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X1

REGISTERED NO. C 99437

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Thomas

(Residence in Baltimore: No. 1526 Mulliken St.; ..... yrs. ..... mos. 10 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	S

6-DATE OF BIRTH, Unknown (Month) ..... (Day) 1889 (Year)

7-AGE. 27 yrs. — mos. — da.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). at Coke Oven

9-BIRTHPLACE, (State or Country), Ga

PARENTS.

10-NAME OF FATHER, James Thomas

11-BIRTHPLACE OF FATHER (State or Country), S. Carolina

12-MAIDEN NAME OF MOTHER Ellen —

13-BIRTHPLACE OF MOTHER (State or Country), Ga

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Tranton Wilson

(Address) 1526 Mulliken st

15- NOV 6 1916 HARRY C. AYDELOTT

Filed ....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 3 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 3-6 pm 1916, to Nov 3 9 20 pm 1916, that I saw him alive on 9 30 pm Nov 3 1916, and that death occurred, on the date stated above, at 9 45 p m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

Toxemia

(Duration) ..... yrs. ..... mos. 2 da.

CONTRIBUTORY (Secondary) Typhoid fever

(Duration) ..... yrs. ..... mos. 14 da.

(Signed) M L Rasmond M. D.

Nov 8, 1916. (Address) St Jo Hospital

*State the DISEASE CAUSING DEATH, or, if deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 14 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Sparrows Point Md

Former or usual residence Sparrows Point Md

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Asbury Cem	Nov 6th, 1916.

20-UNDERTAKER Harry A. Vodery

ADDRESS 1723 Orleans st

CAUSE OF DEATH must be plainly written. Every question must be answered if possible. Omissions will cause delay. Ditto marks are not important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699438

CERTIFICATE OF DEATH.

4 to 1

1-PLACE OF DEATH University Hospital REGISTERED No. C. 99438

CITY OF BALTIMORE: (No. ..... ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Columbus Willet

(Residence in Baltimore: No. University Hospital St.; ..... yrs., 2 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Not known, 1879
(Month) (Day) (Year)

7-AGE, 37 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Richard Willet

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Rosa Hancock

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Ryan

(Address) Waldorf Charles Co Md

15- NOV 6 - 1916 HARRY T. ANDREWS
Filed ....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 6, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1916, to Nov. 5 1916, that I saw him alive on Nov. 5, 1916, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

.....
Typhoid Fever
.....
..... (Duration) yrs. 2 mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
..... (Duration) yrs. ..... mos. ..... ds.

(Signed) Bernard J. Perry M. D.
11/6, 1916. (Address) Univ. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. 2 mos. ..... ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Waldorf, Md.

19-PLACE OF BURIAL OR REMOVAL, Waldorf Charles Co. Md

DATE OF BURIAL, Nov. 7th 1916.

20-UNDERTAKER, Edward W. Pye.

ADDRESS Catonsville 61 Winters ave

CAUSE OF DEATH must be plainly written, and technical terms may be employed if important. See instructions on back of certificate.

C 994391

HEALTH DEPARTMENT—CITY OF BALTIMORE

155

CERTIFICATE OF DEATH.

REGISTERED No. C 99439

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 229 Myrtle Ave. ST.: 4 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Jones.

(Residence in Baltimore: No. 229 Myrtle Ave

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female.

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1
(Month) (Day) (Year)

7-AGE, 34 yrs. mos. ds.

If LESS than 1 day, hrs. or mis.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Unknown,

11-BIRTHPLACE OF FATHER (State or Country) "

12-MAIDEN NAME OF MOTHER Georgianna Talbott

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Philip S. Jones

(Address) 229 Myrtle Ave.

15- NOV 6 - 1916 HARRY C. ANDREWS

Filed ....., 191... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and, from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gas Poison (Suicide)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert S. Driscoll M. D.
(Coroner.)

Nov 5, 1916. (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Calvary Cem.

DATE OF BURIAL, Nov 7, 1916.

20-UNDERTAKER Samuel Hamby

ADDRESS 58 Mott

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

6 99440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED NO. C 99440

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 575 W Preston St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

2-FULL NAME Martha R Trust

(Residence in Baltimore: No. 575 W Preston St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: Unknown (Month), (Day), (Year)

7-AGE: 58 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: John Hay

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Robert Trust

(Address): 575 W Preston St

15- NOV 6 - 1916 Filed....., 191.....

HARRY C. ANDREWS Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 11 (Month) 5 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Nov 3 1916, to Nov 5 1916, that I saw him alive on Nov 4 1916, and that death occurred, on the date stated above, at 9:00 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) 6 yrs. 6 mos. 1 ds.

CONTRIBUTORY (Secondary): Anemia

(Duration) 6 yrs. 6 mos. 1 ds.

(Signed) D. C. W. Kemmerd M. D.

Nov. 6, 1916 (Address) 708 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Nov 7, 1916

20-UNDERTAKER Samuel J Stanley ADDRESS 578 Cath

CAUSE OF DEATH must be plainly written, so that it may be properly classified. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

699441

HEALTH DEPARTMENT—CITY OF BALTIMORE

92

CERTIFICATE OF DEATH.

REGISTERED No. C 99441

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St.; [illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry S. O'Neill

(Residence in Baltimore: No. 316 N. Fulton St.; — yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Jan (Month) 25 (Day) 1883 (Year)

7-AGE. 33 yrs. 9 mos. 10 da. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Clerk
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Wm R Neill Sr

11-BIRTHPLACE OF FATHER (State or Country). New Orleans

12-MAIDEN NAME OF MOTHER. Mildred Sinclair

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Rev. Theo Neill

(Address). Elkridge Md

15- Filed NOV 6 - 1916 MARY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov 6 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 26 1916 to Nov 6 1916, that I saw h[illegible] alive on Nov. 6 1916, and that death occurred, on the date stated above, at 6.05 P. m.

The CAUSE OF DEATH* was as follows:

Oedema of Lungs

[illegible]

Acute Dilatation of Heart

(Duration) yrs. mos. 1 da.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 13 da.

(Signed) Egbert L. [illegible] M. D.

Nov 6, 1916 (Address) 530 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. 5 da. In the State of Life yrs. mos. da.

Where was disease contracted if not at place of death? Residence

Former or usual residence 316 N. Fulton Ave

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cemetery DATE OF BURIAL. Nov 8, 1916

20-UNDERTAKER Scott M. Starr ADDRESS 1705 St Paul St

CAUSE OF DEATH to be plain terms, so that any one may understand the purport. Omissions important. See instructions on back of certificate.

HEALTH DEPARTMENT–CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 99.442

REGISTERED No. C

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 515 Lewis ST.: 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morris Bright.

(Residence in Baltimore: No. 515 Lewis St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Col.	

6-DATE OF BIRTH Oct. 25, 1916 (Month) (Day) (Year)

7-AGE ... yrs. ... mos. 12 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Balto.

PARENTS

10-NAME OF FATHER Charles Bright

11-BIRTHPLACE OF FATHER (State or country) Maryland

12-MAIDEN NAME OF MOTHER Estella Willis

13-BIRTHPLACE OF MOTHER (State or country) Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Estella Bright

(Address) 515 Lewis St.

15 Filed NOV 7 - 1916 191 ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Nov 5, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1916, to Nov. 4 1916, that I saw him alive on ... , 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ... yrs. ... mos. 3 ds

Contributory (SECONDARY) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) A. G. Freeman M. D.

Nov. 6, 1916. (Address) 918 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Ever Green Cem. | DATE OF BURIAL Nov. 7, 1916

20-UNDERTAKER Thos J. G. Locks | ADDRESS 1302 Jefferson

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 99443

REGISTERED NO. C 1

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 727 E. 41st St ST. 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma J Brashears

(Residence in Baltimore: No. 727 E 41st St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: f. Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Oct 6, 1858 (Month) (Day) (Year)

7-AGE: 58 yrs. 1 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Benaiah Thornton

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER:

13-BIRTHPLACE OF MOTHER (State or country):

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. W. S. Soules (Daughter)

(Address) 727 41st St

15-NOV 7 - 1916 Filed 1916

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov 6th, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1916, to Nov 6 1916, that I saw h[illegible] alive on Nov 5, 1916, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Cerebral haemorrhage.

(Duration) yrs. mos. 4 ds

Contributory (SECONDARY) Paralysis left side hemiplegia

(Duration) yrs. mos. 4 ds.

(Signed) John Evans M. D.

Nov 6, 1916. (Address) 502 Franklin Terrace

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greene Mount — DATE OF BURIAL: NOV -8 1916

20-UNDERTAKER: ARMSTRONG-DENNY CO. — ADDRESS: 715 Light

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 108 99-4444

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H Kimble

(Residence in Baltimore: No. Perryman Harford Co Md St.: yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Nov 7, 1891
(Month) (Day) (Year)

7-AGE. 25 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, S. J. Kimble

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Helen Bolt

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank J. Kimble

(Address) Perryman Md

15- Filed NOV 7 - 1916 191

Registrar.

F.B.C.D.7

CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov 6, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 5 1916, to Nov 6 1916, that I saw him alive on Nov 6 1916, and that death occurred, on the date stated above, at 11 30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Suppurative Appendicitis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY. (Secondary) General Peritonitis

(Duration) yrs. mos. 4 ds.

(Signed) Gadsden M. D.

Nov 6, 1916. (Address) Univ. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 25 yrs. mos. ds.

Where was disease contracted, if not at place of death? Perryman Md

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Perryman Md	Nov. 9, 1916.
20-UNDERTAKER	ADDRESS
Gibson & Sons	Perryman Md

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

109 99-445

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. Hebrew Hospital St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Dora Koch

(Residence in Baltimore: No. 1910 Pearl St St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): married

6-DATE OF BIRTH: Oct 15 (Month) (Day), 1838 (Year)

7-AGE: 78 yrs. 0 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Hessen Germany

PARENTS.

10-NAME OF FATHER: Fudenick Geer

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Koch

(Address) 19 Pearl St

15- 9161 - LAON

Filed Nov. 9, 1916 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Nov 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 6 1916, to Nov 7 1916, that I saw her alive on Nov 7 1916, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Strangulated Umbilical Hernia

(Duration) yrs. 4 Days mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Schmuck M. D.

Nov 7, 1916. (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown.

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Nov. 9. 1916

20-UNDERTAKER: Mr. Mrs John W. Leupold

ADDRESS: 501 W Fay

CAUSE OF DEATH in plain terms, so that it may be properly classified. Every answer important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 99446

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 7376 Pennsylvania Ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Batchler.

(Residence in Baltimore: No. 7376 Pennsylvania St.; yrs., ~~6 mos.~~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May 1, 1869.
(Month) (Day) (Year)

7-AGE, 47 yrs. 7 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Oyster dealer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Jas Batchler

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Elizabeth Weiss

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dora Lore

(Address) 918 S. Robinson St

15-Filed NOV 7 1916 191.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquiry
(Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. Edw. Smith M. D.
(Coroner.)
Nov. 6, 1916 (Address) 910 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Patrick — DATE OF BURIAL, Nov. 8, 1916

20-UNDERTAKER Josiah Sykes — ADDRESS 1600 N. North Ave

N. B.—Every item of information should be carefully supplied. Also CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 108 99.447

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hosp St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Gravatt

(Residence in Baltimore: No. Brandywine Va St.; ..... yrs., ... mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Unknown ....., 1889
(Month) (Day) (Year)

7-AGE, 27 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). .....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, James F Gravatt

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Sarah Goldman

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carl H. Gravatt

(Address) 113 No Bucker St

15- NOV 7 - 1916

Filed ....., 191.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 16 1916, to Nov 7, 1916, that I saw h[illegible] alive on Nov 7, 1916, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

(a) Chronic Appendicitis

Interstitial Nephritis

..... (Duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

..... (Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Eleanor Mackenzie M. D.

Nov 7, 1916 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 20 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Brandywine Va

19-PLACE OF BURIAL OR REMOVAL, Brandywine Va. DATE OF BURIAL, Nov 7, 1916

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 N Bal St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each item is important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 99.448

REGISTERED No. C 1

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 332 S. Payson St. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Muench

(Residence in Baltimore: No. 3325 Payson St.: 20 yrs. 10 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Dec 10, 1895 (Month) (Day) (Year)

7-AGE: 20 yrs. 10 mos. 25 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework (Home)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: John J. Massey

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Margaret Martin

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Edward Muench

(Address) 2007 Fulton Ave

15-Filed NOV 7 - 1916, 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov 5, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1916, to Nov 5 1916, that I saw h[illegible] alive on Nov 5, 1916, and that death occurred, on the date stated above, at 4.15 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 6 mos. ..... ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed): E. Stella Heaney M. D.

Nov 6, 1916 (Address) 2000 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Nov 8 191 6

20-UNDERTAKER: Geo. Schwatka Bro — ADDRESS 2101 Fulton Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

120 99-449

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 401- E 23 ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Owens

(Residence in Baltimore: No. 401- E 23 St -

St.: 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fe

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, Widowed OR DIVORCED, (Write the word.)

6-DATE OF BIRTH, Unknown (Month) (Day) 18.4.8 (Year)

7-AGE, 68 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, David Hunter

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Susan Hunter

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nonus Fenby

(Address) 401- E 23 St

15- NOV 7 - 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 15 1916, to Nov. 5 1916, that I saw her alive on Nov. 5 1916, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Bright's Disease

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) R. Garland Schmidt M. D.

Nov. 6, 1916 (Address) 1534 E. N. Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Nov. 7, 1916.

20-UNDERTAKER James H. Dennis

ADDRESS 1303 Boston

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 99.450

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3004 Harlem Ave ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Alexander Banks.

(Residence in Baltimore: No. 3004 Harlem Ave St.; yrs.... mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) infant

6-DATE OF BIRTH, November (Month) 2 (Day), 1916 (Year)

7-AGE, ... yrs. ... mos. 3 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, Wm Henry Banks

11-BIRTHPLACE OF FATHER (State or Country). Maryland.

12-MAIDEN NAME OF MOTHER Mary Virginia Weaver

13-BIRTHPLACE OF MOTHER (State or Country), West Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chester Roland, M.D.

(Address) 2532 Edmondson Ave.

15- Filed NOV 7 - 1916 19...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 2 1916, to Nov 5 1916, that I saw him alive on Nov 4 1916, and that death occurred, on the date stated above, at 8:40P m.

The CAUSE OF DEATH* was as follows:

hemmorhagica neonatorum

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) none

(Duration) ... yrs. ... mos. ... ds.

(Signed) Chester D. Roland, M. D.

11-6-, 1916. (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion — DATE OF BURIAL, Nov 7, 1916

20-UNDERTAKER James H. Dennis — ADDRESS 1303 Preston

CAUSE OF DEATH in plain terms, so that it may be properly classified. Every question important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

99-457

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 N. Bruce ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elinora Boyer

(Residence in Baltimore: No. 1715 N Bruce St.; 40 yrs.. mos. da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Every question important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown (Month), (Day), 1851 (Year)

7-AGE, 65 yrs. — mos. — da.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jacob Hall

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Anna M. Brown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susanna Franklin

(Address) 1715 N. Bruce St.

15- NOV 7 - 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 24 1916, to Nov. 5 1916, that I saw her alive on Nov. 1 1916, and that death occurred, on the date stated above, at 12-30 m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) John D. Simmons M. D.

Nov. 6, 1916. (Address) 1507 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, National Cemetery — DATE OF BURIAL, Nov. 8 1916

20-UNDERTAKER James H Dawson — ADDRESS 1303 Pennsylvania

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 99.457

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 Fox St. ST.; 17 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. John Hoffmeider

(Residence in Baltimore: No. 802 Fox St. St.; 69 yrs., ___ mos. ___ ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, Wht

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ Married (Write the word.)

6-DATE OF BIRTH, Aug 22, 1847 (Month) (Day) (Year)

7-AGE, 69 yrs. 2 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Stone quarry

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Hoffmeider

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harriett E. Hoffmeider

(Address) 802 Fox Street

15- NOV 7 1916

Filed Nov 7, 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 7, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 16 1914, to Nov. 7 1916; that I saw him alive on Nov. 6. 1916, and that death occurred, on the date stated above, at 12.5 1 m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (Duration) 3 yrs. ....mos. ....ds.

(Signed) John E. O'Neill M. D.

Nov. 7, 1916 (Address) 735 S. Carey St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore County

DATE OF BURIAL, Nov 9.., 1916.

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 99,453

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 W Cross St ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A Dowell

(Residence in Baltimore: No. 1007 W Cross St St.: 28 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Dec. (Month) 9 (Day), 1850 (Year)

7-AGE: 65 yrs. 11 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Packer
(b) General nature of industry, business, or establishment in which employed (or employer): tin

9-BIRTHPLACE, (State or Country): Friendship A A Co Md

PARENTS.

10-NAME OF FATHER: John Dowell

11-BIRTHPLACE OF FATHER (State or Country): A A Co Md

12-MAIDEN NAME OF MOTHER: Webb

13-BIRTHPLACE OF MOTHER (State or Country): A A Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary E Dowell

(Address) 1007 W Cross St

15- Filed NOV 7 - 1916 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Nov. (Month) 6th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 25 1916, to Nov 6 1916, that I saw him alive on Nov 5 1916, and that death occurred, on the date stated above, at 7.30 A.m.

The CAUSE OF DEATH* was as follows:

Nephritis) Chronic

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. 1 ds.

(Signed) [signature] M. D.

Nov. 7., 191 6 (Address) 517 Scot St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Friendship A. A. Co. Md. | DATE OF BURIAL: Nov. 8th, 1916.

20-UNDERTAKER: Mr & Mrs John H. Teufel | ADDRESS: 801 N. Fayette St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

79 99.1451

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Angeline Cummings.

(Residence in Baltimore: No. 421 N. Caroline St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1854 (Year)

7-AGE	If LESS than 1 day, ...hrs. or ....min.?
62 yrs. ..... mos. ..... ds.	

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Housework

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter C. Snyder

(Address) Johns Hopkins Hospital

15- NOV 7 - 1916

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 19 1916, to Nov. 4 1916, that I saw h[illegible] alive on Nov. 4 1916, and that death occurred, on the date stated above, at 1[illegible] p. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chr. myocarditis

..... (Duration) 2 yrs. ..... mos. ..... ds.

(Signed) Thos. McCrae M. D.

Nov. 6, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 16 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 421 N. Caroline St

19-PLACE OF BURIAL OR REMOVAL, Cambridge Md. DATE OF BURIAL, Nov 7, 1916.

20-UNDERTAKER E. B. Harke ADDRESS 145 E. Fort St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99.455

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1003 Riverside ave ST.; 24 WARD) REGISTERED NO. C 130

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ferdinand Schulz

(Residence in Baltimore: No. 1003 Riverside ave St.: 70 yrs., 1 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Sept (Month) 29 (Day), 1846 (Year)

7-AGE, 70 yrs. 1 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, John Schulz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Bowers

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Schulz

(Address) 1003 Riverside ave

15- NOV 7 - 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 25 1916, to Nov 5 1916, that I saw h[im] alive on Nov 5 1916, and that death occurred, on the date stated above, at 1 30 P m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

Myocarditis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 2 ds.

(Signed) Jas F O'Donnell M. D.

Nov 7, 1916 (Address) 1016 Mad St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem. Co. DATE OF BURIAL, Nov 8, 191[6]

20-UNDERTAKER H. F. M. Glenn ADDRESS 1129 Light

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

99.456

REGISTERED NO. C. 79

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 Leadenhall St. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME George Forster

(Residence in Baltimore: No. 1114 Leadenhall St.; 69 yrs. 4 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: July (Month) 2 nd. (Day), 1847 (Year)

7-AGE: 69 yrs. 4 mos. 3 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto.Md.

PARENTS

10-NAME OF FATHER: George Forster

11-BIRTHPLACE OF FATHER (State or country): Balto.Md.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs.George Forster

(Address) 1114 Leadenhall

15- Filed NOV 7 - 1916, M.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 5/16. (Day), 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug.1/16., 191, to, Nov.5/16., 191, that I saw h im alive on Nov.4/16. 191, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Oedema.

(Duration) yrs. mos. 1 ds.

Contributory (SECONDARY) Cardiac Hypertrophy

(Duration) 5 yrs. mos. ds.

(Signed) Henry Wade Chandler M. D.

Nov.7/16, 191 [Address] 933 Hanover st.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cemetary

DATE OF BURIAL: Nov.8/16. 191

20-UNDERTAKER: D.M. Flynn

ADDRESS: 1422 Light st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

71 99457

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 842 S. Bond, ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Kozlowska

(Residence in Baltimore: No. 842 S. Bond. St.; yrs., 9 mos. 4 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Single

6-DATE OF BIRTH: Feb. (Month) 2 (Day), 1916 (Year)

7-AGE: yrs. 9 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): Infant.

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: John Kozlowski

11-BIRTHPLACE OF FATHER (State or Country): Russian Poland.

12-MAIDEN NAME OF MOTHER: Mary Bajorek.

13-BIRTHPLACE OF MOTHER (State or Country): Austria Galicia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Kozlowski

(Address) 842 S. Bond St.

15- 9181-LAON

Filed Nov. 7 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 6 191 6, to Nov 6 191 6, that I saw h[er] alive on Nov 6 191 6 and that death occurred, on the date stated above, at 10.30 a. m.

The CAUSE OF DEATH* was as follows:

Infantile Convulsion,

(Duration) c. yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(Duration) yrs. mos. ds.

(Signed) W. J. Reese M. D.

Nov. 7, 1916. (Address) 1208 Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Nov. 8, 1916

20-UNDERTAKER, William Piaskowski — ADDRESS 1611 Eastern

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

152 99.458

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 N. Front ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Degli di Massa.

(Residence in Baltimore: No. 123 N. Front St.; yrs., mos. da.) 4th House

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, F.

4-COLOR OR RACE, W

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) S.

6-DATE OF BIRTH, 11- 7th, 1916
(Month) (Day) (Year)

7-AGE, ...yrs....mos....da.

If LESS than 1 day, 4½ hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work....
(b) General nature of industry, business, or establishment in which employed (or employer)....

9-BIRTHPLACE, (State or Country), 123 N Front St.

PARENTS.

10-NAME OF FATHER, Gaetano di Massa

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Vilelmina DEcaros

13-BIRTHPLACE OF MOTHER (State or Country), Italy -

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Natico Di Mateo

(Address) 623 S. 3rd St.

15- NOV 7 1916

Filed 1916

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 11 (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11-7 1916, to 11-7 1916, that I saw her alive on 11-7 1916, and that death occurred, on the date stated above, at 6a. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

at time of birth

Dry Labor

(Duration) ....yrs....mos....da.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....da.

(Signed) S. D. Emarco M. D.

11-7, 1916 (Address) 1604 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL, St. Vincents Cemetery

DATE OF BURIAL, Nov. 7..., 1916

20-UNDERTAKER Lilly & Zeiler

ADDRESS 40 S Wolfe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-21-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 C 99459

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2019 E. Lafayette St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Pearce Veditz

(Residence in Baltimore: No. 2019 E. Lafayette Ave St.; 0 yrs., 1 mos. 12 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, September 26, 1916 (Month) (Day) (Year)

7-AGE, 0 yrs. 1 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, H. R. Veditz

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Alice Pearce

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nanny R. Veditz

(Address) 2019 E Lafayette ave

15-

Registered NOV 7 1916 191..... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 4 1916, to Nov 6 1916, that I saw h[illegible] alive on Nov 6 1916, and that death occurred, on the date stated above, at 7.15 P m.

The CAUSE OF DEATH* was as follows:

(a) Gastro Enteritis Acute

.....

..... (Duration)....yrs....mos. 2 ds.

CONTRIBUTORY (Secondary) None

..... (Duration)....yrs....mos....ds.

(Signed) Jacob Freedman M. D.

Nov 6, 191.. (Address) 1823 N. Gay St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Nov 7th, 1916.

20-UNDERTAKER Stewart & Moore Co

ADDRESS 1089 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

no 99460 — 109 699460

CERTIFICATE OF DEATH.

REGISTERED NO. C 99460

1-PLACE OF DEATH Womans Hosp.

CITY OF BALTIMORE: (No. John r Lafayette Ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Augusta Mayo

(Residence in Baltimore: No. Belmar Ave - Raspeburg — St.; 30 yrs.. — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, W.

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (Write the word.) Widow

6-DATE OF BIRTH, May 29 (Month) (Day), 1868 (Year)

7-AGE, 48 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, August Frankie

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Emma Franke

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F. F. Webster

(Address) Womans Hospital

15-NOV 7 - 1916 Filed....., 191.... ROBERT R. KRAUTER Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov- (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 28 1916, to Nov. 7 1916, that I saw h[illegible] alive on Nov. 7. 1916, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Tetanus.

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Strangulated inguinal Hernia. Operative (Duration) yrs. mos. 7 ds.

(Signed) [illegible] M. D.

11-7, 1916 (Address) Womans Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death [illegible] yrs. [illegible] mos. 20 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Belmar Ave.

Former or usual residence Belmar Ave Raspeburg —

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, Nov 9, 1916.

20-UNDERTAKER [illegible] Cook

ADDRESS 502 E North ave

Spec.—8-24-14—M. & T.—2000 Bks.

B 699461

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 699461

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 111 N. Dallas ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Smith

(Residence in Baltimore: No. 111 N. Dallas St.; 38 yrs., 3 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 6 (Day) 1878 (Year)

7-AGE, 38 yrs. 3 mos. 30 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ice Dealer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George W. Smith

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Rich

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Smith

(Address) 111 N. Dallas St

15- NOV 8 - 1916 ROBERT A. KRAUTH

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 5 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 7 1916, to Nov 5 1916, that I saw him alive on Nov 4 1916 and that death occurred, on the date stated above, at 10:20 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) About two yrs. 1 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Howard L. Silver M. D.

Nov 7, 1916. (Address) 191 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetary

DATE OF BURIAL, Nov 8/16, 191...

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C99462 HEALTH DEPARTMENT—CITY OF BALTIMORE. x 47 C99462

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hosp St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosie Steele

(Residence in Baltimore: No. Henderson Md. St.; yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1886 (Year)

7-AGE, 30 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Records

(Address) Md Gen'l Hospital

15- Filed NOV 8 - 1916 191 ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, NOV. 6 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from NOV 3 1916, to NOV 6 1916, that I saw h[illegible] alive on NOV 6 1916, and that death occurred, on the date stated above, at 11.30 P.m.

The CAUSE OF DEATH* was as follows:

Adeno Carcinoma of Uterus

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Surgical Coma

(Duration) yrs. mos. 6 ds.

(Signed) Elmer Newcomer M. D.

11-7-; 191[illegible] (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Henderson Md

19-PLACE OF BURIAL OR REMOVAL, Goldsboro Md. DATE OF BURIAL, NOV 8 191[illegible]

20-UNDERTAKER Fitzpatrick & Co ADDRESS 3435 W North Ave

C99463.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92C99463

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 105 N. Hughes ST. 22 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Robert Maker

(Residence in Baltimore: No. 105 N. Hughes St. St.; yrs. mos. ds.)

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6 DATE OF BIRTH: unknown, 1 (Month) (Day) (Year)

7 AGE: 52 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Samuel Maker

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Brown

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Estella Maker

(Address) 111 N. Hughes St.

15 Filed NOV 8 - 1916, 191 ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov 6 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1916, to Nov 6 1916, that I saw h[illegible] alive on Nov 6, 1916, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. 10 ds

Contributory (SECONDARY)

(Duration) yrs. mos. 0 ds.

(Signed) [signature] M. D.

Nov 6, 191[illegible] (Address) 125 N. Hughes St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn St

DATE OF BURIAL: Nov 8, 1916

20 UNDERTAKER: J. L. Brown & Son

ADDRESS: 1051 N. Monty St

Spec.—8-24-14—M. & T.—2000 Bks.

C99464

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99464

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hugh Gallagher

(Residence in Baltimore: No. 836 Woodward St St.; ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, ... November (Month) ..... 1 (Day) ..... 1855 (Year)

7-AGE, 61 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Gallagher

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Carton

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas. Gallagher

(Address) 836 Woodward St.

15- NOV 8 - 1916 Filed ....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 6 (Day) ....., 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 4 1916, to Nov 6 1916, that I saw him alive on Nov 6 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Pulmonary oedema

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) William F. Ouellette M. D.

Nov. 6, 1916. (Address) St. Jas. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. 2 ds.

Where was disease contracted, if not at place of death? dont Know.

Former or usual residence 836 Woodward St.

19-PLACE OF BURIAL OR REMOVAL, St Vincents Cemetery

DATE OF BURIAL, Nov 9..., 1916

20-UNDERTAKER John J Cowan & Son

ADDRESS 901 Hollins St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699465 × 699465

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Asylum St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Fitzgerald

(Residence in ~~Baltimore~~: No. 911 J St Sparrows Point Md St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Blk.

5-SINGLE, MARRIED, WIDOWED, DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ..., 1867. (Month) (Day) (Year)

7-AGE. 49 yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Va

PARENTS.

10-NAME OF FATHER. Edwin Fitzgerald

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anderson Fitzgerald (Son)

(Address) 911 J. St. Sparrows Pt. Md.

15- Filed NOV 8 - 1916, 191..... ROBERT E. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 2 - 1916, to Nov 7 - 1916, that I saw him alive on Nov 7 - 1916, and that death occurred, on the date stated above, at 1.40 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Thomas Wilkerson M. D.

11-7-, 191.. (Address) Md. General Asylum

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 911 J St Sparrows Pt Md

19-PLACE OF BURIAL OR REMOVAL. Nottoway Co Va (Nottoway) DATE OF BURIAL. Nov. 9, 1916.

20-UNDERTAKER. Armstrong & Penny Co ADDRESS 716 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

699466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 699466

REGISTERED NO. C

1-PLACE OF DEATH # CITY OF BALTIMORE: (No. 413 S Ellwood Ave St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel L. Constantine

(Residence in Baltimore: No. # 413 S Ellwood ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. February (Month) 25th (Day), 1883 (Year)

7-AGE. 33 yrs. 8 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Clerk
(b) General nature of industry, business, or establishment in which employed (or employer). Water Department

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER. Daniel Constantine

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md.

12-MAIDEN NAME OF MOTHER. Sarah Hannen.

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kate Constantine

(Address) 1005 E Lombard St

15- Filed NOV 8 1916 ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 26 1916, to Nov 7, 1916, that I saw him alive on Nov. 6, 1916, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Robert J. Green M. D.

Nov 8, 1916. (Address) 120½ Augusta

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cem. DATE OF BURIAL. Nov 10, 1916

20-UNDERTAKER E & J B Hartle ADDRESS # 115 E Mont

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Mary L. C. Jackson

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99467

CERTIFICATE OF DEATH.

28 C99467

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 Argyle ave St.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L C Jackson

(Residence in Baltimore: No. 1308 Argyle Ave St.; 22 yrs., 10 mos. 5 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, January 1, 1894. (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
22 yrs. 10 mos. 5 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John J. Jackson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Rebecca Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca Jackson

(Address) 1308 Argyle Ave

15- ROBERT P. KRAUTER

Filed NOV 8 1916, 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 6, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 4 1916, to Nov 6 1916, that I saw h.r alive on Nov 6 1916, and that death occurred, on the date stated above, at 12.45 p.m.

The CAUSE OF DEATH* was as follows:

Intussusception of Jejunum

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. C. Robertson Jr M. D.

Nov 7, 1916. (Address) 1221 Pennsylvania ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel Cemetery

DATE OF BURIAL. Nov 9, 1916.

20-UNDERTAKER George H. Holland

ADDRESS 517 N. Robert St.

C99468

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 186 C99468

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital St.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. John A. Westerman

(Residence in Baltimore: No. 737 S. 3d St. St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 14 (Day), 1895 (Year)

7-AGE, 21 yrs. 3 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles A. Westerman

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles A Westerman

(Address) 737 S 3d St.

15- Filed NOV 8 1916 191.... ROBERT B. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull Caused by a plank falling on his head. (accidental)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Albert S. Driscoll (Coroner) M. D.

Nov 7 1916. (Address) 512 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS).

At place of death....yrs....mos. 1 ds. State....yrs....mos....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel Cemetery.	Nov. 9, 1916
20-UNDERTAKER Kelly & Zailer	ADDRESS 403 S. Wolfe St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C99469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

35 C99469

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 Oakley ST.) 16 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Louis H. Tice

(Residence in Baltimore: No. 1820 Oakley St Yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Sept (Month) 14 (Day), 1853 (Year)

7-AGE. 63 yrs. 1 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Worker in Hair
(b) General nature of industry, business, or establishment in which employed (or employer): Factory

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER. Tall Tice

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Caroline Ruff

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis H. Tice

(Address) 1820 Oakley St

15- Filed NOV 8 - 1916, 191... ROBERT R. KRAUTER Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov. (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 21 191 6, to Nov 6 191 6, that I saw him alive on ~~Oct~~ Nov 6 191 6, and that death occurred, on the date stated above, at 10 00 p m.

The CAUSE OF DEATH* was as follows:

Tuberculosis General
Setback
(Duration) 3 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Asphyxia
(Duration) ✓ yrs. ✓ mos. 2 ds.

(Signed) Geo C Thamson M. D.

Nov 6, 191 6 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Western Cemetery DATE OF BURIAL. Nov 9, 191...

20-UNDERTAKER. P B Kupfer & Son ADDRESS 1 S Fred'k Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699470

CERTIFICATE OF DEATH

X8v 699470

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. ~~Lib~~ Caroline Odeon St. 9 WARD) REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Baddeus

(Residence in Baltimore: No. 141 N 11th St Highlandtown St.) (.....yrs., 5 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, ~~September~~ ..... (Month) ....., 1 (Day) ..... (Year)

7-AGE,	If LESS than 1 day,
57 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Tax Roofing
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, ~~Zachariah~~ Baddeus

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER ~~Amanda~~ Scarff

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [redacted] Hospital Records

(Address) Caroline & Orleans Sts.

15- Filed NOV 8 - 1916, 191... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 7 (Month) 1916 (Day), 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 3 1916, to Nov 7 1916, that I saw h~~im~~ alive on Nov 7 1916, and that death occurred, on the date stated above, at 3 0 m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

?

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Henry G. Mudd M. D.

....., 191... (Address) St. Josephs Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Usual residence 141 N 11th St Highlandtown

19-PLACE OF BURIAL OR REMOVAL, Westview Cemetery DATE OF BURIAL, Nov 9, 191 6

20-UNDERTAKER Lilly & Zeiler ADDRESS 403 S Wolfe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C99471 HEALTH DEPARTMENT—CITY OF BALTIMORE 175 C99471

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. St Joseph Hospital St.; 8 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T Spranklin

(Residence in Baltimore: No. 1507 E Layafette ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Jan 26 1901 (Month) (Day), 1 (Year)

7-AGE, 15 yrs 9 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Boy

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, C W Sprankling

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Anna Kroner

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C W Sprankling

(Address) 1507 layafett ave

15- Filed NOV 8 - 1916, 191 ROBERT R. KRAUTER Registrar.

Burial Permit [illegible] Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 5 1916 (Month) (Day), 191 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism Run over by automobile

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] (Coroner.) M. D.

Nov 7, 1916 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Ballo-Leudy — DATE OF BURIAL, Nov 8, 1916

20-UNDERTAKER Robt. J. Turner — ADDRESS Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C99472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 C99472

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 802 N. Gilmor St. ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Madaline Wilson Finch

(Residence in Baltimore: No. 802 N. Gilmor St. St. 4y. yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: December - 23, 1899 (Month) (Day) (Year)

7 AGE: 16 yrs. 10 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: Howard Knight Finch

11 BIRTHPLACE OF FATHER (State or country): Balto. City

12 MAIDEN NAME OF MOTHER: Emma McAllister

13 BIRTHPLACE OF MOTHER (State or country): Balto. City.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Howard K. Finch

(Address) 802 N. Gilmor

15 Filed NOV 8 - 1916 ROBERT R. KRAUTER Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November - 5 -, 1916. (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July - 3, 1916, to Nov - 5 1916. that I saw h[illegible] alive on Nov - 5 - 1916 and that death occurred on the date stated above, at 4.00 P m.

The CAUSE OF DEATH* was as follows:

Phthisis

(Duration) 1 yrs. + mos. ds

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) Wilbur P. Stubbs M. D.

Nov 7, 1916 (Address) 647 N. Calhoun St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Rob't Presbyterian Church — DATE OF BURIAL: Nov. 8, 1916

20 UNDERTAKER: Robt. J. Turner — ADDRESS: Broadway & Eden

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99473

CERTIFICATE OF DEATH.

28 C99473

REGISTERED No. C

1-PLACE OF DEATH 2407 E. Hoffman St

CITY OF BALTIMORE: (No. 2407 E. Hoffman ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna B. Hammerwald

(Residence in Baltimore: No. 2407 E Hoffman St St.; 22 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, August 16, 1894 (Month) (Day) (Year)

7-AGE, 22 yrs. 2 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Martin Hammerwald

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Katie Metzger

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M Hammerwald

(Address) 2407 E. Hoffman

15- Filed NOV 8 - 1916, 191.... ROBERT B. HEALY Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 26 1916, to Oct 7 1916, that I saw her alive on Oct 7 1916, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. W. Mackenzie M. D.

Nov 7, 191.. (Address) 1544 E. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Dale Cemetery — DATE OF BURIAL, Nov. 10, 191.6

20-UNDERTAKER Robt J Turner — ADDRESS 1441 Ward Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699474 — 170 699474

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Harris.

(Residence in Baltimore: No. 921 Linden St. St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1870 (Year)

7-AGE, 46 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Eaton Harris

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. Phelps

(Address) Johns Hopkins Hosp.

15- Filed NOV 8 - 1916 ROBERT R. KRAUTER Registrar. Burial Permit Issued.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1916, to Nov. 6 1916, that I saw h[illegible] alive on Nov. 6 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Chr. nephritis & uraemia (Duration) ..... yrs. 6 mos. ..... ds.

(Signed) Alan Le Fenton M. D.

Nov. 7, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death — yrs. + mos. 28 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 921 Linden St

19-PLACE OF BURIAL, OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Nov. 8, 1916.

20-UNDERTAKER Wm R. A. Elliott — ADDRESS 503 East 21.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C99475 — 170 — C99475

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hosp ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Smith

(Residence in Baltimore: No. 1330 N. Stockton St.; 12 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Male	Blk	Single

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1877 (Year)

7-AGE.	If LESS than 1 day,
39 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Isaac Smith

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie Pinkard

(Address) 1330 N. Stockton

15-

Filed NOV 8 1916, 191.. ROBERT E. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov-3, 1916, to Nov. 6 1916, that I saw h[illegible] alive on Nov 6 - 1916, and that death occurred, on the date stated above, at 3P m.

The CAUSE OF DEATH* was as follows:

Pneumonia with effusion

& Chronic Interstitial Nephritis

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elmer Mentzer M. D.

11-6-, 1916 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1330 N. Stockton.

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Nov 8, 1916

20-UNDERTAKER Sam'l H. Chase & Son — ADDRESS 1400 Druid

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

C99476

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C99476

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 1103 Battery Ave St. 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard L. Mitchell

(Residence in Baltimore: No. 1103 Battery Ave St. 36 yrs. — mos. — ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: M

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: ....., 1880 (Month) (Day) (Year)

7-AGE: 36 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto Md

PARENTS

10-NAME OF FATHER: Marion Mitchell

11-BIRTHPLACE OF FATHER (State or country): Balto Md.

12-MAIDEN NAME OF MOTHER: Alice Miller

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Marion Mitchell

(Address) 1103 Battery Ave

15. Filed NOV 8 - 1916 ROBERT R. KRAUTER Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. 7, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept 1, 1916, to Nov 7, 1916, that I saw him alive on Oct 26, 1916, and that death occurred, on the date stated above, at 1230 p. m.

The CAUSE OF DEATH* was as follows:

Valvular disease of the heart (Mitral, insufficiency)

(Duration) yrs. mos. ds.

Contributory (SECONDARY): Inflammatory Rheumatism

(Duration) yrs. 15 mos. ds.

(Signed) E. C. McDonnell M. D.

Nov 7, 1916 (Address) 1309 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Nov 10 1916

20-UNDERTAKER: Jos. J. Talbert Sons

ADDRESS: 1311 Eutaw St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699477 699477

CERTIFICATE OF DEATH.

108

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Taylor

(Residence in Baltimore: No. 1324 Pima Ave St.; 12 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, Unknown (Month) (Day) 1914 (Year)

7-AGE, 32 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) I. Taylor

(Address) 1324 Pima Ave.

15-

Filed NOV 8 - 1916 191 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November fifth (5th), 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 21 1916, to Nov 5, 1916, that I saw her alive on Nov 5 1916, and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

15 days (Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Diphtheria toxemia-

pneumonia (Duration) yrs. mos. 10 ds.

(Signed) J. A. Dawson M. D.

Nov 5, 191 6 (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 15 ds. In the State 32 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 324 Pima Ave.

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn

DATE OF BURIAL, Nov 8, 1916

20-UNDERTAKER John H. Toadvine

ADDRESS 172 W. Pratt St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C99478 HEALTH DEPARTMENT—CITY OF BALTIMORE + 124 C99478

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ina Hamman

(Residence in Baltimore: No. 6 days St.: yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown (Month), 1 (Day), (Year)

7-AGE, 38 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Railway Agent
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), W. Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Mellor

(Address) Johns Hopkins Hosp

15- Filed NOV 8 - 1916, 191.... Burial Permit Issued ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1 1916, to Nov. 7 1916, that I saw h[illegible] alive on Nov. 7 1916, and that death occurred, on the date stated above, at 10:30 p. m.

The CAUSE OF DEATH* was as follows:

General Paralysis (Cardiac)

Chronic Cystitis

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Rupture of Tubal Gestation

(Duration) 0 yrs. mos. 7 ds.

(Signed) C. E. Cecil M. D.

Nov. 8, 191.6 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Caldwell, W. Va.

19-PLACE OF BURIAL OR REMOVAL, North Caldwell W Va — DATE OF BURIAL, Nov. 8., 1916.

20-UNDERTAKER Albert E. Fuller — ADDRESS 221 N Broadway

649479

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 649479

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 N. Milton Av. St. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank L. Dr Ames Jr.

(Residence in Baltimore: No. 801 N. Milton Av., St.; yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single.

6-DATE OF BIRTH: Nov. (Month) 7th (Day) 1916 (Year)

7-AGE: Still born yrs. mos. ds. If LESS than 1 day 14 hrs. or 10 min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Frank L. Dr Ames

11-BIRTHPLACE OF FATHER (State or country): Balto, Md.,

12-MAIDEN NAME OF MOTHER: Mary L. Dr Bessling

13-BIRTHPLACE OF MOTHER (State or country): Balto, Md.,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank L. Ames

(Address) 801 N. Milton Av.

15- Filed NOV 8 - 1916, 191

ROBERT E. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1916, to, Nov. 8, 1916, that I saw him alive on Nov 8, 1916, and that death occurred, on the date stated above, at 11.05 m.

The CAUSE OF DEATH* was as follows:

Miscarriage.

(Duration) yrs mos. ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed) Geo. Seymour M.D. M.D.

Nov. 8th 1916 (Address) 2528 E. Monument St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Oak Hill

DATE OF BURIAL: Nov 9 1916

20-UNDERTAKER: Frank E. Enochs

ADDRESS: 1916 E. Monument

Spec.—5-19-13—M. & T.—500 Bks.

B 699480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152

REGISTERED NO. C 99480

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2027 E. Eblana St. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Dieter

(Residence in Baltimore: No. 2027 E. Eblana St.; ... yrs., — mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) —

6-DATE OF BIRTH, Nov 5, 1916
(Month) (Day) (Year)

7-AGE, — yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or 5 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. —
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Dieter

11-BIRTHPLACE OF FATHER (State or Country), Balt Co Md

12-MAIDEN NAME OF MOTHER Elizabeth Nichols

13-BIRTHPLACE OF MOTHER (State or Country), Balt City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Dieter

(Address) 2027 E. Eblana

15- Filed NOV 8 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 5 1916, to Nov 5 1916, that I saw him alive on Nov 5 1916, and that death occurred, on the date stated above, at 11 45 a.m.

The CAUSE OF DEATH* was as follows:

(a) 6 Months Malnutrition

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Detached Placenta

(Duration) ... yrs. ... mos. ... ds.

(Signed) H. E. Hoopes M. D.

Nov 8, 1916 (Address) 301 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, — DATE OF BURIAL, ..., 191...

20-UNDERTAKER — ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

699481

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1170

REGISTERED No. C 99481

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No Severn Apartments, Cathedral & Vermont Sts 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Sarah Elizabeth Brown

(Residence in Baltimore: No. Severn Apartments St.: 69 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Feb 5th (Month) (Day), 1844 (Year)

7 AGE: 72 yrs. 9 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Newark New Jersey

PARENTS

10 NAME OF FATHER: Thomas Leicester

11 BIRTHPLACE OF FATHER (State or country): Connecticut U. S. A.

12 MAIDEN NAME OF MOTHER: Eliza P. Wheeler

13 BIRTHPLACE OF MOTHER (State or country): Connecticut U. S. A.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr Kenneth Brown

(Address) the Severn apts

15 Filed NOV 8 - 1916, 191

HARRY [illegible] ANDER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov 7th (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 17th, 1916, to Nov 7th 1916, that I saw her alive on Nov 7th, 1916, and that death occurred, on the date stated above, at 8.40 a. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis
Senility
(Duration) 2 yrs. — mos. — ds

Contributory (SECONDARY) Secondary anaemia
(Duration) yrs. 1 mos. 25 ds.

(Signed) Charles K. Mitchell M. D.
Nov 8th, 1916 (Address) 9 E Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Greenmount Cem

DATE OF BURIAL: Nov 9 — ....., 1916

20 UNDERTAKER: Henry W. Jenkins Son Co

ADDRESS Orchard Mc Culloh St

Spec.—8-24-14—M. & T.—2000 Bks.

B 699482

HEALTH DEPARTMENT—CITY OF BALTIMORE

34

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C 99482

CITY OF BALTIMORE: (No. University Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie Lawrence

(Residence in Baltimore: No. 715 Sarah Ann St St.; 20 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1883 (Year)

7-AGE, 33 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Ben Henson

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER L Stevenson

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital

(Address) Greene & Lombard Sts

15- Filed NOV 8 - 1916, 191 HARRY C. ANDREWS, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 2 1916, to Nov 7 1916, that I saw her alive on Nov 7 1916, and that death occurred, on the date stated above, at 11.30 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Peritonitis (secondary to Tuberculosis Salpingitis)

(Duration) yrs. mos. ds. Don't know

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. G. Reifschneider M. D.

11-8, 1916. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State 20 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 715 Sarah Ann St.

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cem. DATE OF BURIAL: Nov 9 1916

20-UNDERTAKER: Samuel L. Hendrix ADDRESS: 378 W Balto

Spec.—5-19-13—M. & T.—500 Bks.

099483

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH.

REGISTERED NO. C 99483

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 Baker ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabith Smith

(Residence in Baltimore: No. 517 Baker St.: 39 yrs., — mos. — da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOW(ER), OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, July (Month) 1 (Day), 1856 (Year)

7-AGE, 60 yrs. 4 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Landress
(b) General nature of industry, business, or establishment in which employed (or employer):

PARENTS.

9-BIRTHPLACE, (State or Country): Baltimore Md

10-NAME OF FATHER: John Woods

11-BIRTHPLACE OF FATHER (State or Country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Minnie Brown

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca Butler

(Address) 517 Baker St

15- Filed NOV 8 - 1916, 191.... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 5 1916, to Nov 6 1916, that I saw her alive on Nov 6 1916, and that death occurred, on the date stated above, at 1130 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) F. C. Link M. D.

Nov 6, 1916. (Address) 1313 Harlem Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters — DATE OF BURIAL, Nov 8, 1916

20-UNDERTAKER Thomas Forsyth & Son — ADDRESS 16 W Mary

Spec.—8-24-14—M. & T.—2000 Blks.

699484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

REGISTERED No. C 99484

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 833 N. Wolfe ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catharine Leasure

(Residence in Baltimore: No. 833 N. Wolfe St.: — yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Sept. (Month) 20 (Day), 1846 (Year)

7-AGE about 70 yrs. 1 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Ireland.

PARENTS.

10-NAME OF FATHER, Patrick McGowan

11-BIRTHPLACE OF FATHER (State or Country). Ireland.

12-MAIDEN NAME OF MOTHER Mathews

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Annie Leasure

(Address) 833 N. Wolfe St.

15. Filed NOV 8 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1916, to Nov 6 1916, that I saw h er alive on Nov 6 1916, and that death occurred, on the date stated above, at 5 00 m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Embolic occlusion Int Popliteal

Gangrene with Pneumonia Lungs

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. J. Kirby M. D.

Nov 7, 191.6 (Address) 110 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Nov. 9 191 6

20-UNDERTAKER Leo M. Price — ADDRESS 848 W. Fay

Spec.—8-24-14—M. & T.—2000 Bks.

C 99485

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C 99485

CITY OF BALTIMORE: (No. 323 E. Lanvale ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Luther McCahan

(Residence in Baltimore: No. 323 E. Lanvale St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, March 19th, 1840 (Month) (Day) (Year)

7-AGE, 76 yrs. 7 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Crew Dispatcher
(b) General nature of industry, business, or establishment in which employed (or employer): B & O R.R.

9-BIRTHPLACE, (State or Country), Frederick Md.

PARENTS.

10-NAME OF FATHER, Geo. McCahan

11-BIRTHPLACE OF FATHER (State or Country), Frederick Co. Md.

12-MAIDEN NAME OF MOTHER Mary A Lambright

13-BIRTHPLACE OF MOTHER (State or Country), Frederick Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary C. Johnson

(Address) Walbrook Md.

15 NOV 8 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 7th, 1916
Nov. (Month) Tuesday (Day) 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 3d 1916, to Nov 7th 1916, that I saw h[illegible] alive on Nov 7th 1916, and that death occurred, on the date stated above, at 6.08 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) ½ yrs. ....mos. ....ds.

(Signed) Burt T. Puddington M. D.

Nov 8th, 191.6 (Address) 1520 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount

DATE OF BURIAL, Nov 9, 1916

20-UNDERTAKER W. J. Jackson

ADDRESS 1216 Madison Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

699486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

REGISTERED NO. C 99486

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. St.; 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and all out No. 18.)

2-FULL NAME Mr. Elias Booker

(Residence in Baltimore: No. 1608 N. Gilmore St.; ... yrs., ... mos., ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Widower

6-DATE OF BIRTH. Unknown (Month) ... (Day) 1853 (Year)

7-AGE. 63 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER. John L Booker

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER. Mary Broughton

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Booker

(Address) 1608 N. Fulton Ave

15- NOV 8 - 1916 Filed ..., 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov. (Month) 7 (Day) 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1916. to Nov 7 1916, that I saw him alive on Nov 7 1916, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

... (Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Aortic & Mitral regurgitation

... (Duration) ... yrs. 2 mos. ... ds.

(Signed) Edward L. Martyn M. D.

Nov. 7, 1916 (Address) 530 N. Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL. Loudon Park — DATE OF BURIAL. Nov 9, 1916

20-UNDERTAKER H. J. McKenrick — ADDRESS Pennsylvania

Spec.—8-24-1?—M. & T.—2000 Blks.

699487

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

CERTIFICATE OF DEATH.

REGISTERED NO. C 99487

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1632 S Charles St.; 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E Cochran

(Residence in Baltimore: No. 1632 S Charles St.; ..... yrs., 4 mos. 11 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 26 (Day) 1911 (Year)

7-AGE, ... yrs. 4 mos. 11 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Albert Cochran

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Edith Cameron

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Cochran

(Address) 1632 S Charles

15- Filed NOV 8 - 1916 191.. MARY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 22 1916, to Nov 6 1916, that I saw her alive on Nov 6 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Hemorrhagic colitis

(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) None

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Neil Slaff M. D.

11/8, 1916. (Address) 1319 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery

DATE OF BURIAL, Nov 9, 1916

20-UNDERTAKER P. J. & C. Flynn

ADDRESS 1412 Light

Spec.—5-19-13—M. & T.—500 Bks.

699488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

REGISTERED NO. C 99488

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 North Central Ave ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Henry Johns

(Residence in Baltimore: No. 1303 North Central Ave. St.: 67 yrs., 9 mos. 13 ds)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: January 23, 1849 (Month), 1 (Day), (Year)

7-AGE: 67 yrs. 9 mos. 13 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Attorney
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER: Richard Henry Johns

11-BIRTHPLACE OF FATHER (State or Country): Baltimore, Md.

12-MAIDEN NAME OF MOTHER: Margaret Anne Pearce

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Eurith L. Johns

(Address) 1303 N. Central Ave.

15- NOV 8 - 1916 EURITH L. JOHNS

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 3 191 6, to Nov 6 191 6, that I saw h— alive on Nov 6 191 , and that death occurred, on the date stated above, at — m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Valvular disease 21 yrs

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Wolfenden M. D.

Nov 8, 191 6 (Address) 16 E. Read

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: 11/9, 1916

20-UNDERTAKER: Henry W. Kleaver & Son

ADDRESS: 1050 N. Calvert St.

Spec.—8-24-14—M. & T.—2000 Bks.

099489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 109

REGISTERED No. C 99489

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lee Cursey

(Residence in Baltimore: No. St Josephs Hospital St.; — yrs., — mos., 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH, July (Month) 4 (Day), 1908. (Year)

7-AGE, 8 yrs. 4 mos. 3 ds.

If LESS than 1 day, ...hrs. or.... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John H Cursey

11-BIRTHPLACE OF FATHER (State or Country) Balto Co

12-MAIDEN NAME OF MOTHER Mary Ellen Wooden

13-BIRTHPLACE OF MOTHER (State or Country), Hartford Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H Cursey

(Address) Towson Md

15- HARRY C. ANDREWS

Filed NOV 8 - 1916, 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1916, to Nov 7 1916, that I saw h— alive on Nov 7 1916, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia due to

intestinal obstruction

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Intestinal obstruction

(Duration) yrs. mos. 1 ds.

(Signed) Millard L Rawn M. D.

Nov 7, 191 6 (Address) St. D. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 1 ds. In the State 8 yrs. 4 mos. 3 ds.

Where was disease contracted, if not at place of death? home

Former or usual residence Towson Md

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park — DATE OF BURIAL, Nov 10, 191 6

20-UNDERTAKER Wm Loch — ADDRESS 502 E Mulb...

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 99490 +134 C 99490

CERTIFICATE OF DEATH.

1-PLACE OF DEATH. REGISTERED NO. C

CITY OF BALTIMORE: (No. University Hospital St. 4 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hazel, Esterbrook Thyshaw

(Residence in Baltimore: No. 8 Melrose ave, Catonsville 22 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, June 14, 1894.
(Month) (Day) (Year)

7-AGE, 22 yrs. 3 mos. 13 da. If LESS than 1 day, ..hrs. or ..min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer) Housework

9-BIRTHPLACE, (State or Country), Howard County Md.

PARENTS.

10-NAME OF FATHER, Chas Burnett

11-BIRTHPLACE OF FATHER (State or Country), Howard Co Md

12-MAIDEN NAME OF MOTHER Margaret Mashel

13-BIRTHPLACE OF MOTHER (State or Country), Talbot Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles J. Barnett

(Address) Catonsville Md

15- Filed NOV 9 - 1916, 191.. ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 11 (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10-30 1916, to 11-7 1916, that I saw h-r alive on 11-7 1916, and that death occurred, on the date stated above, at 3:15 P. m.

The CAUSE OF DEATH* was as follows:

Diffuse Peritonitis

(Duration) yrs. mos. 2 da.

CONTRIBUTORY (Secondary) Incomplete Abortion

(Duration) yrs. mos. 7 da.

(Signed) J. J. Wolf M. D.

Nov 7, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 da. In the State 22 yrs. 3 mos. 13 da.

Where was disease contracted, if not at place of death?

Former or usual residence 8 Melrose Ave. Catonsville, Md.

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Balto Co Md — DATE OF BURIAL, Nov 9, 1916

20-UNDERTAKER Williams Cook — ADDRESS 502 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 99491

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C 99491

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. 2305 Cavalier Ave. St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L Lee

(Residence in Baltimore: No. 2305 Cavalier ave St.: 15 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: September 20, 1833 (Month) (Day) (Year)

7-AGE: 82 yrs. 1 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Lady
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: James Whitaker

11-BIRTHPLACE OF FATHER (State or country): Harford Md

12-MAIDEN NAME OF MOTHER: Mary McComas

13-BIRTHPLACE OF MOTHER (State or country): Harford co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Howard Dean

(Address) Bel Air Md

15- Filed NOV 9 - 1916 ROBERT R. KRAUTER Burial Permit Register

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: November 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 28, 1916 to Nov 7 1916

that I saw her alive on Nov 7, 1916

and that death occurred on the date stated above, at 10 30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 7 ds

Contributory (SECONDARY)

(Duration) mos. ds.

(Signed) Nathaniel Gorsuch M. D.

Nov 8, 1916 (Address) 2731 Parkwood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Halston Md

DATE OF BURIAL: Nov 9, 1916

20-UNDERTAKER: James Kelly

ADDRESS: 574 Wilson Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 99492

CERTIFICATE OF DEATH.

92 C 99492

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 N. Stockton ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Straighten

(Residence in Baltimore: No. 516 N. Stockton St.; ... yrs., ... mos. ... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, January (Month) 1 (Day) ... (Year)

7-AGE, 70 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Hand Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), Calvert Co Md

PARENTS.

10-NAME OF FATHER, Talbott Johnson

11-BIRTHPLACE OF FATHER (State or Country), Calvert Co Md

12-MAIDEN NAME OF MOTHER Lansdown

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rebecca Johnson

(Address) 516 Stockton st.

15- NOV 9 - 1916 ROBERT R. KRAUTER

Filed ..., 191... Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 6th (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Nov 2nd 1916, to Nov 6th 1916, that I saw her alive on Nov 6th 1916, and that death occurred, on the date stated above, at 6.50 p.m.

The CAUSE OF DEATH* was as follows:

Int. of Pneumonia

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) D. H. Stockbridge M. D.

11/7, 1916 (Address) 111 N. Calvert

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL Parkview Wharf Calvert Co Md | DATE OF BURIAL, Nov 9, 1916

20-UNDERTAKER Wilbert Brown | ADDRESS 306 N Mount St

699493

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 699493.

REGISTERED No. C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 25 N. Fremont Ave St. 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Anastacia E. Theodoridou

(Residence in Baltimore: No. 25 N. Fremont Ave St.; 3 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Sept (Month) 17th (Day), 1879 (Year)

7 AGE: 37 yrs. 1 mos. 20 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Turkey

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Theodoridou

(Address) 25 N. Fremont ave

15 Filed NOV 9 - 1916, 19

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. (Month) 7 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 25, 1915, to, Nov 7, 1916, that I saw her alive on Nov 7, 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Harry Shannon M. D.

Nov 8, 1916 (Address) 2687 Wheeling Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Woodlawn Cemtry

DATE OF BURIAL: Nov 9, 1916

20 UNDERTAKER: John J. Fields

ADDRESS: 1200 E Lombard

Spec.—8-24-14—M. & T.—2000 Bks.

C99494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1920 C99494

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 Eutaw Place ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Reynold Vickers

(Residence in Baltimore: No. 1317 Eutaw Place St.: 1 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	White	Married

6-DATE OF BIRTH. July 18th 1843, 1 (Month) (Day) (Year)

7-AGE. 73 yrs. 3 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: retired from
(b) General nature of industry, business, or establishment in which employed (or employer): business

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, George R Vickers

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Elizth W. Wilmer

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. R. Vickers 3rd

(Address) 1317 Eutaw Place

15-

Filed NOV 9 - 1916, 191.... ROBERT S. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 7th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1915, to Nov 7th 1916, that I saw h[illegible]alive on Nov 7th 1916, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 3 yrs. mos. da.

CONTRIBUTORY (Secondary) Cerebral Embolism

(Duration) 8 yrs. mos. da.

(Signed) [illegible] M. D.

Nov 8th, 1916 (Address) 1007 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, GREENMOUNT CEMETERY. DATE OF BURIAL, NOV. 9....., 1916.

20-UNDERTAKER HENRY W. JENKINS & SONS CO. ADDRESS [illegible] OH & ORCHARD STS.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C99495

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99495

CERTIFICATE OF DEATH.

REGISTERED NO. C 99495

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 442 W. Conway ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Tobias Brauer

(Residence in Baltimore: No. 442 W. Conway St.: ....yrs., ...mos. ....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widowed

6-DATE OF BIRTH, January 20, 1831 (Month) (Day) (Year)

7-AGE, 85 yrs. 9 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Cabinet
(b) General nature of industry, business, or establishment in which employed (or employer): Casket Maker

9-BIRTHPLACE, (State or Country), Waldeck Arnsfeldt Germany

PARENTS.

10-NAME OF FATHER, Conrad Brauer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Seering

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Brauer

(Address) 442 W. Conway St.

15- Filed NOV 9 1916 ROBERT E. KRAUTER Registrar.

Burial Permit Issued by Hollofentkins & Son Co Residence of

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1916, to Nov. 7 1916, that I saw him alive on Nov. 6, 1916, and that death occurred, on the date stated above, at 7 30 A. m.

The CAUSE OF DEATH* was as follows:

Bronchitis

Pneumonia

(Duration) ....yrs. ....mos. 7 ....ds.

CONTRIBUTORY (Secondary) Old age

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. L. Jenkins M. D.

Nov. 8, 1916. (Address) 818 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Nov. 10th, 1916

20-UNDERTAKER Hollofentkins & Son Co — ADDRESS McCulloh & Orchard

C99496 HEALTH DEPARTMENT--CITY OF BALTIMORE 28C99496

CERTIFICATE OF DEATH

REGISTERED No. C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 9 So. Dallas St. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Frederick Schofield

(Residence in Baltimore: No. 9 So. Dallas St.: yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male	Colored	Single

6 DATE OF BIRTH April 24, 1895 (Month) (Day) (Year)

7 AGE 21 yrs. 7 mos. 20 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Maryland

PARENTS

10 NAME OF FATHER Fred Mc Manus

11 BIRTHPLACE OF FATHER (State or country) Md

12 MAIDEN NAME OF MOTHER Grace Schofield

13 BIRTHPLACE OF MOTHER (State or country) Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Grace Schofield

(Address) 9 So Dallas St

15 NOV 9 - 1916 Filed ..., 191.. ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 6, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 5, 1916, to Nov 6 1916, that I saw h— alive on Nov 6, 1916 and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

Indefinite (Duration) yrs. mos. ds

Contributory (SECONDARY) Dyspnoea

Indefinite (Duration) 0. 1 mos. ds.

(Signed) J. Edward Young M. D.

Nov 7, 1916 (Address) 1612 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Arbeiter Com. DATE OF BURIAL Nov 9, 1916

20 UNDERTAKER Harry A. Vodery ADDRESS 1263 Orleans St

699497

HEALTH DEPARTMENT—CITY OF BALTIMORE

699497

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 443 Cookery Place ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James J. Moylan

(Residence in Baltimore: No. 443 Cookery Pl. St.; 57 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. (Month) ....., 1 (Day) ..... (Year)

7-AGE, 57 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Washington D.C.

PARENTS.

10-NAME OF FATHER, John Moylan

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Catherine Fruit

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Moylan

(Address) 443 Cookery Place

15- NOV 9 - 1916 ROBERT R. KRAUTER

191.. Burial Permit Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular heart

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Probably Arterio

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Riley (Coroner.) M. D.

Nov 8, 1916. (Address) 1637 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery

DATE OF BURIAL, Nov. 12, 1916

20-UNDERTAKER Henry Hoeck & Son

ADDRESS 1301 E Eager

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

C99498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9 C99498

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1026 W. 38th. St. St.; 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jesse F. Clugston Jr.

(Residence in Baltimore: No. 1026 W. 38th. St. St.; ... yrs. ... mos. 8 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec. (Month) I (Day) 1911 (Year)

7-AGE: 5 yrs. 11 mos. 7 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country): Pa.

PARENTS

10-NAME OF FATHER: J.F. Clugston Sr

11-BIRTHPLACE OF FATHER (State or country): Pa,

12-MAIDEN NAME OF MOTHER: Liddie DeHart

13-BIRTHPLACE OF MOTHER (State or country): Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J.F.Clugston Sr.

(Address) 1026 W. 38th. St.

15- Filed NOV 9 - 1916 ROBERT B. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 8th. (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11-8, 1916, to, 11-8 1916, that I saw h[illegible] alive on 11-8 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

1 Laryngeal Diptheria

(Duration) ... yrs ... mos. 3 ds.

Contributory (SECONDARY) ...

(Duration) ... yrs ... mos. ... ds.

(Signed) C. T. Coughlin M. D.

11-9 1916 [Address] 3701 Roland Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: St.Mary,s Hampden

DATE OF BURIAL: Nov. 9th. 1916

20-UNDERTAKER: A.S.Marshall #3539 Falls Road

ADDRESS

at 4 P.M. today

699499

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 699499

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1223 St Mathews St.; 5 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia D Schilling

(Residence in Baltimore: No. 1223 St Mathews St.; yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: August (Month) 8 (Day), 1916 (Year)

7-AGE: ..... yrs. 3 mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country): Balto Md.

PARENTS

10-NAME OF FATHER: Henry D Schilling

11-BIRTHPLACE OF FATHER (State or country): Balto md

12-MAIDEN NAME OF MOTHER: Nettie Chaney

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry D Schilling

(Address) 1223 St Mathews St

15- Filed NOV 9 - 1916 191 ROBERT R. KRAUTER REGISTRAR

Burial Permit 67891

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 8, (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1916, to, Nov 8 1916, that I saw her alive on Nov 7, 1916, and that death occurred, on the date stated above, at 3.30 a m.

The CAUSE OF DEATH* was as follows:

Premature Birth

..... (Duration) ..... yrs 3 mos. ..... ds.

Contributory (SECONDARY) None

..... (Duration) ..... yrs ..... mos. 7 ds.

(Signed), E. E. Rush M. D.

Nov. 8, 1916 [Address] 2000 E Baltimore

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Baltimore County — DATE OF BURIAL: Nov 9, 1916

20-UNDERTAKER: McGinnis & Carroll — ADDRESS: 608 N Paca

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

C 99500

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 99500

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3303 Walbrook Ave St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Miller

(Residence in Baltimore: No. 3303 W Walbrook ave St.; 67 yrs. 5 mos. 19 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) married

6-DATE OF BIRTH. May (Month) 21 (Day), 1847 (Year)

7-AGE. 69 yrs. 5 mos. 19 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER. Charles T. Floyd

11-BIRTHPLACE OF FATHER (State or Country) Accomac Co Va

12-MAIDEN NAME OF MOTHER Amanda E Emerney

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grover T. Miller Jr

(Address) 3303 Walbrook Ave

15. Filed NOV 10 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 26 1916, to Nov 9 1916, that I saw h[illegible] alive on Nov 9 1916, and that death occurred, on the date stated above, at 11A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 7 yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) [illegible] M. D.

Nov 9, 1916. (Address) 709 Garrison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Woodlawn Cemetery

DATE OF BURIAL. Nov. 11, 1916

20-UNDERTAKER McLean & Jones

ADDRESS 833 Linden ave

Spec.—8-24-14—M. & T.—2000 Bks.

C 99501

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 99501

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1527 Light St. 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Jane Cherry

(Residence in Baltimore: No. 1527 Light St.; 41 yrs. 4 mos. 1 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH CARBON INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 7 (Day), 1875 (Year)

7-AGE, 41 yrs. 4 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Edward Ritzius

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Ella J Seymour

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ritzius

(Address) 1527 Light St.

15- Filed NOV 9 - 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 6 1916, to Nov 7 1916, that I saw h-- alive on Nov 7 1916, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Central Hemorrhage

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Same

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm Klotz M. D.

11/8, 1916. (Address) 1319 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem — DATE OF BURIAL, 11/10, 1916.

20-UNDERTAKER J. Fenw McCully — ADDRESS 37 E Front

Spec.—5-19-13—M. & T.—500 Bks.

C99502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C99502

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 Light st. ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W Aldrige

(Residence in Baltimore: No. 1313 Light st. St.; 69 yrs., 8 mos. 5 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb (Month) 3rd (Day), 1847 (Year)

7-AGE, 69 yrs. 8 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: R.R. Conductor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), md

PARENTS.

10-NAME OF FATHER, John Aldrige

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Louise Lowry

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs A Aldridge

(Address) 1313 Light

15- NOV 9 - 1916 Filed ....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 8th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 28th 1916, to Nov 8th 1916, that I saw him alive on Nov 8th 1916, and that death occurred, on the date stated above, at 1:45 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia Influenza

Resection of Ann

(Duration) ..... yrs. ..... mos. 14 ds.

Lymphatic

CONTRIBUTORY (Secondary) Carcinoma of Ann

(Duration) ..... yrs. 1 mos. 11 ds.

(Signed) ..... M. D.

Nov 8th, 1916 (Address) 1425 Light st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Pk Cem

DATE OF BURIAL, Nov 10th, 1916

20-UNDERTAKER J. Frew McCully

ADDRESS 39 E. Fort

C99503.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

168 C99503

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1454 Henry St. ST.: (WARD) 24

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodore Gotthardt.

(Residence in Baltimore: No. 1454 Henry St.

St.: 54 yrs., 1 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White.	Single.

6-DATE OF BIRTH, September 13th. 1862.
(Month) (Day) (Year)

7-AGE	If LESS than 1 day,
54 yrs. 1 mos. 25 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Harness maker.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: August Gotthardt.

11-BIRTHPLACE OF FATHER (State or Country): Germany.

12-MAIDEN NAME OF MOTHER: Jeannette.

13-BIRTHPLACE OF MOTHER (State or Country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gustave A. Gotthardt. (brother)

(Address) 1200 Riverside Ave.

15- Filed NOV 9 - 1916, 191. ROBERT R. KRAUTH, Burial Permit Register.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 7th. 1916., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating gas Asphyxia.
Accidental death.

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

Nov, 8, 1916., 191... (Address) 1617 S. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Paul's Cem. DATE OF BURIAL, 11/9., 19.16

20-UNDERTAKER D. Frew McCally ADDRESS 39 E. Fort.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699504

CERTIFICATE OF DEATH.

x64 699504

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John B Roe

(Residence in Baltimore: No. Mercy Hospital St.; 60 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.): Married

6-DATE OF BIRTH: Sept (Month) 11 (Day), 1842 (Year)

7-AGE: 74 yrs. 1 mos. 30 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Banker
(b) General nature of industry, business, or establishment in which employed (or employer): Financier

9-BIRTHPLACE, (State or Country): New York

PARENTS.

10-NAME OF FATHER: John B Roe

11-BIRTHPLACE OF FATHER (State or Country): New York

12-MAIDEN NAME OF MOTHER: Mary Dickinson

13-BIRTHPLACE OF MOTHER (State or Country): New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillie C. Roe

(Address) Belair Md.

15- NOV 9 - 1916 ROBERT R. KRAUTER Filed ..... 191.. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 8 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 4 1916, to Nov 8 1916, that I saw h[illegible] alive on Nov 8 1916, and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Uraemia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 6 yrs. 1 mos. 0 ds.

(Signed) Edward L. Smith M. D.

Nov 8, 1916 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. 1 mos. 4 ds. In the State yrs. 60 mos. ds.

Where was disease contracted, if not at place of death? Belair Md

Former or usual residence Belair Md.

19-PLACE OF BURIAL OR REMOVAL, Rock Spring Belair — DATE OF BURIAL, Nov. 11. 1916

20-UNDERTAKER Josiah Dyer — ADDRESS 1600 North ave

699505

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

699505

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH — REGISTERED NO. C 47

CITY OF BALTIMORE (No. 1012 Compton St.: 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Virginia Johnson

(Residence in Baltimore: No. 1012 Compton St.: 7 yrs. 11 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Oct (Month) 26 (Day), 1914 (Year)

7 AGE: 2 yrs. mos. 11 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Henry Johnson

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Lizzie Frank

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry Johnson

(Address) 1012 Compton St.

15 Filed NOV 9 - 1916, 191

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov (Month) 7 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1916, to Nov 7 1916, that I saw h[illegible] alive on Nov 7, 1916, and that death occurred, on the date stated above, at 3:30 p. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) yrs. mos. 4 ds

Contributory (SECONDARY) Pneumonia

(Duration) yrs. mos. 4 ds.

(Signed) [illegible] M. D.

Nov 7, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem — DATE OF BURIAL: Nov 9th, 1916

20 UNDERTAKER: Ralph B. Cook — ADDRESS: 1003 N. Balto St

Spec.—8-[illegible]14—M. & T.—2000 Blks.

699506

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 99506

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2401 Maryland Ave ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Columbia H Lewis

(Residence in Baltimore: No. 2401 Maryland Ave

Aet. 23 yrs., X mos. X ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, November 20, 1845 (Month) (Day) (Year)

7-AGE, 70 yrs. 11 mos. 18 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work At Home (b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Frederick Co. Md

PARENTS.

10-NAME OF FATHER, Joshua Troxell

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Annie Warfield

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Emma Wright

(Address) 913 McCulloh St

15- Filed NOV 9 - 1916 191.... HARRY C. ANDREWS Registrar

Burial Permit Delivered

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 15 1916, to Nov 9th 1916, that I saw her alive on Nov 9th 1916, and that death occurred, on the date stated above, at 2.15 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yr. mos. ds.

(Signed) F. B. Marden M. D.

Nov 9, 1916 (Address) 2401 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cemetery

DATE OF BURIAL, Nov 11, 1916

20-UNDERTAKER Chas S. Black 1210 Mulberry St

ADDRESS

Spec.—8-24-14—M. & T.—2000 Blks.

B 99507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hahnemann General Hospital St.; 17 WARD) REGISTERED NO. C 99507

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Katherine Gorman

(Residence in Baltimore: No. 1813 Guilford ave St.; 40 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) single

6-DATE OF BIRTH, Unknown (Month), 1 (Day), 1856 (Year)

7-AGE, 66 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Dressmaker
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Mass.

PARENTS.

10-NAME OF FATHER, John Gorman

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Mary O'Donnell

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. B. Gorman

(Address) 329 N. Howard St.

15- Filed NOV 9 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 27 1916, to Nov 7 1916, that I saw h[er] alive on Nov 7 1916, and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, or Coma

(Duration) 1 yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(Duration) 1 yrs. mos. 14 ds.

(Signed) Jno. M. A. Culen M. D.

Nov 7 191 6 (Address) 101 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death — yrs. — mos. 14 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? New York City

Former or usual residence 1813 Guilford ave

19-PLACE OF BURIAL, OR REMOVAL. Cathedral Cem. DATE OF BURIAL. Nov 9, 191...

20-UNDERTAKER Chas. H. Eaves Co. ADDRESS 1700 N. Eutaw

B 699508

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH.

REGISTERED No. C 99508

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1436 Riverside Ave. St.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME William R. Wolf.

(Residence in Baltimore: No. 1436 Riverside Ave. St.: 39 yrs., 2 mos. 13 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White.	Single.

6-DATE OF BIRTH, August 25th. 1877.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
39 yrs. 2 mos. 13 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grocery clerk.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, George Wolf.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Margaret Harnish.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) George Wolf (Father)
(Address) 1436 Riverside Ave.

15- Filed NOV 9 - 1916, 191.. Burial Permit Issued
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 7th. 1916. 191..
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry. (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Otto H. Reinhardt M.D.
(Coroner.)

Nov. 8, 1916. (Address) 1017 S. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Dulaney Valley

DATE OF BURIAL, Nov. 9, 1916

20-UNDERTAKER J. Fowler Lane

ADDRESS 1318 Eutaw Pl.

Spec.—8-24-14—M. & T.—2000 Bks.

699509 HEALTH DEPARTMENT—CITY OF BALTIMORE 66

CERTIFICATE OF DEATH.

1-PLACE OF DEATH REGISTERED NO. C99509

CITY OF BALTIMORE: (No. 709 E Twenty first St.; 9 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann Gaynor

(Residence in Baltimore: No. 709 E Twenty first St.; 55 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widow

6-DATE OF BIRTH, Aug 15 (Month) (Day), 1836 (Year)

7-AGE 80 yrs. 2 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House
(b) General nature of industry, business, or establishment in which employed (or employer) Work

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Jno McCormick

(Address) 709 E 21st St

15- Filed NOV 9 - 1916, 191.... MARY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 8 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1st 1916, to Nov 8 1916, that I saw h[illegible] alive on Nov 7th 1916, and that death occurred, on the date stated above, at 2a m.

The CAUSE OF DEATH* was as follows:

/s/ [illegible]

Arteriosclerosis Cerebral

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Coma, 1 hour

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Nov 8, 1916 (Address) 2844 St. Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Nov 10, 1916.

20-UNDERTAKER H. C. Weedfield — ADDRESS 1 E Preston St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

B 699510

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH.

REGISTERED NO. C 99510

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 932 Greenmount Ave 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Williams

(Residence in Baltimore: No. 932 Greenmount Ave St.; 65 yrs.. mos. da.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: Mar 14, 1844 (Month) (Day) (Year)

7-AGE: 72 yrs. 7 mos. 24 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: John Mooney

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Alice A Mooney

13-BIRTHPLACE OF MOTHER (State or Country): Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Mooney

(Address) 932 Greenmount Ave

15- Filed NOV 9 - 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk.. Registrar.

Dr Hanlon

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Nov 8, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Nov 1 1916, to Nov 8 1916, that I saw her alive on Nov 8 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Apoplexy

(Duration) yrs. mos. 1/4 da.

(Signed) James Hutchison M. D.

Oct 9, 1916 (Address) 100 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Vincents — DATE OF BURIAL: Nov 11, 1916.

20-UNDERTAKER: H. C. Wiedefeld — ADDRESS: 914 Greenmount Ave

Spec.—8-24-14—M. & T.—2000 Bks.

699511

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Josephs Hospital

REGISTERED NO. C 29511

CITY OF BALTIMORE: (No. Caroline & Aliceanna Sts. 1 ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Krauk

(Residence in Baltimore: No. 515 S. Robinson St. St. 18 yrs., mos. 10 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	white	Single

6-DATE OF BIRTH, Oct. 28, 1898 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
18 yrs. mos. 10 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Frederick H. Krauk

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Bertha Kaiser

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick H. Krauk

(Address) 515 S. Robinson St.

15- Filed NOV 9 - 1916, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 31 1916, to Nov 7 1916, that I saw h[illegible] alive on Nov 7 1916 and that death occurred, on the date stated above, at 12.30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis Meningitis

(Duration) yrs. mos. 8 ds.

(Signed) Henry A. Merkel M. D.

, 191... (Address) St. Joseph Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 8 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Lost Lived

Former or usual residence 515 S. Robinson St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Dawn	Nov. 10, 1916
20-UNDERTAKER	ADDRESS
H. Sander & Sons	710 E. Lat. St.

Spec.—8-24-14—M. & T.—2000 Bks.

B 699512

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH.

REGISTERED NO. C 99512

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Hamm

(Residence in Baltimore: No. 2123 E. Chase St St.: 44 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Nov 4, 1883 (Month) (Day) (Year)

7-AGE, 33 yrs. 4 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm H H Hamm

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Helen A Young

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A Smith

(Address) Johns Hopkins Hospital

15- Filed NOV 9 - 1916 191.. Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 4 191.., to November 5 1916, that I saw him alive on November 5 1916, and that death occurred, on the date stated above, at 6.30 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W F Mastin M. D.

Nov 9, 191.. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State Life mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2123 E. Chase Street

19-PLACE OF BURIAL OR REMOVAL, Bon Secours Cemetery — DATE OF BURIAL, Nov 12 191..

20-UNDERTAKER Scott Turner — ADDRESS 1818 Eutaw

B 99513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172

REGISTERED NO. C 99513

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hosoital ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Reuther

(Residence in Baltimore: No. Not Known St. yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Widower

6-DATE OF BIRTH, April (Month) 15 (Day) 1885 (Year), 1

7-AGE, 31 yrs. 6 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter (House)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), MD

PARENTS.

10-NAME OF FATHER, Henry Reuther

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Susian Milbourn

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joyn S Reuther

(Address) 1442 Hartford ave

15- HARRY C. ANDREWS
Filed NOV 9 - 1916, 191 Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 8 (Day) 1916 (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism Fall off scaffold

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) J Wm Finley (Coroner) M. D.

Nov 8 1916 (Address) N E Dist:

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 1 ds. In the State Life yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Not Known

19-PLACE OF BURIAL OR REMOVAL, Balto Cem — DATE OF BURIAL, Nov. 11, 1916.

20-UNDERTAKER Wm Todd — ADDRESS 502 E Fayette

Spec.—8-24-14—M. & T.—2000 Blks.

699514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 74

REGISTERED No. C 99514

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Spangler

(Residence in Baltimore: No. 1 mo in Hospital St.; ..... yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Sing

6-DATE OF BIRTH, July 14, 1911
(Month) (Day) (Year)

7-AGE, 5 yrs. 8 mos. 25 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Henry Spangler

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Mary Gabriel

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Phelps

(Address) Johns Hopkins Hosp

15- Filed NOV 9 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 10 1916, to Nov. 9 1916, that I saw h.. alive on Nov. 9, 1916, and that death occurred, on the date stated above, at 7.42 m.

The CAUSE OF DEATH* was as follows:

I Brain tumor
(Glioma Cerebellum)

(Duration) 7 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. E. Hamby M. D.

Nov. 9, 1916. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 1 mos. — ds. In the State yrs. 1 mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Mercersburg, Pa.

19-PLACE OF BURIAL OR REMOVAL, Mercersburg Pa. DATE OF BURIAL, Nov. 10, 1916.

20-UNDERTAKER W. Leake Jones ADDRESS 833 Linden

Spec.—8-24-14—M. & T.—2000 Bks.

699515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md General Hosp St.; 9 WARD)

REGISTERED NO. C 99515

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca C. Mowry (Morry)

(Residence in Baltimore: No. 822 E. Preston St.; 21 yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dont Know, (Month) (Day) 1861 (Year)

7-AGE, 55 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Henry West

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Sarah Jacobs

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Mowry

(Address) 822 E. Preston

15- NOV 9 - 1916 Filed, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 8, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 23 1916, to Nov 8, 1916, that I saw h[illegible] alive on Nov 8 1916, and that death occurred, on the date stated above, at 2:45 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Gall Bladder & Liver & Colon

(Duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Intestinal Hemorrhage

(Duration) yrs. mos. 1 ds.

(Signed) Henry Wiseman M. D.

11-8-, 191... (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 16 ds. In the State 21 yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 822 E. Preston

19-PLACE OF BURIAL OR REMOVAL, New Oxford Pa — DATE OF BURIAL, Nov 11, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

699516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C. 99516

1-PLACE OF DEATH Garfield Hospital

CITY OF BALTIMORE: (No. ~~1408 Belt~~ 270 Conkling St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clement Fertitta

(Residence in Baltimore: No. 1408 Belt Street St.; 1 yrs., mos. ds.)

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 27 (Day), 1909 (Year)

7-AGE, 7 yrs. 5 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Phillip Fertitta

11-BIRTHPLACE OF FATHER (State or Country) Balto City

12-MAIDEN NAME OF MOTHER Antoinette Tilghman

13-BIRTHPLACE OF MOTHER (State or Country), Nebraska

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Phillip Fertitta

(Address) 1408 Belt Street

15- Filed NOV 9 - 1916, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 9th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 27 1916, to Nov-9 1916, that I saw him alive on Nov 8- 1916, and that death occurred, on the date stated above, at 8.55 m.

The CAUSE OF DEATH* was as follows:

Endocarditis which was Secondary to Chorea; Died of Cardiac Renal Decompensation

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis secondary to Chorea

(Duration) yrs. mos. ds.

(Signed) Walter S. Platt M. D.

Nov. 8, 1916. (Address) 502 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 14 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1408 Belt street

19-PLACE OF BURIAL OR REMOVAL. New Cathedral

DATE OF BURIAL. Nov. 12, 1916

20-UNDERTAKER William Cook

ADDRESS 502½ North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

699517

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED NO. C 9957

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1165 Nanticoke ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cathreine Schneider

(Residence in Baltimore: No. 1165 Nanticoke St.; — yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: Aug. (Month) 15 (Day), 1880 (Year)

7-AGE: 36 yrs. 2 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Austria

PARENTS.

10-NAME OF FATHER: Louis Seibert

11-BIRTHPLACE OF FATHER (State or Country): Austra

12-MAIDEN NAME OF MOTHER: Annie Seibert

13-BIRTHPLACE OF MOTHER (State or Country): Austro

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Schneider

(Address) 1165 Nanticoke

15- NOV 9 - 1916

Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 9, (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1915, to Nov. 9 1916, that I saw her alive on Nov 8 1916, and that death occurred, on the date stated above, at 4.10 Am.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 Yr. 7 mos. — ds.

CONTRIBUTORY (Secondary) Laryngeal Tuberculosis

(Duration) yrs. 6 mos. ds.

(Signed) Howard W. Jones M. D.

Nov. 9., 1916. (Address) Darlington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Burial DATE OF BURIAL, Nov. 11, 1916.

20-UNDERTAKER William Cook ADDRESS 50 E Mt Ver

699518

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

40

REGISTERED NO. C 99518

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2917 W North ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard D. Freeman

(Residence in Baltimore: No. 2917 W North ave St.; Life yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb. (Month) 9th (Day) 1873 (Year)

7-AGE: 43 yrs. 9 mos. ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Chas. Freeman

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Cornelia P. Freeman

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Hennie Freeman

(Address) 2917 W North ave

15- NOV 9 - 1916 (Filed) 191... MARY C. ABBERTS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: November 9th (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 8th, 1916, to, Nov 9th 1916, that I saw h~~im~~ alive on Nov 9th 1916, and that death occurred, on the date stated above, at 9:25 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

6 —

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) E. B. Freeman M. D.

Nov 9, 1916 [Address] 412 Belvedere Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount,

DATE OF BURIAL: Nov 12/16 191...

20-UNDERTAKER: G. F. Walker

ADDRESS: 723 W Laf. Ave

E B Freeman Belvedere Ave (412)

Spec.—8-24-14—M. & T.—2000 Blks.

C99519

HEALTH DEPARTMENT—CITY OF BALTIMORE

150

CERTIFICATE OF DEATH.

REGISTERED NO. C 99519

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 Somerset ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Bohli

(Residence in Baltimore: No. 1120 Somerset St.; ..... yrs. ..... mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, November (Month) 7 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Miner
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, George Bohli

11-BIRTHPLACE OF FATHER (State or Country), Balto. md.

12-MAIDEN NAME OF MOTHER Catherine L. Stork

13-BIRTHPLACE OF MOTHER (State or Country), Balto. md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Geo. Bohli

(Address) 1124 Somerset st

15- NOV 9 - 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 9th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 8 1916, to Nov 9 1916, that I saw h[illegible] alive on Nov 8 191..., and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Tonsilitis Circulatory Lesion

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. H. Hayward M. D.

Nov 9..., 191.6 (Address) 638 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Nov. 10, 1916

20-UNDERTAKER Denny Storck Son — ADDRESS 1301 E Fayette

Spec.—8-24-14—M. & T.—2000 Blks.

699520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 99520

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2220 Cecil Ave St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T. Fahey

(Residence in Baltimore: No. 2220 Cecil Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: June 1, 1860 (Month) (Day) (Year)

7-AGE: 56 yrs. 5 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stationary Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]

9-BIRTHPLACE, (State or Country): Baltimore Co Md

PARENTS.

10-NAME OF FATHER: John Fahey

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Catherine Riley

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Catherine Riley

(Address) 2220 Cecil Ave

15-

NOV 9 - 1916

Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

726 E Pratt

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feby 2 1916, to Nov 8 1916, that I saw h(im) alive on Nov. 8 1916, and that death occurred, on the date stated above, at 2 30 m.

The CAUSE OF DEATH* was as follows:

Chronic Tubal Catarrh Secondary to Malignant Ulceration of Ear

(Duration) yrs. 9 mos. 8 ds.

CONTRIBUTORY (Secondary) Coma & Exhaustion

(Duration) yrs. mos. 2 ds.

(Signed) E. H. Robinson M. D.

Nov 9, 1916. (Address) 726 E. Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Nov 10, 1916.

20-UNDERTAKER: Wm Coale — ADDRESS: 502 E. Hatt (ave)

C99521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 99521

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 2030 Hartford ave ST.: 9 WARD) 64

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Chrestine M. Breideristein

(Residence in Baltimore: No. 2030 Hartford ave St.; yrs. 43 mos. 5 ~~55~~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, June (Month) 8 (Day), 1873 (Year)

7-AGE, 43 yrs. 5 mos. ~~7~~ ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... House Work

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, August Breideristein

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER M. Seiszwenger Rebecca [redacted]

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Betta Breideristein
(Address) 2030 Hartford ave

15- NOV 9 - 1916 Filed....., —191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 8 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) [signature] (Coroner.) M. D.

Nov 8 1916 191 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Nov 10th, 1916

20-UNDERTAKER Geo. Schilling & Sons — ADDRESS 1126 E. Monument St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C99522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9 28

REGISTERED NO. C 99522

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 N. Spring ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Karl Edward Kaiser

(Residence in Baltimore: No. 1319 N. Spring Av ST.; 18 yrs., 5 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, June 7, 1898 (Month) (Day) (Year)

7-AGE, 18 yrs. 5 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Collector
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto Maryland

PARENTS.

10-NAME OF FATHER, Wm. K. Kaiser

11-BIRTHPLACE OF FATHER (State or Country) Margaretha Kaiser

12-MAIDEN NAME OF MOTHER Eigner

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. K. Kaiser Jr.

(Address) E. 1122 Hartford Ave

15- NOV 9 - 1916 HARRY C. ANDERS

Filed ..... 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 22 1916, to Nov 9 1916, that I saw h... alive on Nov 8 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Encephalus & Chthus

Contusions

(Duration) ..... yrs. 6 wks. mos. ..... ds.

CONTRIBUTORY (Secondary) Atheroma Cerebri

(Duration) ..... yrs. 1 wk. mos. ..... ds.

(Signed) [illegible] M. D.

Nov 9, 1916. (Address) 1202 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Nov. 11, 1916.

20-UNDERTAKER George Schilling & Sons — ADDRESS 1126 E. Monument

LT

699523

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

29

REGISTERED NO. C 99523

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3038 Baker St. St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2 FULL NAME Mary Elizabeth Lauer

(Residence in Baltimore: No. ..... St. Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH Sept. 12 (Month), 1901 (Day) (Year)

7 AGE 15 yrs. 1 mos. 25 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James A Lauer

11 BIRTHPLACE OF FATHER (State or country) Balto

12 MAIDEN NAME OF MOTHER Mary Agnes

13 BIRTHPLACE OF MOTHER (State or country) Balto

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James A Lauer

(Address) 3038 Baker St.

15 NOV 9 - 1916 Filed ....., 191.. MARY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 7 (Month) (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1916, to Nov 7 191.., that I saw her alive on Nov 7, 1916, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Miliary tuberculosis

(Duration) ..... yrs. 5 mos. 14 ds

Contributory (SECONDARY) Cardiac dilation

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Herbert E Lipe M. D.

Nov 9, 1916. (Address) 305 N. Monto Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Nov 11, 1916

20 UNDERTAKER H. C Brauning Son — ADDRESS 517 N Eutaw St

State CAUSE OF DEATH in plain terms. Statement of "Heart Failure" is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—[illegible] Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699524

CERTIFICATE OF DEATH.

119 699524

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 745 George ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Colbert

(Residence in Baltimore: No. 745 George St.; 18 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. — (Month) — (Day) 1877. (Year)

7-AGE. 39 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cook
(b) General nature of industry, business, or establishment in which employed (or employer). Private Cook

9-BIRTHPLACE, (State or Country). Chas Co Md

PARENTS.

10-NAME OF FATHER. Chas Alex Kelly

11-BIRTHPLACE OF FATHER (State or Country). Chas Co Md

12-MAIDEN NAME OF MOTHER. Eliza Rogers

13-BIRTHPLACE OF MOTHER (State or Country). Chas Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Driscoll

(Address) 1323 Mosher St

15-

Filed NOV 10 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

M 6359

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 8th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 16th 1916, to Nov 8th 1916, that I saw her alive on Nov 7th 1916, and that death occurred, on the date stated above, at 5½ A m.

The CAUSE OF DEATH* was as follows:

.....

.....

Acute Nephritis (Duration) — yrs. 7 mos. — ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

..... (Duration) — yrs. 7 mos. — ds.

(Signed) Edward E. MacKinnon M. D.

Nov 8, 1916. (Address) 1323 N. Mosher St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery — DATE OF BURIAL, Nov 10, 1916.

20-UNDERTAKER Joseph A Farrell — ADDRESS 2319 Pinkney

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699525 699525

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1219 E. Biddle ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Henry P. Janson

(Residence in Baltimore: No. 1219 E Biddle St.; 38 yrs., 11 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, November (Month) 10 (Day), 1877 (Year)

7-AGE, 38 yrs. 11 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): ....

9-BIRTHPLACE, (State or Country), Balto. md

PARENTS.

10-NAME OF FATHER, Charles H. Janson

11-BIRTHPLACE OF FATHER (State or Country), Phila. Pa.

12-MAIDEN NAME OF MOTHER Attilia Fentel

13-BIRTHPLACE OF MOTHER (State or Country), Balto. md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Chas. H. Janson

(Address) 1219 E Biddle St

15- Filed NOV 10 1916, 191.... ROBERT R. KRAUTH. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 8th 191.., to Nov 11 1916, that I saw h.. alive on Nov 9th 1916, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) ....yrs. ....mos. 1 ds.

(Signed) [illegible] M. D.

Nov 11 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemy. DATE OF BURIAL, Nov 11, 1916

20-UNDERTAKER Henry Hock Son ADDRESS 1301 E Eager

C99526

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99526

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 1518 Rennade ave St.: 24 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME — Edna C. Johnson.

(Residence in Baltimore: No. 1518 Almonde ave St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Aug (Month) 5 (Day), 1881 (Year)

7-AGE: 35 yrs. 3 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Thos. Manly.

11-BIRTHPLACE OF FATHER (State or country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Mary Bradley

13-BIRTHPLACE OF MOTHER (State or country): Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. Johnson.

(Address) 1518 Rennade Ave

15. Filed NOV 10 1916, 191 ROBERT B. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 7 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1916, to Nov 7 1916, that I saw her alive on Nov 7, 1916, and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 2 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) C. Mitchell M. D.

, 191 (Address) 1279 William

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL: Nov 10, 1916

20-UNDERTAKER: D. & M. G. Flynn. — ADDRESS: 1412 Eight St.

State CAUSE OF DEATH in plain terms. It is very important. See instructions on back of certificate.

C 99527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19 C 99527

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1150 Shields Ally ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary L. Emory

(Residence in Baltimore: No. 1150 Shields Ally St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Fmale

4-COLOR OR RACE: Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH: Unknown (Month), (Day), 1862 (Year)

7-AGE: 53 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country): Md

PARENTS.

10-NAME OF FATHER: Aaron Thomas

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Effie Thomas

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edith Downes

(Address) 1150 Shields Ally

15- Filed NOV 10 1916 191 ROBERT R. KRAUTER Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Nov. (Month), 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Insufficiency of the Mitral Valves

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. McAllister M. D.
(Coroner)

Nov 9, 1916 (Address) 6 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: Nov 13 1916

20-UNDERTAKER: Samuel Hensley

ADDRESS: 578 Park

important. See instructions on back of certificate

C99528 HEALTH DEPARTMENT—CITY OF BALTIMORE C99528

CERTIFICATE OF DEATH.

1916 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 820 N. Mcauley ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Johnson

(Residence in Baltimore: No. 820 N. Mcauley St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH: Jan (Month) 18 (Day) 1894 (Year)

7-AGE: 22 yrs. 9 mos. da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9-BIRTHPLACE. (State or Country): Md.

PARENTS.

10-NAME OF FATHER: Manuel Johnson

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Eliza Jackson

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Sister

(Address): 404 N Carey

15- Filed NOV 10 1916, 191... ROBERT R. KRAUTER Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 7 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) found that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1. Paralysis of the Cardiac
2. Myocarditis
3. Duration 3 days
4. (Duration) yrs. mos. da.

CONTRIBUTORY (Secondary): Heart trouble

(Duration) yrs. mos. da.

(Signed) H. K. Culver M. D. (Coroner.)

Nov 8, 1916. (Address) 8 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence 820 N Mcauley St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Nov 11 1916

20-UNDERTAKER Alfred J Tueland — ADDRESS 114 N Schroeder St.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699529 699529

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U. S. Marine Hosp. 45 REGISTERED NO. C .....

CITY OF BALTIMORE: (No. " " " ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W Neal

(Residence in Baltimore: No. 1016 McCollough St. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ..., 1.....
(Month) (Day) (Year)

7-AGE, 71 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Seaman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, James R Neal

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Hospital Record

(Address).....

15-
Filed NOV 10 1916 ROBERT R. KRAUTER, Registrar.
Burial Permit Granted

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 8, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 21, 1916, to Nov 8 1916, that I saw him alive on Nov 8 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Epithelioma of Prostate

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Chas L. M. Vogel M. D.

Nov. 8, 1916 (Address) U. S. Marine Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 7 mos. 18 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, MOUNT OLIVET. DATE OF BURIAL, NOV. 11 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

C 99530

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 C 99530

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2722 E Edmondson St. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mary A Harris

(Residence in Baltimore: No. 402 Lorraine av St.; 55 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Knot Known to me (Month) 1 (Day) (Year)

7-AGE: 86 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: John Jervis

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Sarah Johnson

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Anderson

(Address) 402 Lorraine Ave

15- NOV 10 1916 Filed....., 191.. ROBERT R. KRAUTER Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: November 5 (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 27, 1916, to, Nov 5 1916, that I saw h[illegible] alive on Nov 5 1916, and that death occurred, on the date stated above, at 9.30 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 10 ds.

Contributory (SECONDARY) Exhaustion

(Duration) — yrs. — mos. 3 ds.

(Signed) [illegible] Westbrook M. D.

Nov 5, 191.. (Address) 415 Gorsuch Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Balto Cemetery DATE OF BURIAL: Nov 11, 1916

20-UNDERTAKER: Josiah Syfer ADDRESS: 1600 N North Ave

Spec.—5-19-13—M. & T.—500 Bks.

C99531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C99531

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 Appleton St.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Thomas

(Residence in Baltimore: No. 901 Appleton St.: yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Nov. (Month) 8 (Day), 1916 (Year)

7-AGE, ——yrs. —mos. —ds. If LESS than 1 day, ...hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Walter Thomas

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Katherine Funk

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Thomas

(Address) 901 Appleton St.

15-

FILED NOV 10 1916, 191..... ROBERT R. KRAUTER

Burial Permit Clerk of Work

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191 , to 191 , that I saw h— alive on Nov. 8 1916, and that death occurred, on the date stated above, at 9:30 p. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) —yrs. —mos. —ds.

CONTRIBUTORY (Secondary) —

(Duration) —yrs. —mos. —ds.

(Signed) John D. Lemmon M. D.

Nov. 9, 191 6 (Address) 1507 W. Fayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL. ....., 191...

20-UNDERTAKER ADDRESS

COLLEGE OF P. & S. NOV 13 1916

Commissioner Health

Spec.—8-24-14—M. & T.—2000 Bks.

Mary Kroat

699532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 699532

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 835 N. Mederia ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Kroat

(Residence in Baltimore: No. 835 N. Mederia St.; 35 yrs., 1 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Nov. 5, 1846 (Month) (Day) (Year)

7-AGE, 70 yrs. mos. 3 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dora Kroat

(Address) 835 N. Mederia

15- NOV 10 1916 Filed, 191

ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 8, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 4 1916, to Nov 8 1916, that I saw h[illegible] alive on Nov 6 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pulmonary [illegible]

(Duration) yrs. mos. 10 ds.

(Signed) Emil Novak M. D.

Nov 10, 1916. (Address) 26 E Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Nov 11 1916

20-UNDERTAKER Robt. J. Turner — ADDRESS Broadway & Oldtown Rd

Spec.—8-24-14—M. & T.—2000 Bks.

C99533 HEALTH DEPARTMENT—CITY OF BALTIMORE C99533

CERTIFICATE OF DEATH.

REGISTERED NO. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 Presstmy ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha E. Johnson

(Residence in Baltimore: No. 1713 Presstmy St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 4th, 1889 (Month) (Day) (Year)

7-AGE, 27 yrs. 5 mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waitress.
(b) General nature of industry, business, or establishment in which employed (or employer): In Private Family

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Thomas Johnson

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Bertha Lewis

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Johnson

(Address) 1713 Presstmy St.

15- Filed NOV 10 1916 ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 7th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 7th 1916, to Nov 7th 1916, that I saw h[illegible] alive on Nov 7th 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

..... (Duration) ....yrs. 1 mos. 1 ds.

(Signed) William J. Thomson M. D.

Nov 9, 1916 (Address) 1701 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Nov 10, 1916

20-UNDERTAKER James H. Dennis — ADDRESS 1303 Baxter

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99534 X54 C99534

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. Virginia Ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Cassidy

(Residence in Baltimore: No. 117 West Virginia Ave. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. June 9th, 1869. (Month) (Day) (Year)

7-AGE. 47 yrs. 5 mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. John Lauterbach

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Catherine Smith

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Cassidy (Husband)

(Address) 117 W. Virginia Ave

15- Filed NOV 10 1916 ROBERT E. KRAUTER Registrar. Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov. 10, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 2 1916, to Nov. 10 1916, that I saw h[illegible] alive on Nov. 10 1916, and that death occurred, on the date stated above, at 3:00 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobular

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Edward J. Smith M. D.

Nov. 10, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. 8 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 117 W. Va. Ave

Former or usual residence 117 W. Virginia Ave

19-PLACE OF BURIAL OR REMOVAL. St. Mary's R.C. Cemetery (Govans) DATE OF BURIAL. Nov. 13, 1916

20-UNDERTAKER Stewart & Morrison Company ADDRESS 108 W. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

b 99535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 b 99535

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 N. Broadway ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William A. Wilson

(Residence in Baltimore: No. 520 N. Broadway St.; 6 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. February (Month) 2 (Day), 1853 (Year)

7-AGE.	If LESS than 1 day,
63 yrs. 9 mos. 7 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Farmer

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm. Wilson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Sappington

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Wilson

(Address) 520 N. Broadway

15- Filed NOV 10 1916 191... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 25 1916, to Nov 9 1916, that I saw him alive on Nov 9 1916, and that death occurred, on the date stated above, at 4 30 p.m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Coma

(Duration) yrs. mos. 1 ds.

(Signed) W. L. Gatch M. D.

Nov 10, 191... (Address) 708 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Rent Co Md Hour | DATE OF BURIAL, 11..., 1916

20-UNDERTAKER Wm. C. Black | ADDRESS 927 N. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

C 99536

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C 99536

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 335 S Wagon ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Sloan

(Residence in Baltimore: No. 335 S. Wagon St.: 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Feb 28, 1847 (Month) (Day) (Year)

7-AGE, 69 yrs. 8 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, — Gatt

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mahaun

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Sloan

(Address) 335 S Wagon

15- NOV 10 1916 Filed, 191 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 9, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 4 1916, to Nov 8 1916, that I saw her alive on Nov 8 1916, and that death occurred, on the date stated above, at 10 45 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Walter A Coe M. D.

11-9, 1916 (Address) Garrison & Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Nov 12, 1916

20-UNDERTAKER, Wm S Fink — ADDRESS 1921 N Paca St

Spec.—8-24-14—M. & T.—2000 Bks.

99537

HEALTH DEPARTMENT—CITY OF BALTIMORE

134 X

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C 99537

CITY OF BALTIMORE: (No. University Hosp. St.; or WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ada Packard Bond.

(Residence in Baltimore: No. University Hospital St.; 44 yrs., 9 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, (Month) Feb. (Day) 10., (Year) 1872

7-AGE, 44 yrs. 9 mos. 0 ds. If LESS than 1 day, .0. hrs. or .0. min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: H. W.
(b) General nature of industry, business, or establishment in which employed (or employer): H. W.

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Adrian Moore

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Ellen Finch.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harvey W Bond

(Address) Union Bridge Md

15- NOV 11 1916 Filed ..... 191.... HARRY O. ANDREWS Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) Nov (Day) 10., (Year) 1916.

17- I HEREBY CERTIFY, That I attended deceased from Nov 2 1916, to Nov 10 1916, that I saw h[illegible] alive on Nov 10 1916, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Septico-Pyaemia

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Accidental Abortion

(Duration) ..... yrs. ..... mos. 15 ds.

(Signed) J. J. Watt M. D.

Nov 10, 1916. (Address) U. Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 8 ds. In the State 44 yrs. 9 mos. ..... ds.

Where was disease contracted, if not at place of death? Union Bridge, Md.

Former or usual residence Union Bridge, Md.

19-PLACE OF BURIAL OR REMOVAL, Union Bridge Md — DATE OF BURIAL, Nov. 15. 1916.

20-UNDERTAKER H H Bankard & Son — ADDRESS Westminster Md

Spec.—8-24-14—M. & T.—2000 Blks.

699538

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 99538

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1132 W. Pratt St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Anthony Smith

(Residence in Baltimore: No. 1132 W. Pratt St.; ... yrs., 2 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, Sept (Month) 3 (Day), 1914 (Year)

7-AGE, ... yrs. 2 mos. 7 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Henry W. Smith

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Margaret Burns

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry W. Smith

(Address) 1132 W. Pratt St

15- NOV 11 1916 Filed ..., 191... HARRY C. ANDREWS Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 3 1916, to Nov 10 1916, that I saw him alive on Nov 10 1916, and that death occurred, on the date stated above, at 1 A.m.

The CAUSE OF DEATH* was as follows:

Malignant Jaundice

(Duration) 1 yrs. Uncertain

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) ... yrs. 1 mos. 10 ds.

(Signed) Harry C. Blue M. D.

Nov. 10..., 1916. (Address) 1203 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery

DATE OF BURIAL, Nov 12..., 1916.

20-UNDERTAKER John J. Bell

ADDRESS 1203 W. Fayette St

C 99539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+183

REGISTERED No. C 99539

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Joseph's Hospital ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Wells

(Residence in Baltimore: No. St Josephs Hospital St.; yrs., mos. 1 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	Col	Married

6-DATE OF BIRTH, Unknown, 1
(Month) (Day) (Year)

7-AGE, 28 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work H W.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Co.

PARENTS.

10-NAME OF FATHER, James Conglon

11-BIRTHPLACE OF FATHER (State or Country), Balto Co

12-MAIDEN NAME OF MOTHER Elizabeth Conglon

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Emma Conglon
(Informant)
(Address) Balto Co

15- NOV 11 1916 MARY C. ANDREWS
Filed, 191 Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 8 1916., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide. Fracture skull by Blow on head with ax.

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) (Coroner) M. D.

Nov. 10 1916 (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 da. In the State 28 yrs. mos. da.

Where was disease contracted, if not at place of death? Towanton MD.

Former or usual residence Towsontown Md.

19-PLACE OF BURIAL OR REMOVAL, Loudon Balto Co Md

DATE OF BURIAL, Nov 10, 19 16

UNDERTAKER Wm J Tickner & Son

ADDRESS Bradshaw Md

Spec.—5-19-13—M. & T.—500 Bks.

99540

HEALTH DEPARTMENT—CITY OF BALTIMORE 120

CERTIFICATE OF DEATH.

REGISTERED NO. 99540

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 E. 20th ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Ford

(Residence in Baltimore: No. 28 E. 20th St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January (Month) (Day) 1873 (Year)

7-AGE, 43 yrs. — mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Butler
(b) General nature of industry, business, or establishment in which employed (or employer), Private family

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Ford

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Nancy Brooks

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ethel Ford

(Address) 28 E 20th St.

15- NOV 11 1916 KELLY C. ANDREWS

Filed....., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 9th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9/20 1916, to 11/9 1916, that I saw h— alive on 11/8 1916, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

1st Clus Nephritis
+ Acute Insufficiency

..... (Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Uraemia

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) C. C. Carl Smith M. D.

11/9, 191 6 (Address) 2132 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Nov 12, 1916

20-UNDERTAKER Clarence E. Wright

ADDRESS 1361 Mary

Spec.—8-24-14—M. & T.—2000 Bks.

699541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

REGISTERED NO. C. 99541

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2909 Orleans St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace M. Moran

(Residence in Baltimore: No. 2909 Orleans St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Single

6-DATE OF BIRTH, May 27 (Month) (Day), 1914 (Year)

7-AGE, 5 yrs. mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm Moran

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Lena Auerhan.

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Moran

(Address) 2909 Orleans St

15- Filed NOV 11 1916, 191.... MARY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 9 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 6 1916, to Nov 9 1916, that I saw h[illegible] alive on Nov 9 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Acute Otitis
Pneumonia
(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Respiratory Failure
(Duration) 2 yrs. mos. ds.

(Signed) Chas B Leonard M. D.

Nov 9, 1916 (Address) 718 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loret Holy Redeemer — DATE OF BURIAL, Nov 10, 1916

20-UNDERTAKER Woodall & Appold — ADDRESS 37 Lexington

Spec.—8-24-14—M. & T.—2000 Bks.

C 99542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 99542

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Foley.

(Residence in Baltimore: No. 114 N. Clement St.; 3 yrs., 7 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. April (Month) 6 (Day), 1913 (Year)

7-AGE. 3 yrs. 7 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Wm. Foley

11-BIRTHPLACE OF FATHER (State or Country). Balto. Md

12-MAIDEN NAME OF MOTHER Margaret Wynne

13-BIRTHPLACE OF MOTHER (State or Country). Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Foley

(Address) 114 N. Clement

15- Filed NOV 11 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov. (Month) 9th (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 9th 1916, to Nov. 9 1916, that I saw h er alive on Nov. 9 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever.

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) E. W. G. Krieger M. D.

Nov. 9, 1916 (Address) St. Joseph Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 3 mos. ....ds. In the State 4 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 114 N Clement St

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cemetery

DATE OF BURIAL. Nov. 11, 1916

20-UNDERTAKER H. & M. L. Flynn

ADDRESS 1422 Light St

Spec.—5-19-13—M. & T.—500 Bks.

699543

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

CERTIFICATE OF DEATH.

REGISTERED NO. C 99543

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1644 E. Fort ave ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannah Fesmire

(Residence in Baltimore: No. 1644 E. Fort ave St.; 10 yrs., 4 mos. 15 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 24 (Day), 1886 (Year)

7-AGE, 30 yrs. 4 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country), germany

PARENTS.

10-NAME OF FATHER, Aug. Krasky

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Rinda

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas. Fesmire

(Address) 1644 E. Fort Ave

15- Filed NOV 11 1916, 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1915, to Nov 9 1916, that I saw h[illegible] alive on Nov 9 1916, and that death occurred, on the date stated above, at 1.40 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

a fact

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Laryngeal Tuberculosis

(Duration) yrs. 6 mos. ds.

(Signed) Maurice Jones M. D.

Nov 10, 1916 (Address) 4237 Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Nov. 11, 1916

20-UNDERTAKER H. J. M[illegible] & Son

ADDRESS 1422 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

699544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1

5

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 Stirling ST.; WARD)

REGISTERED No. C 99544

2-FULL NAME William J. Walch

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 621 Stirling St.; 39 yrs. 6 mos. 14 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, April (Month) 26 (Day), 1877 (Year)

7-AGE, 39 yrs. 6 mos. 14 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, William Walch

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaret Deer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Walch

(Address) Highfield Washington Co.

15-

Filed NOV 11 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 25 1916, to Nov. 10 1916, that I saw h in alive on Nov. 10 1916, and that death occurred, on the date stated above, at 8.50 a m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) yrs. mos. 25 da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) M. D.

Nov. 10, 191.6 (Address) 1235 N. Carlton St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....da. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Nov. 12, 1916.

20-UNDERTAKER George Schilling & Sons

ADDRESS 1136 Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH.

REGISTERED NO. C 99545

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Lutheran General Hospital St.; 17 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Mary A Smyth

(Residence in Baltimore: No. 616 Bruce st St.; 79 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH. May 10, 1837
(Month) (Day) (Year)

7-AGE. 79 yrs. 6 mos. — ds.
If LESS than 1 day. ....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Not Known

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Williamson V. Carter
(Address) Towson Md.

15- Filed NOV 11 1916, 191... MARY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. November 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 9th 1916, to Nov. 10 1916, that I saw her alive on Nov 10 1916, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:
Cerebral Hemmorage
(Duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY (Secondary)
(Duration) ...yrs. ...mos. ...ds.

(Signed) M H Winchester M. D.
Nov 11, 1916. (Address) 806 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death — yrs. — mos. 2 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? 616 Bruce st
Former or usual residence 616 Bruce st

19-PLACE OF BURIAL OR REMOVAL. Baltimore
DATE OF BURIAL. Nov. 12, 1916.

20-UNDERTAKER Geo W Little
ADDRESS 531 N Fremont Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C 99546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

67

REGISTERED NO. C 99546

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 S. Bentalou St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles T. Smith

(Residence in Baltimore: No. 513 S. Bentalou St.; Life time yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~, (Write the word.) Single

6-DATE OF BIRTH March 4, (Month) (Day) 1864 (Year)

7-AGE, 52 yrs. 8 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Jacob Smith

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Eliza Merson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Rosa Merkel

(Address) 513 S. Bentalou St.

15- Filed NOV 11 1916, 191... ROBERT R. KRAUTER Registrar.

Burial Permit

NOV 11 1916

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 19 1916, to Nov 9 1916, that I saw him alive on Nov 9 1916, and that death occurred, on the date stated above, at 4P. m.

The CAUSE OF DEATH* was as follows:

General Paresis ?

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema (Duration) 5 days yrs. mos. ds.

(Signed) Dr. Thea M. Baldwin M. D.

Nov 10, 1916 (Address) 317 S. Bentalou St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cemetery DATE OF BURIAL. Nov. 11. 1916

20-UNDERTAKER Geo A Gerber ADDRESS Baltimore

67

699547

HEALTH DEPARTMENT—CITY OF BALTIMORE

699547

CERTIFICATE OF DEATH.

REGISTERED NO. C. 17

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST.: 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sofus Larsen

(Residence in Baltimore: No. University Hospital St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... (Month) 1 (Day) ..... (Year)

7-AGE	If LESS than 1 day,
31 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sailor.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Denmark.

PARENTS.

10-NAME OF FATHER, John Larsen.

11-BIRTHPLACE OF FATHER (State or Country). Denmark.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) University Hospital records
(Address) .....

15- Filed NOV 11 1916, 191.. ROBERT R. KRAUTER Registrar. Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 9, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Septicemia following fracture of vertebrae (Caused by falling down hold of ship (accident)
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert D. Driscoll M. D.
(Coroner)
Nov 10, 1916. (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS).
At place of death ..... yrs. 2 mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence Denmark.

19-PLACE OF BURIAL OR REMOVAL, Schwartz & Co. | DATE OF BURIAL, Nov 11, 16

20-UNDERTAKER Robb J Turner | ADDRESS Broadway & Eden St

Spec.—8-24-14—M. & T.—2000 Bks.

699548

HEALTH DEPARTMENT—CITY OF BALTIMORE

50 699548

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthony Funck

(Residence in Baltimore: No. 2206 E. Fayette St St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Widowed

6-DATE OF BIRTH, Feb. 24, 1853
(Month) (Day) (Year)

7-AGE, 63 yrs. 8 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Proprietor
(b) General nature of industry, business, or establishment in which employed (or employer) "

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry Funck

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Josephine Schroder

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hosp

(Address) Calvert St

15- NOV 11 1916 Filed, 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1916, to Nov 11 1916, that I saw him alive on Nov 11 1916, and that death occurred, on the date stated above, at 2.00 p.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus coma
Gangrene Foot
(Duration) Days Known
CONTRIBUTORY (Secondary) Pulmonary Embolus
(Duration) Sudden
(Signed) Edward S. Funck M. D.
Nov 11, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 4 ds. In the State 63 yrs. 8 mos. ....ds.

Where was disease contracted, if not at place of death? 2206 E. Fayette St

Former or usual residence 2206 E. Fayette St

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer DATE OF BURIAL, Nov. 13, 1916

20-UNDERTAKER J. J. Beer ADDRESS 106 N. Luzerne Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C99549

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99549

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2541 E. Monument St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Koller

(Residence in Baltimore: No. 2541 E. Monument St.; 53 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: Dec 25, 1840 (Month) (Day) (Year)

7-AGE: 75 yrs. 10 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: John Vollmer

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Mrs. Moffitt

(Address): 3519 Fairmount Ave

15-

Filed NOV 11 1916, 191

ROBERT R. KRAUTER

Registrar.

Serial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Nov 8th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 7 1916, to Nov. 8 1916, that I saw her alive on Nov. 8 1916, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

acute Indigestion

(Duration) yrs. mos. One ds.

CONTRIBUTORY (Secondary) Chronic Valvular Disease of Heart

(Duration) 5 yrs. mos. ds.

(Signed) M. Hollenberg M. D.

Nov 10, 1916 (Address) 1810 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Nov 13 1916

20-UNDERTAKER: Philip Herwig — ADDRESS: 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

C 99550

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 99550

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2329 E. Monument WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Louis Schmitker

(Residence in Baltimore: No. 2329 E. Monument St.; 59 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan 18th, 1845 (Month) (Day) (Year)

7-AGE, 71 yrs. 10 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Wheel Wright
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Carl Schmitker

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Caroline Schmitker

(Address) 2329 E Monument

15-

Filed NOV 11 1916 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 9th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 7 1916, to Nov 9 1916, that I saw him alive on Nov 9 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 2 yrs. ....mos. ....ds.

(Signed) Louis B Leeman M. D.

Nov. 11, 1916 (Address) 318 N Gallows St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, Nov 12 1916

20-UNDERTAKER Philip Herwig — ADDRESS 206 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

Gustave F. Dauphus.

699551

HEALTH DEPARTMENT—CITY OF BALTIMORE

699551

CERTIFICATE OF DEATH.

91

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 S. Caroline ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gustave F. Dauphus

(Residence in Baltimore: No. 322 S. Caroline St.: 64 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Sept. 12, (Month) (Day) 1848 (Year)

7-AGE, 68 yrs. 1 mos. 28 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Can Co.

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Phil. Dauphus

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Dauphus

(Address) 322 S. Caroline St.

15- Filed NOV 11 1916, 191.. ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 11 (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 5 1916, to Nov. 10 1916, that I saw h... alive on Nov. 10 1916, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Cold + Exposure

(Duration) yrs. mos. ds.

(Signed) A. Schmidt M. D.

Nov 11, 1916. (Address) 2x Highland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Ft Evangelical

DATE OF BURIAL, Nov. 13, 1916

20-UNDERTAKER F. O. Sanders & Sons

ADDRESS 1210 Eutaw St.

W 3524-W

Spec.—8-24-14—M. & T.—2000 Bks.

C99552 HEALTH DEPARTMENT—CITY OF BALTIMORE C99552

CERTIFICATE OF DEATH.

REGISTERED NO. C 150

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 529 N. Glover St. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Margaret Kramer

(Residence in Baltimore: No. 529 N. Glover St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November 10 (Month) (Day), 1916 (Year)

7-AGE, ... yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Andrew Kramer

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Margaret Lauterbach

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary L. Magaw

(Address) 529 N. Glover St

15- Filed NOV 11 1916, 191... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 10 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 10 1916, to Nov 10 1916, that I saw her alive on Nov 10 1916, and that death occurred, on the date stated above, at 4:50 p. m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation of Heart

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Geo. H. Mellis Jr. M. D.

Nov 10, 191.. (Address) 441 N. Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore County DATE OF BURIAL, Nov 11, 191 6.

20-UNDERTAKER Christian Miller ADDRESS 2334 Jefferson St

C99553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

or C99553

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 221 Parish ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Ruth Lewis

(Residence in Baltimore: No. 221 N Parish St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, Not Known (Month), (Day), 1872 (Year)

7-AGE	If LESS than 1 day,
44 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Private home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Lewis

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Lewis

(Address) 221 N Parish

15- NOV 11 1916 ROBERT R. KRAUTER

Filed ..... 191.... Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov Oct 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Congestion of Lungs

Post mortem

Not T. B. (Duration) Not Known mos. ds.

CONTRIBUTORY (Secondary) Extravasation of Blood

(Duration) yrs. Not Known mos. ds.

(Signed) James H. Kenlon M. D. (Coroner.)

Nov 10. 1916 (Address) 700 E Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Nov 11 1916
20-UNDERTAKER Waltet Brothers	ADDRESS 3[illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

C 99554

HEALTH DEPARTMENT—CITY OF BALTIMORE

43 C 99554

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2200 Montebello Ave ST.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Cavanaugh

(Residence in Baltimore: No. 2200 Montebello ave St.; 43 yrs., \ mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWER OR DIVORCED. (Write the word.) Single.

6-DATE OF BIRTH, February 27, 1864
(Month) (Day) (Year)

7-AGE, 52 yrs. 8 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Annapolis, Md.

PARENTS.

10-NAME OF FATHER, John Cavanaugh

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Hogarty

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. James Cavanaugh

(Address) 9 to Aisquith St

15- Filed NOV 11 1916 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 6, 1916, to Nov 10, 1916, that I saw h.r alive on Nov 10 1916, and that death occurred, on the date stated above, at 5 30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of right breast
(Croton mainly)
(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Robert J. Green M. D.

Nov 11, 1916. (Address) 130½ Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cemetery

DATE OF BURIAL Nov 13, 191...

20-UNDERTAKER Henry Hoeck Sons

ADDRESS 139 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

899555 — 1386995555

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary G Love

(Residence in Baltimore: No. Glenwood Ave Govans; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

DATE OF BIRTH, April (Month) 22, (Day) 1876 (Year)

7-AGE, 40 yrs. 7 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), N. J.

PARENTS.

10-NAME OF FATHER, Michael Kenny

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Eliz Daley

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. Paul Love

(Address) Glenwood Ave Govans

15- Filed NOV 11 1916, 191..... ROBERT R. KRAUTER Special Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 10 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 9 1916, to Nov 10 1916, that I saw h[illegible] alive on Nov 10 1916, and that death occurred, on the date stated above, at 2a m.

The CAUSE OF DEATH* was as follows:

..... Eclampsia

.....

..... (Duration) ..... yrs. ..... mos. 1d.

CONTRIBUTORY (Secondary) ..... Acute Nephritis

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) ..... Ernest [illegible] M. D.

Nov 10, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State 35 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Glenwood Ave

Former or usual residence Glenwood Ave.

19-PLACE OF BURIAL OR REMOVAL, Mt Hope Govans — DATE OF BURIAL, Nov 11, 1916

20-UNDERTAKER C. A. Wedefeldt — ADDRESS Govans Md.

Spec.—5-19-13—M. & T.—500 Bks.

C99556

HEALTH DEPARTMENT—CITY OF BALTIMORE

15 C99556

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1132 ST.: Carroll WARD) 21

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Allen Watts

(Residence in Baltimore: No. 1132 Carroll St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Wid.

6-DATE OF BIRTH ... May 12 ... (Month) ... (Day) ... 1832 (Year)

7-AGE. 84 yrs. 5 mos. 28 ds.

If LESS than 1 day. ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), Carroll Co Md

PARENTS.

10-NAME OF FATHER, D. Watts

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ruth Grimes

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie Michael

(Address) 1132 Carroll

15- Filed NOV 11 1916 ROBERT R. KRAUTER Registrar Central Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH ... Nov 9 ... (Month) ... (Day) ... 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from ... 191 ... to (Nov 9 1916, that I saw h[illegible] alive on Nov 9 1916, and that death occurred, on the date stated above, at 1 PM.

The CAUSE OF DEATH* was as follows:

... Senility ...

... (Duration) ... yrs. unknown ds.

CONTRIBUTORY (Secondary) ...

... (Duration) ... yrs. ... mos. ... ds.

(Signed) ... Johnd Schwarzbrun M. D.

Nov. 11 1916 (Address) 1120 W Centre St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Melville Center Ebbridge Md. DATE OF BURIAL. Nov 12 1916

20-UNDERTAKER Lee Leinbach & Co. ADDRESS 647 W Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

Marie Woessner.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699557 699557

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE—No. 808 N. Bond ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Woessner

(Residence in Baltimore: No. 808 N. Bond St. — St.; 23 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH July 7th, 1895 (Month) (Day) (Year)

7-AGE, 21 yrs. 4 mos. 2 da. If LESS than 1 day, hrs. or min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work Housewife (b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Woessner

(Address) 738 N. Caldwell Ave

15- Filed NOV 11 1916, 191 ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH November 9th, 1916. (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from November 5th 1916 to November 9th 1916, that I saw h[er] alive on November 9th 1916, and that death occurred, on the date stated above, at 6:30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 6 da.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 6 da.

(Signed) H. C. Meyer M. D.

Nov. 9th 1916 (Address) 10 E. N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Nov. 12 1916

20-UNDERTAKER John Herrig — ADDRESS 2008 Aisquith

Spec.—5-19-13—M. & T.—500 Bks.

C 99558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C 99558

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 Linden Ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Clay Royston

(Residence in Baltimore: No. 1413 Linden Ave St. Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 1, 1850 (Month) (Day) (Year)

7-AGE, 66 yrs. 5 mos. 10 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Manufacturer

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Joshua Royston

11-BIRTHPLACE OF FATHER (State or Country) Md. Md

12-MAIDEN NAME OF MOTHER Ellen Brooks

13-BIRTHPLACE OF MOTHER (State or Country), Md Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henrietta Royston

(Address) 1413 Linden Ave

15- NOV 11 1916 Filed ....., 191.... ROBERT R. KRAUTER Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 10, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from October 1915, to November 10 1916, that I saw him alive on November 9 1916, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Uraemia from chronic interstitial Nephritis

(Duration) Not known yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia, from cerebral Hemorrhage

(Duration) 1 yrs. 1 mos. ds.

(Signed) C. W. Hoffman M. D.

11/10, 1916 (Address) 2100 W. Fourth Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Nov. 12, 1916

20-UNDERTAKER Wm Cook ADDRESS 502 E North Ave.

C99559

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1916 C99559

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1813 Harlem Av St 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Willie C. Wilson

(Residence in Baltimore: No. 1813 Harlem Av St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: ——— (Month) ——— (Day), 1869 (Year)

7 AGE: 57 yrs. ——— mos. ——— ds. If LESS than 1 day, ... hrs. or ——— min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Cutter
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Ed. Wilson

11 BIRTHPLACE OF FATHER (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Virginia Linthicum

13 BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. Lafferty

(Address) 1813 Harlem Av

15 Filed NOV 11 1916 ..... 19.. ROBERT R. KRAUTER Burial Permit Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. 9th (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 13th, 1916, to, Nov. 9th 1916, that I saw him alive on Nov. 7th, 1916, and that death occurred, on the date stated above, at 8. a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Liver

unknown

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Interstitial Nephritis

unknown

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas Lee M. D.

Nov. 10th, 1916. (Address) 1111 W. Lafayette Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Baltimore

DATE OF BURIAL: Nov 11th, 1916

20 UNDERTAKER: Jos. H. Wilson

ADDRESS: 31 S. Light St

699560

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 699560

1 PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. 123 Calverton Rd ST. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME William J Bosies

(Residence in Baltimore: No. 123 Calverton Rd St.: 26 yrs. 10 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED WIDOWED~~ OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Jan (Month) 5th (Day), 1890 (Year)

7-AGE: 26 yrs. 10 mos. 4 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Motorman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: John Bosies

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Pauline Hausman

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Bosies

(Address) 121 Calverton Road

15 Filed NOV 11 1916 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 9 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 15th, 1916 to Nov 9th 1916, that I saw h[illegible] alive on Nov 8 1916, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Pulmonia Tuberculosis

(Duration) ..... yrs. ..... mos. 24 ds

Contributory (SECONDARY) Pertussis

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Joseph E Cochran M. D.

Nov 10 1916 (Address) 1516 Madeson Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Nov. 12 1916

20-UNDERTAKER: Geo. E. Schmidt Bro — ADDRESS: 2101 Frederick Ave

Spec.—8-24-14—M. & T.—2000 Bks.

699561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 699561

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 McCulloh ST.; 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Ruby M. Bartz

(Residence in Baltimore: No. 1005 McCulloh St.; 31 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 23 (Day), 1885 (Year)

7-AGE, 31 yrs. 5 mos. 17 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Charles P Bartz

11-BIRTHPLACE OF FATHER (State or Country), Balt. Md.

12-MAIDEN NAME OF MOTHER Etta A Bartz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles P Bartz

(Address) 1005 McCulloh St

15-

Filed NOV 11 1916 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 8 1916, to Nov 11 1916, that I saw her alive on Nov 10 1916, and that death occurred, on the date stated above, at 1 30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) over 2 years

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Luigi D. DiStefano M. D.

Nov 11, 1916. (Address) 407 N. Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Tudor Parkton

DATE OF BURIAL, Nov 13, 1916

20-UNDERTAKER W H Rowlett

ADDRESS 230 N Eutaw

99562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

78 699562

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1718 E Pratt St) ST. 19 WARD) REGISTERED No. C

2-FULL NAME Harry Kalzen

(Residence in Baltimore: No. 1718 E Pratt St)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs., 13 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE, 48 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cabinetmaker
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. H. Lewis

(Address) 1711 E Baltimore St

15- Filed NOV 12 1916, 191.. ROBERT R. KRAUTER Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry Lewis (Coroner.) M. D.

March 10, 1916. (Address) 1610 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Union Rem — DATE OF BURIAL, 11.21., 1916

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E Balto St

699563.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699563.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1000 Hoffman st ST.: 9 WARD: 6.)

REGISTERED NO. C 64

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Codd

(Residence in Baltimore: No. 1000 Hoffman st St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Whit e

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, June 12 1844, 1
(Month) (Day) (Year)

7-AGE, 72 yrs. 30 4 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saloon Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, William Codd

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Elizabeth Clumy

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Codd

(Address) 1000 Hoffman s t

15- Filed NOV 12 1916 191. ROBERT R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 11 1916, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] M. D.
(Coroner.)

Nov. 11 1916 (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. ds. In the State 13 yrs. mos. ds.

Where was disease contracted, if not at place of death? 1000 Hoffman st

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral

DATE OF BURIAL, Nov 13, 1916

20-UNDERTAKER H. C. Wedefeld

ADDRESS 917 Eutaw st

Spec.—8-24-14—M. & T.—2000 Blks.

1916
1556

HEALTH DEPARTMENT—CITY OF BALTIMORE

599564

CERTIFICATE OF DEATH.

50 C 99564

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1619 N. Broadway St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T. Carbach

(Residence in Baltimore: No. 1619 N Broadway St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH. May 3, 1855
(Month) (Day) (Year)

7-AGE. 61 yrs. 8 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Salesman
(b) General nature of industry, business, or establishment in which employed (or employer). Self

9-BIRTHPLACE, (State or Country). Baltimore City

PARENTS.

10-NAME OF FATHER. David Carbach

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Mary B Bell

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Carbach

(Address) 1619 N Broadway

15-Filed NOV 12 1916 191.. ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 10, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 3 1916, to Nov. 10 1916, that I saw h[illegible] alive on Nov 10 191.., and that death occurred, on the date stated above, at 5-55 P m.

The CAUSE OF DEATH* was as follows:

Diabetes

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coma

(Duration) yrs. 2 mos. 1 ds.

(Signed) Frank D Fuller M. D.

11/11/16 (Address) 1619 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Greenmount Cemy

DATE OF BURIAL. Nov. 13, 1916.

20-UNDERTAKER Helen C Fuller

ADDRESS 2201 N Broadway

699565 HEALTH DEPARTMENT--CITY OF BALTIMORE 28699565

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1008 Druid Hill Ave) (ST.) 7 (WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Cowan Currie

(Residence in Baltimore: No. 1008 Druid Hill Ave St.: 18 yrs. 8 mos 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: March (Month) 5 (Day), 1898 (Year)

7-AGE: 18 yrs. 8 mos. 5 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: George Robert Currie

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Sue L McAulasse

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Susan Currie

(Address) 1018 Druid Hill Ave

15- Filed NOV 12 1916 ..... 191- ROBERT E. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: May (Month) 10 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April, 1916, to May 10 1916, that I saw her alive on May 9, 1916, and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) 1 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Fred C Jewett M. D.

May 11, 1916 (Address) 2516 Penn Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: N Peters — DATE OF BURIAL: May 13th, 1916

20-UNDERTAKER: John J Cowan & Son — ADDRESS: 901 Hollins Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699566 63+ 699566

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Children's Hospital School St.; 8 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Russell L. Shipley

(Residence in Baltimore: No. 1803 N Castle St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Sgle

6-DATE OF BIRTH, August (Month) 1 (Day), 1914 (Year)

7-AGE, 2 yrs. 3 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Robert L. Shipley
11-BIRTHPLACE OF FATHER (State or Country), Maryland
12-MAIDEN NAME OF MOTHER Annie M. Rauschling
13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Robt. L. Shipley
(Address) 1803 N. Castle

15- NOV 12 1916 Filed....., 191.... ROBERT P. KRAUTER Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10 1916, to Nov 11 1916, that I saw h[im] alive on Nov. 11 1916, and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows:
Acute ascending polioencephalitis
(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) Gilbert V. Rorattel M. D.
Nov. 11., 191.6 (Address) Children's Hosp. School

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 2 ds. In the State Life yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death? Address above
Former or usual residence do

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, Nov. 12, 1916

20-UNDERTAKER Robt. J. Turner ADDRESS Broadway & Ethan

11 A M

C 99567

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

12 C 99567

1 PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. 12 Bishop Rd. Guilford ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Christian Hilgenberg

(Residence in Baltimore: No. 12 Beshop Rd Guilford St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: June (Month) 5 (Day), 1915 (Year)

7-AGE: 1 yrs. 5 mos. 5 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Carl S Hilgenberg.

11-BIRTHPLACE OF FATHER (State or country): Balto Md

12-MAIDEN NAME OF MOTHER: Angelica Rodde

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Carl S Hilgenberg

(Address) 12 Bishop Rd Guilford

15. Filed NOV 12 1916 191 ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 10 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1916, to Nov 10 1916,

that I saw h-- alive on Nov 10, 1916,

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Pyelonephritis.

(Duration) yrs. mos. 30 ds

Contributory (SECONDARY) Convulsions.

(Duration) yrs. mos. 1 ds.

(Signed) Marshall B West. M. D.

Nov 10, 1916. (Address) Catonsville Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Co

DATE OF BURIAL: Nov 12, 1916

20-UNDERTAKER: Colvin & Franck

ADDRESS: 802 Madison Av

Spec.—8-24-14—M. & T.—2000 Bks.

C 99568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 699568

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2518 Keyworth ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elvina Gartain

(Residence in Baltimore: No. 2518 Keyworth ave St.; 67 yrs. 11 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Fem

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: Nov 15, 1849 (Month) (Day) (Year)

7-AGE: 67 yrs. 11 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: Edward W. Giles.

11-BIRTHPLACE OF FATHER (State or Country): England

12-MAIDEN NAME OF MOTHER: Rose A Wells.

13-BIRTHPLACE OF MOTHER (State or Country): Halifax N. S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm G. Gorton

(Address) 2518 Keyworth ave

15- NOV 12 1916 Filed, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 8 1916, to Nov 14 1916, that I saw her alive on Nov 11 1916, and that death occurred, on the date stated above, at 8 30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Chronic Nephritis

Senile Debility

(Duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. 4 ds.

(Signed) W. H. Thomas M. D.

Nov 14, 1916 (Address) 1601 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem

DATE OF BURIAL, Nov 14, 1916

20-UNDERTAKER: George J. Smith

ADDRESS: 1000 E Fayette St

Spec.—5-19-13—M. & T.—500 Bks.

C 99569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C 99569

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1831 E. Pratt ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Averza

(Residence in Baltimore: No. 1831 E. Pratt. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Oct (Month) 22 (Day), 1916 (Year)

7-AGE, yrs. mos. 19 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Nicholas Averza

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Ida Garrison

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Averza

(Address) 1831 Pratt St.

15-Filed NOV 12 1916, 191... ROBERT R. KRAUTER Registrar.

Burial Permit C.[illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 11 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1916, to Nov. 11th 1916, that I saw h[illegible] alive on Nov. 10th 1916, and that death occurred, on the date stated above, at 7A. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency Primary Cause

(Duration) yrs. mos. ds.

(Signed) H. Goldsmith M. D.

, 191... (Address) 1739 E. Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincents Cem. DATE OF BURIAL, Nov. 14, 1916

20-UNDERTAKER Randall & Hippel & Son ADDRESS [illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

C995-70

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99570

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Harvard a. Kelly Hosp. St.; Div. 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Frances H. Mabe

(Residence in Baltimore: No. 1418 Eutaw Place St.; ..... yrs. 1 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, Widowed OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH. October 30, 1848 (Month) (Day) (Year)

7-AGE. 68 yrs. 7 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work. Housewife (b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Indiana

PARENTS.

10-NAME OF FATHER, Andrew Stall

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Mary Ann Eaglefield

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr Elizabeth S. M. Rumney

(Address) Corozal Canal Zone

15. Filed NOV 12 1916, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 7 1916, to Oct 2 1916, that I saw h[illegible] alive on Nov. 11 1916, and that death occurred, on the date stated above, at 3.20 p. m.

The CAUSE OF DEATH* was as follows:

Infection following Operation

Mesenteritis

General debility

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cancer Rectum ... for which operation done (Duration) ....yrs. ....mos. ....ds.

(Signed) Curtis F. Burnam M. D.

Nov. 14, 1916. (Address) 1418 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. 5 ds. In the State — yrs. 5 mos. — ds.

Where was disease contracted, if not at place of death? Corozal Canal Zone

Former or usual residence Corozal Canal Zone

19-PLACE OF BURIAL OR REMOVAL. Brookville Penna

DATE OF BURIAL. Nov 14, 1916

20-UNDERTAKER Chas G. Black

ADDRESS 120 W. Lanvale St

Spec.—5-19-13—M. & T.—500 Bks.

699571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 699571

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 747 N. Lexington ST.; W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pamelia J. Bradshaw

Residence in Baltimore: No. 747 N. Lexington St.: ..yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

DATE OF BIRTH, Dec (Month) 1 (Day), 1889 (Year)

AGE, 26 yrs. 11 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

PARENTS.

7-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

8-BIRTHPLACE, (State or Country), Tylerton, Md

10-NAME OF FATHER, John P. Bradshaw

11-BIRTHPLACE OF FATHER (State or Country), Tylerton, Md

12-MAIDEN NAME OF MOTHER Rachel Evans

13-BIRTHPLACE OF MOTHER (State or Country), Tylerton, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rachael Bradshaw

(Address) 747 W. Lexington St

15- NOV 12 1916 Filed ..... 191.. ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 15 1916, to Nov. 10 1916, that I saw h-- alive on Nov 9 1916, and that death occurred, on the date stated above, at 2-30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

about 6

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pernicious Intermittent

about 2

(Duration) yrs. mos. ds.

(Signed) Maurice Jones M. D.

Nov 11, 1916 (Address) 4134 Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cremated Md

DATE OF BURIAL, Nov. 12, 1916

20-UNDERTAKER H. Brauning Son

ADDRESS 517 N Wheeler st

Spec.—8-24-14—M. & T.—2000 Bks.

B99572

HEALTH DEPARTMENT—CITY OF BALTIMORE

B99572

CERTIFICATE OF DEATH.

REGISTERED No. C 87

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 E Lafayette ave ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael J. Hooke

Residence in Baltimore: No. 409 E Lafayette St.; 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug (Month) 17th (Day), 1848 (Year)

7-AGE, 68 yrs. 1 mos. 25 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Hooke

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Sullivan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Hooke

(Address) 409 E. Lafayette ave

15- Filed NOV 12 1916, 191 ROBERT R. KRAUTER Registrar

Burial Permit Issued

Dr. R. Tony 414 E Fort ave

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 11 (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1916, to Nov 11th 1916, that I saw h~~im~~ alive on Nov 10th 1916, and that death occurred, on the date stated above, at 10½ Am.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart failure

(Duration) yrs. mos. 1 ds.

(Signed) Reginald F. Dorsey M. D.

Nov 12, 1916 (Address) 414 E. Fort ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, Nov 13, 1916

20-UNDERTAKER John A Moran

ADDRESS Cath & Aisquith

C 99573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 99573

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1309 N. Calhoun St. 15 Ward) 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Hanson

(Residence in Baltimore: No. 1309 N Calhoun St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown, 1863
(Month) (Day) (Year)

7-AGE. 53 yrs. Unknown mos. ds. If LESS than 1 day, hrs. or min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House
(b) General nature of industry, business, or establishment in which employed (or employer). Keeper

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Carter

(Address) 240 N. Carey St

15- NOV 13 1916 HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos. ds.

(Signed) J. H. Collins M. D.
(Coroner)

Nov. 12, 1916. (Address) 816 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Nov 13 1916

20-UNDERTAKER Edward J. Fischer

ADDRESS 21 1114 N. Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

6 99574

CERTIFICATE OF DEATH.

REGISTERED NO. C 99574

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 734 Vine St ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna Young

(Residence in Baltimore: No. 734 Vine St St.; 2 yrs. 9 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE, Blk

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... January 25, 1914
(Month) (Day) (Year)

7-AGE, 2 yrs. 9 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Edw Young

11-BIRTHPLACE OF FATHER (State or Country), Richmond Va

12-MAIDEN NAME OF MOTHER ~~Mary Antill~~ Mabel Holly

13-BIRTHPLACE OF MOTHER (State or Country), St Mary Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Edward Young

(Address) 734 Vine St

15- NOV 13 1916 HARRY C. ANDREWS
Filed....., 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 10th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 5th 1916, to Nov 10 1916, that I saw h[illegible] alive on Nov 10 1916, and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Asthma

(Duration) yrs. mos. ds.

(Signed) Gustav Lehmann M. D.

Nov 11, 1916. (Address) 655 W Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not of place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Nov 13, 1916

20-UNDERTAKER Norbert Brown

ADDRESS 3 Cobb Mount

99575 HEALTH DEPARTMENT—CITY OF BALTIMORE

176

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C 99575

CITY OF BALTIMORE (No. St Josephs Hospital St 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Gallon

(Residence in Baltimore: No. 314 E 22nd st St. Yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	Col	Married

6-DATE OF BIRTH, Not Known (Month), (Day), 1 (Year)

7-AGE, 40 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Gallon

(Address) 314 E 22nd st

NOV 13 1916 Filed ..... — 191.....

HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 9 1916 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism Kicked by horse

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) R. K. Dudley (Coroner.) M. D.

Nov 10 1916 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Nov 13 1916

20-UNDERTAKER John T Owens ADDRESS 540 Dolphin

ec.—8-24-14—M. & T.—2000 Bks.

699576

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 99576

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 W. Lexington St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Thornton Turner

Residence in Baltimore: No. 1421 W. Lexington St.; Age yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feby 25, 1836.
(Month) (Day) (Year)

7-AGE, 80 yrs. 8 mos. 16 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter (House)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Howard Turner

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Margaret Ball

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maude Turner

(Address) 1424 W. Lexington St

15- Filed NOV 13 1916 191

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 11, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 12 1913, to Nov 11 1916, that I saw him alive on Nov 10 1916, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease (with arteris-Sclerosis)
over
(Duration) 3 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis
over
(Duration) 3 yrs. 6 mos. ds.

(Signed) Geo. T. Keirle M. D.

Nov 12, 1916. (Address) St James Aberdeen

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Nov 13, 1916.

20-UNDERTAKER E. M. Mitchell & Co — ADDRESS Baltimore

Spec.—6-19-13—M. & T.—500 Bks.

699577

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

CERTIFICATE OF DEATH.

REGISTERED NO. C 99577

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 524 N. Calhoun ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hugh McElderry

Residence in Baltimore: No. 524 N. Calhoun St.; 40 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug 18, 1851 (Month) (Day) (Year)

7-AGE, 65 yrs. 2 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work. None (b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry McElderry

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Sarah Hopkins

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clara B. McElderry

(Address) 524 N. Calhoun

15- NOV 13 1916 HARRY C. [illegible]

....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 10, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 24 1913, to Nov 9 1916, that I saw him alive on Nov 9 1916, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Pul. Stasis Jaun

Tuber. Chron

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Pulmonary Intercurrent

(Duration) 4 yrs. mos. ds.

(Signed) F. H. Talmer M. D.

Nov 12, 1916 (Address) 1236 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Nov 13, 1916

20-UNDERTAKER E. M. Mitchell & Co — ADDRESS 1231 W. Fayette St.

8-24-14—M. & T.—2000 Bks.

99578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED NO. C 99578

CITY OF BALTIMORE: (No.) 1514 Division ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida A. Forney Baker

Residence in Baltimore: No. 213 East Biddle St.; 30 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

DATE OF BIRTH, March 26, 1868
(Month) (Day) (Year)

AGE, 48 yrs. 7 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE, (State or Country), Alabama

10-NAME OF FATHER, William Forney

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER Eliza Woodward

13-BIRTHPLACE OF MOTHER (State or Country), Alabama

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ida Baker

(Address) 213 E. Biddle St.

15- NOV 13 1916 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 10, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 28 1916, to Nov 10 1916, that I saw h.e.r alive on Nov 10 1916, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Acute pancreatitis
(Operation Sept 29, 1916)

(Duration) — yrs. 1 mos. 20 ds.

CONTRIBUTORY (Secondary) Pleurisy with effusion

(Duration) — yrs. — mos. 20 ds.

(Signed) T. R. T. Kreffer M. D.

Nov. 10, 191.6 (Address) 1514 Division St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 1 mos. 13 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 213 East Biddle St

Former or usual residence 213 East Biddle St.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Nov. 13, 191.6.

20-UNDERTAKER E. M. Mitchell & Co — ADDRESS 1310 Fayette

C99579

HEALTH DEPARTMENT—CITY OF BALTIMORE

169

CERTIFICATE OF DEATH.

REGISTERED No. C 99579

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Body found in Spring Gardens. Foot of Leadenhall St. ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas J.Gaines.

(Residence in Baltimore: No. 3654 Beach Ave. St.; 15 yrs., 11111/6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White.	Married.

6-DATE OF BIRTH, September 9 1865.
(Month) (Day) (Year)

7-AGE, 51 yrs. 1 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Iron worker.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Phoenix, Balto.Co.Md.

PARENTS.

10-NAME OF FATHER, Thomas J.Gaines.

11-BIRTHPLACE OF FATHER, (State or Country), Phoenix Balto Co Md.

12-MAIDEN NAME OF MOTHER Fannie Davis.

13-BIRTHPLACE OF MOTHER (State or Country), Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susan Gaines. (Wife)
3654 Beach Ave.
(Address)

Filed NOV 13 1916, 191... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 4 1916.
Body found November 11 1916. 191...
(Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) (Duration) ....yrs....mos....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)
Nov 12, 1916. (Address) 1017 S.Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence,

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Poplar Church	Nov 15 1916.

20-UNDERTAKER	ADDRESS
A.S.Marshall	2589 Fulton Ave

C 99580

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

REGISTERED NO. C 99580

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 D. Gilmor St. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Messler

(Residence in Baltimore: No. 506 D Gilmor St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: Nov. 12 1916 (Month) (Day) (Year)

7-AGE: yrs. mos. ds. If LESS than 1 day, 10 hrs. or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): 506 D. Gilmor St

PARENTS

10-NAME OF FATHER: Wm August Messler

11-BIRTHPLACE OF FATHER (State or country): Baltimore, Md

12-MAIDEN NAME OF MOTHER: Elizabeth [illegible]

13-BIRTHPLACE OF MOTHER (State or country): Hungaria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm A. Messler

(Address) 506 D. Gilmor St

15- NOV 13 1916 Filed 191

HARRY C. ARTHURS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. 12 (1916) (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 11, 1916, to, Nov 11 1916, that I saw h[illegible] alive on Nov 11 1916, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) yrs mos. ds.

Contributory (SECONDARY) Prematurity

(Duration) yrs mos. ds.

(Signed) C. L. Mac Kee M. D.

Nov. 12 1916 [Address] 533 D Gilmor St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer DATE OF BURIAL: Nov 13 1916

20-UNDERTAKER: Harry A Metzke ADDRESS: 1531 W Lombard St

699581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C. 99581

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1833 Lemmon ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillie M Tyler

(Residence in Baltimore: No. 1833 Lemmon St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Nov (Month) 12 (Day), 1846 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 7 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Tyler

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lillian Ernst

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John T. Tyler

(Address) 1833 Lemmon St.

15- HARRY C. ANDELOT

Filed NOV 13 1916 191... Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Failure of Pulmonary valve of heart due to Chronic

(Duration) ..... yrs. ..... mos. 1/3 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Taylor M. D. (Coroner.)

Nov 12 1916 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery DATE OF BURIAL Nov 13 1916

20-UNDERTAKER Harry A. Witzke ADDRESS 1531 W. Lemmon St.

699582 HEALTH DEPARTMENT—CITY OF BALTIMORE 120

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED NO. C 99582

CITY OF BALTIMORE (No. 1825 N. Fulton Ave. St.; 15 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Elias J. Klein

(Residence in Baltimore: No. 1825 N. Fulton Ave St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male — 4 COLOR OR RACE: White — 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: Dec (Month) 11 (Day), 1827 (Year)

7 AGE: 88 yrs. 11 mos. ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Former Railroad
(b) General nature of industry, business, or establishment in which employed (or employer): Conductor.

9 BIRTHPLACE (State or country): Pa.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm. Giller
(Address) 1825 N. Fulton Ave

15 Filed NOV 13 1916, 19— HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov (Month) 11 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1914 to Nov 11 1916 that I saw him alive on Oct 28 1916 and that death occurred, on the date stated above, at 2.20 p. m.

The CAUSE OF DEATH* was as follows:

Infirmities of old age
Chronic Interstitial Nephritis
(Duration) — yrs. — mos. — ds
Contributory (SECONDARY) Uroemia & Malignic Ulcers.
(Duration) yrs. mos.

(Signed) E. Olin Murray M. D.
Nov 11, 1916 (Address) 1721 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. — In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Piedmont W. Va. — DATE OF BURIAL: Nov. 14th, 1916

20 UNDERTAKER: Phillips Seewald & Son — ADDRESS: 1130 E. Eutaw St.

Spec.—5-19-13—M. & T.—500 Bks.

C99583

HEALTH DEPARTMENT—CITY OF BALTIMORE

137

CERTIFICATE OF DEATH.

REGISTERED NO. C 99583

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 329 S Fulton av ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna T. Crocker

Residence in Baltimore: No. 329 S Fulton av St.: 43 yrs., — mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

DATE OF BIRTH, Oct (Month) 31 (Day), 1873 (Year)

AGE, 43 yrs. — mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.

OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

BIRTHPLACE. (State or Country), Baltimore Md

10-NAME OF FATHER, Michael Russell

11-BIRTHPLACE OF FATHER (State or Country), Indiana

12-MAIDEN NAME OF MOTHER Mary Radford

13-BIRTHPLACE OF MOTHER (State or Country), Indiana

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James A. Crocker

(Address) 329 S Fulton av

15- Filed NOV 13 1916, 191.....

MARY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 30 1916, to Nov 11 1916, that I saw h er alive on Nov 11 1916, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Puerperal Septicaemia

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Joseph E. Imes M. D.

Nov 12 1916 (Address) 1520 Hollins st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Nov 14, 1916

20-UNDERTAKER J. R. Block ADDRESS 1003 W. Baltimore St.

699584 HEALTH DEPARTMENT—CITY OF BALTIMORE

80

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C 99584

CITY OF BALTIMORE (No. 2545 Edmonson Ave ST.: 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Charlotte Peterson

(Residence in Baltimore: No. 2545 Edmonson Ave St.: yrs. 13 mos. dys.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Widow

6-DATE OF BIRTH, Feb (Month) 22 (Day) 1841 (Year)

7-AGE, 75 yrs. 8 mos. 21 dys. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Sweden

PARENTS.

10-NAME OF FATHER, Swanson

11-BIRTHPLACE OF FATHER (State or Country), Sweden

12-MAIDEN NAME OF MOTHER not Known

13-BIRTHPLACE OF MOTHER (State or Country), Sweden

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helma P. Stearns

(Address) 2545 Edmonson Ave

15-

Filed NOV 13 1916 191 HARRY C. ANDREWS Clerk

Burial Permit Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Angina Pectoris

(Duration) yrs. 6 mos. dys.

CONTRIBUTORY (Secondary) Rupture Coronary artery

(Duration) yrs. few Mins. dys.

(Signed) James M. Kerr M. D.
(Coroner)

Nov 12 1916 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....dys. In the State....yrs....mos....dys.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park Cem	Nov 14, 1916
20-UNDERTAKER Joseph B. Cook	ADDRESS 1005 W Balto St

ec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99585 154

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C 99585

CITY OF BALTIMORE: (No. 102 S. Gilmor ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas L. Brown

Residence in Baltimore: No. 102 S Gilmor St St.; 65 yrs., 2 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widower

DATE OF BIRTH, September 3, 1831. (Month) (Day) (Year)

AGE, 65 yrs. 2 mos. 8 ds.

If LESS than 1 day, ...hrs. or ....min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired foreman
(b) General nature of industry, business, or establishment in which employed (or employer): Nat. Clare Shops B&O.

BIRTHPLACE, (State or Country). Baltimore, Md.

10-NAME OF FATHER. Elijah Brown

11-BIRTHPLACE OF FATHER (State or Country). Balto., Co., Md.

12-MAIDEN NAME OF MOTHER. Mary Crismond

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ada Brown

(Address) 102 S Gilmor St

Re NOV 13 1916 HARRY C. ANDREWS

Filed....., 191.. Burial Permit Clerk.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 11, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 6 1916, to Nov. 11 1916, that I saw h alive on 191, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Inforamtion of age

3 days under my care

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) asthenia

(Duration) 2 yrs. mos. ds.

(Signed) [illegible] M. D.

Nov. 12 191.6 (Address) 1202 W. Lombard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cem.

DATE OF BURIAL. Nov. 14..., 191..

20-UNDERTAKER J R Cook

ADDRESS 1003 W Baltimore St

...c.—8-24-14—M. & T.—2000 Bks.

99586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154

REGISTERED No. C 99586

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 N Stricker ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Elizabeth Chaney

Residence in Baltimore: No. 904 N Stricker St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widowed

DATE OF BIRTH. Aug 21, 1831 (Month) (Day) (Year)

AGE. 85 yrs. 2 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE, (State or Country) Frederick City Md

10-NAME OF FATHER. Godfrey Koontz

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Mary Jeakle

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs H H Gurry

(Address) 904 N. Stricker St.

15- NOV 13 1916 HARRY C. ANDREWS

Filed ..... 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. November 13, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Novem 6 1916, to Novem 13 1916, that I saw her alive on November 12, 1916, and that death occurred, on the date stated above, at 1.35 a. m.

The CAUSE OF DEATH* was as follows:

(a) Ill
Due Intestinal Obst
(b) Cancer
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) J Lem Dorsey M. D.

Nov. 13, 1916. (Address) 632 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Frederick Md

DATE OF BURIAL. Nov 14, 1916.

20-UNDERTAKER Geo J Smith

ADDRESS 1000 N Fay Md

ec.—5-19-13—M. & T.—500 Bks.

099587

HEALTH DEPARTMENT—CITY OF BALTIMORE

138

CERTIFICATE OF DEATH.

REGISTERED NO. C 99587

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 58 S. Carrollton Ave ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude McDevitt

Residence in Baltimore: No. 38 S. Carrollton Ave St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

DATE OF BIRTH, Dec 29, (Month) (Day) 1892 (Year)

AGE, 23 yrs. 11 mos. 13 ds.

If LESS than 1 day, hrs. or min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, John Schaffer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Katherine Thomas

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William B. McDevitt

(Address) 58 S. Carrollton Ave

15- Filed NOV 13 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 13 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Nov 12 1916, to Nov 13 1916, that I saw her alive on Nov 13 1916, and that death occurred, on the date stated above, at 1st A m.

The CAUSE OF DEATH* was as follows:

Uremic Convulsions + Coma (Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Pregnancy (Duration) yrs. 7 mos. ds.

(Signed) Renard E. Beach M. D.

Nov 13, 1916. (Address) 1 E 21st St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park — DATE OF BURIAL, Nov 15, 1916

20-UNDERTAKER George J Smith — ADDRESS 1700 W Fayette St

Spec.—5-19-13—M. & T.—500 Bks.

699588 HEALTH DEPARTMENT—CITY OF BALTIMORE 64

CERTIFICATE OF DEATH.

REGISTERED No. C 99588

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1403 William ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L. Hanwick Sr

Residence in Baltimore: No. 1403 William St.: —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

DATE OF BIRTH, Jan (Month) 23 (Day), 1855 (Year)

AGE, 61 yrs. 9 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work, Laborer
(b) General nature of industry, business, or establishment in which employed (or employer), General

BIRTHPLACE, (State or Country), Harford Co Md

10-NAME OF FATHER, Fdk Hanwick

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Louise Apple

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah H. Hanwick

(Address) 1403 William

15- Filed NOV 13 1916 HARRY C. ANTEES Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10 1916, to Nov 11 1916, that I saw h in alive on Nov 11 1916, and that death occurred, on the date stated above, at 1215 a m.

The CAUSE OF DEATH* was as follows:

a Pneumonia

Cerebral Hemorrhage

(Duration) yrs. 7 hours mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia

(Duration) yrs. 2 hours mos. ds.

(Signed) L. Turlington M. D.

Nov 11, 1916 (Address) 1028 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, LOUDON PARK — DATE OF BURIAL, NOV 13 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. — ADDRESS 20 East

C 99589

HEALTH DEPARTMENT—CITY OF BALTIMORE

155

CERTIFICATE OF DEATH.

REGISTERED No. C 99589

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Viola A Marchart

(Residence in Baltimore: No. 2205 Lamley st

S. yrs. 26 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH. Mar 21 1889 (Month) (Day) (Year)

7-AGE. 26 yrs. 11 mos. 20 ds.

If LESS than 1 day ....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House Work
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Balto

PARENTS.

10-NAME OF FATHER. Sinclair C Airy

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER. Ada Patterson

13-BIRTHPLACE OF MOTHER (State or Country). MD

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ada C Airy

(Address) 2205 Lamley st

15- Filed NOV 13 1916, 191. WARREN C. ADDEMS Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov 10 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by bichloride

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] (Coroner) M. D.

Nov 11 1916 191 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence. 2205 Lamley St

19-PLACE OF BURIAL OR REMOVAL. Int. Carmel Cem.

DATE OF BURIAL. Nov. 13, 1916

20-UNDERTAKER Lilly & Zulu.

ADDRESS 403 E. Monument St.

...c.—8-24-14—M. & T.—2000 Bks.

699590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

REGISTERED No. C 99590

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1925 Gough ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Leinbach

Residence in Baltimore: No. 1925 Gough St.; 46 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widowed

DATE OF BIRTH. Nov. (Month) 4 (Day), 1845 (Year)

AGE. 71 yrs. mos. 7 ds.

If LESS than 1 day, hrs. or min.

OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

BIRTHPLACE. (State or Country). Germany

10-NAME OF FATHER. August Berkemeier

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Tonnemann

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Margaret Pruett

(Address) 1925 E. Gough St.

15- NOV 13 1916 191 MARY C. ALBERTS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov. (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 8 1916, to Nov. 11 1916, that I saw h[illegible] alive on Nov. 10 1916, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrage

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. F. Hutton M. D.

Nov 13, 1916 (Address) 711 E 16 and N

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Carmel Cem. DATE OF BURIAL. Nov. 14, 1916

20-UNDERTAKER Lilly & Zeiler ADDRESS 403 N. Mo[illegible]

Spec.—8-24-14—M. & T.—2000 Blks.

C 99591

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

CERTIFICATE OF DEATH.

REGISTERED NO. C 99591

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 So Chester ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby ~~Inman~~ King

Residence in Baltimore: No. 210 So Chester St.; ....yrs., ...mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

DATE OF BIRTH, August 9, 1916
(Month) (Day) (Year)

AGE, ...yrs. ....mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.

OCCUPATION:
(a) Trade, profession, or particular kind of work ....Infant....
(b) General nature of industry, business, or establishment in which employed (or employer) ....

BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Walter King

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Jane Inman

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter King Jr

(Address) 210 So Chester St

15- Filed NOV 13 1916 HARRY C. ANDREWS Clerk

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 12, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 9 1916, to November 12 1916, that I saw him alive on November 12 1916, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

6th month of gestation

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

.... (Duration) ....yrs. ....mos. ....ds.

(Signed) Joseph L. Valentine M. D.

November 13, 1916 (Address) 16 So Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL, Cathedral

DATE OF BURIAL, Nov. 15, 1916

20-UNDERTAKER J. A. Warren

ADDRESS Baltimore.

699592 HEALTH DEPARTMENT—CITY OF BALTIMORE

92

CERTIFICATE OF DEATH.

REGISTERED No. C 99592

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1331 Carroll ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F. Carroll

(Residence in Baltimore: No. 1331 Carroll St.: 1 yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): widower

6-DATE OF BIRTH: June (Month) 29 (Day), 1846 (Year)

7-AGE: 70 yrs. 4 mon. 13 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Coat factory

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Jessie Carroll

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: not known

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliza A Carroll

(Address) 1331 Carroll St

15- HARRY C. ANDREWS

FILED NOV 13 1916 Dep. Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Nov (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Lobar Pneumonia

(Duration) yrs. mon. 3 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) yrs. mon. 15 ds.

(Signed) James M Fenton (Coroner) M. D.

Nov 11, 1916 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mon. ... ds. In the State ... yrs. ... mon. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Zion Cemetery

DATE OF BURIAL: Nov 13th, 1916

20-UNDERTAKER: Chas L Bade

ADDRESS: 1421 Gilmor St

C99593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

REGISTERED No. C 99593

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 508 Bonney (rear) St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Brocals (Brocato)

(Residence in Baltimore: No. 508 Bonney (rear) St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov. 13, 1916 (Month) (Day) (Year)

7-AGE, yrs. 2 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work. None (b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Joseph Brocals

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER. Rosa Falice

13-BIRTHPLACE OF MOTHER (State or Country). Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father

(Address) 508 Bonney rear

15- Filed NOV 13 1916 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 13, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Cold & Exposure

(Duration) yrs. mos. ds.

(Signed) J. Wilson Lamb M. D. (Coroner.)

Nov 13, 1916. (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Mary Cemetery — DATE OF BURIAL, Nov 13 1916

20-UNDERTAKER James B Tyrer — ADDRESS 514 Wilson

699594

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

113

REGISTERED No. C 99594

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1180 Hughes ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Israel Pinkney

(Residence in Baltimore: No. 1180 Hughes St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: April (Month) 23 (Day) 1845 (Year)

7-AGE: 71 yrs. 6 mos. 19 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Calvert Co. Md

PARENTS

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ellen Hodges

(Address) 1181 N. Hughes St

15- Filed NOV 13 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: November (Month) 11 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 9, 1916, to, Nov 11 1916, that I saw h[e] alive on Nov 11 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(Duration) 2 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Chronic Enostatitis

(Duration) 5 yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

11/11, 1916 [Address] 2005 Druid Hill Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: National St

DATE OF BURIAL: Nov. 14, 1916

20-UNDERTAKER: L. K. Brown & Son

ADDRESS: 10 E. Monty

...c.—8-24-14—M. & T.—2000 Bks.

99595 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2678 Penna Ave St.) (WARD) 7

REGISTERED NO. C 99595

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Jones

Residence in Baltimore: No. 1913 E. Pratt St.

St.: 57 yrs., 3 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-[SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)] Married

DATE OF BIRTH, July 30 (Month) (Day), 1859 (Year)

AGE, 57 yrs. 3 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work: Paper Hanger
(b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE, (State or Country), Balto Md

10-NAME OF FATHER, Thompson Jones

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno T. Thomas Jones

(Address) 1913 E Pratt St

15- NOV 13 1916, 191... MARY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1915, to Nov. 12 1916, that I saw him alive on Nov. 10 1916, and that death occurred, on the date stated above, at 6 24 m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) 1 yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(Duration) — yrs. 3 mos. — ds.

(Signed) William H. Johnson M. D.

Nov. 12, 1916 (Address) 3016 Gwynn Oak Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Park DATE OF BURIAL, Nov 14, 191...

20-UNDERTAKER Latrans & Son ADDRESS N. Fremont Ave

8-24-14—M. & T.—2000 Bks.

99596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 99596

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Genl Hospt ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Willie Kennard

Residence in Baltimore: No. Md Genl Hospital St.; — yrs. — mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX. Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

DATE OF BIRTH, July (Month) 2 (Day), 1840 (Year)

AGE, 76 yrs. 4 mos. 10 ds. | If LESS than 1 day, ... hrs. or ... min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

BIRTHPLACE, (State or Country), Somerset Co Md

10-NAME OF FATHER, Thos. L. Waters

11-BIRTHPLACE OF FATHER (State or Country), Somerset Co Md

12-MAIDEN NAME OF MOTHER ~~Polly Dennisbee~~ Polly Waters

13-BIRTHPLACE OF MOTHER (State or Country), Somerset Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. H. Kelly

(Address) 113 Meadow Av

15- NOV 13 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1 1916, to Nov. 12 1916, that I saw her alive on Nov 12 1916, and that death occurred, on the date stated above, at 3.35 a m.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis

Hemiplegia (Right Side)

(Duration) ... yrs. ... mos. 12 ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) H. A. Bowden M. D.

Nov. 12, 1916 (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 12 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence Westminster, Md.

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cem. | DATE OF BURIAL. 11. 14. 1916

20-UNDERTAKER H. W. Jenkins Sons Co | ADDRESS Orchard & McCulloh Sts

—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99597

34

CERTIFICATE OF DEATH.

REGISTERED NO. C 99597

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 96 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No., 18.)

2-FULL NAME Irvin Hammond

Residence in Baltimore: No. 910 Dukeland St

St.; 19 yrs. 1 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

DATE OF BIRTH, September 20, 1897
(Month) (Day) (Year)

AGE, 19 yrs. 1 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work Conductor
(b) General nature of industry, business, or establishment in which employed (or employer) Un Rolling Co.

BIRTHPLACE, (State or Country), Baltimore Maryland

10-NAME OF FATHER, Thomas Hammond

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Emma Wagner

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Thomas A Hammond

(Address) 910 Dukeland St

15- NOV 13 1916 HARRY C. ANDREWS

Filed....., 191..... P....., Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 4, 1916, to Nov 11 1916, that I saw him alive on Nov 11 1916, and that death occurred, on the date stated above, at 12 06 m.

The CAUSE OF DEATH* was as follows:

Tuberculous cervical adenitis

(Duration) Nuknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Surgical shock

(Duration) yrs. mos. ds.

(Signed) C. C. Hall M. D.

11/11, 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State of Md. yrs. 1 mos. 22 ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 910 Dukeland Road.

19-PLACE OF BURIAL OR REMOVAL, Woodlawn

DATE OF BURIAL, Nov. 13, 1916

20-UNDERTAKER Jos K Cook

ADDRESS 503 W Balto St

(over)

699598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED NO. C 99598

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 12 E.York St. ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William S.Gallion.

(Residence in Baltimore: No. 13 E.York St. St.: 30 yrs., mos. 11111 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: White.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: September 23rd. 1872 / (Month) (Day) (Year)

7-AGE: 44 yrs. 1 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: iron moulder.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Parkton Balto.Co.Md.

PARENTS.

10-NAME OF FATHER: Stansbury Gallion.

11-BIRTHPLACE OF FATHER (State or Country): Parkton Balto.Co.Md.

12-MAIDEN NAME OF MOTHER: Kate Diffenderfer.

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore Co.Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Glencora Gallion.(Wife)

(Address): 12 E.York St.

15- Filed NOV 13 1916, 191 Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 10, 1916. 191 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.

(Coroner)

Nov 12 1916. (Address) 101 S.Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mon. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Nov 13 1916
20-UNDERTAKER John J Corcoran Son	ADDRESS, 901 Lombard

ec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

699599

REGISTERED NO. C 99599

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2961 Frederick ave St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Lizette Mehring

Residence in Baltimore: No. 2961 Frederick ave St.; 27 yrs., 6 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May 6, 1889 (Month) (Day) (Year)

7-AGE, 27 yrs. 6 mos. 5 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or Country) Balto md.

10-NAME OF FATHER, Carl C. Mehring

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Kuhlemann

13-BIRTHPLACE OF MOTHER (State or Country), Washington D. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Mehring

(Address) 2961 Frederick ave

NOV 13 1916 Filed ..... 191.....

HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 11, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 6 1916, to Nov. 11 1916, that I saw her alive on Nov 11 1916, and that death occurred, on the date stated above, at 3. P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Congestion of Lungs

about 3 (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

over 5 (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. Labotz Ewalt M. D.

Nov. 13 191 6 (Address) 905 N. Fulton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Pauls Violetville

DATE OF BURIAL, Nov. 14. 191 6.

20-UNDERTAKER Geo. Huber & Son

ADDRESS 2503 Edmondson ave

ec.—8-24-14—M. & T.—2000 Bks.

699600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81

REGISTERED NO. C 99600

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 3722 Park Heights Ave. ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Rose.

esidence in Baltimore: No. 3722 Park Heights Ave. St.; 50 yrs., -- mos. - ds.)

PERSONAL AND STATISTICAL PARTICULARS.

EX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

ATE OF BIRTH, December 22 1840, 1 (Month) (Day) (Year)

AGE, 75 yrs. 10 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work Retired Merchant,
(b) General nature of industry, business, or establishment in which employed (or employer).....

BIRTHPLACE, (State or Country), Germany

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Rose

(Address) 3722 Park Heights Ave.

NOV 13 1916 HARRY C. ANDREWS

iled....., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 13th./16., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 15 191 6, to Nov 13 191 6, that I saw h— alive on Nov 12 191 6, and that death occurred, on the date stated above, at 4A m.

The CAUSE OF DEATH* was as follows:

.....
.....
Arteriosclerosis
..... (Duration)....1..yrs.....mos.....ds.

CONTRIBUTORY Oedema of lungs
(Secondary)
Exhaustion (Duration).....yrs.....mos...1...ds.

(Signed) Julius Friedenwald M. D.

Nov 14 1916. (Address) 12 E. St. Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Chev Sholom Cem. DATE OF BURIAL, Nov 15 1916, 191...

20-UNDERTAKER A. Sondheim ADDRESS 1120 Park Royal

ec.—8-24-14—M. & T.—2000 Blks.

699601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

180 699601

REGISTERED NO. C

1-PLACE OF DEATH

ITY OF BALTIMORE: No. 2719 E. Jefferson ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick A. Ford

Residence in Baltimore: No. 2719 E Jefferson St.: 34 yrs., 10 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

DATE OF BIRTH, December 27, 1881 (Month) (Day) (Year)

AGE, 34 yrs. 10 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work: Sales Man
(b) General nature of industry, business, or establishment in which employed (or employer): Dry Goods Store

BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, Henry Ford

11-BIRTHPLACE OF FATHER (State or Country), Pittsburg

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Odelia E. Ford

(Address) 2719 E. Jefferson St

Filed NOV 13 1916

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 10, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 5th 1916, to November 10 1916, that I saw him alive on November 10th 1916, and that death occurred, on the date stated above, at 5:40 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. 3 mos. ds.

(Signed) Edward E Livingood M. D.

Nov 11, 1916 (Address) 1612 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetary

DATE OF BURIAL, Nov 13, 1916

20-UNDERTAKER Christian Miller

ADDRESS 238 E Jefferson St

c.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699602 — 29 699602

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1051 W. Lexington ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Martin Heymann

esidence in Baltimore: No. 1051 W. Lexington St.: 60 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

EX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

DATE OF BIRTH, Nov 12, 1847 (Month) (Day) (Year)

AGE, 69 yrs. — mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work: Grocer
(b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE, (State or Country), Germany

10-NAME OF FATHER, John Heymann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Mary Truett

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Fischer Heymann

(Address) 1031 W. Lexington St.

NOV 13 1916

Filed....., 191.....

ROBERT B. KRAUTHS
Vital Records Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 13, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 9 1916, to Nov 13 1916, that I saw h.... alive on Nov 12 1916, and that death occurred, on the date stated above, at 5-45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) 5 yrs. 11 mos. 6 ds.

CONTRIBUTORY (Secondary) Rheumatic Fever causing Acute Endocarditis

(Duration) — yrs. — mos. 6 ds.

(Signed) Henry E. Ohr M. D.

Nov. 13, 1916 (Address) 1203 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Nov. 16, 1916

20-UNDERTAKER Geo J Smith

ADDRESS 1000 W Fayette St

Spec.—8-24-14—M. & T.—2000 Blks.

C 99603

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 99603

CERTIFICATE OF DEATH.

64

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Women's Home St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie M Johnston

Residence in Baltimore: No. 1400 W Lexington St.; Baltimore

(If non-resident give STATE or COUNTRY instead of street and number.)

(If less than 1 day, ... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. W L T

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Wid

6-DATE OF BIRTH. Jan 12 (Month) (Day), 1838 (Year)

7-AGE. 91 yrs. 9 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Stafford Co Va

PARENTS.

10-NAME OF FATHER. John Patton

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER. Bathsheba McInteer

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella J Jones

(Address) Matron

15- Filed NOV 13 1916 ROBERT P. KRAUTH Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 13 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1916, to Nov 13 1916, that I saw h... alive on Nov 11 1916, and that death occurred, on the date stated above, at 6 PM m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Carbuncle Neck

(Duration) ..... yrs. ..... mos. 6 ds.

(Signed) W D Harwood M. D.

Nov 13, 1916. (Address) 939 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Olivet Cem

DATE OF BURIAL. Nov 16, 1916

20-UNDERTAKER Geo J Smith

ADDRESS Fayette St

699604 HEALTH DEPARTMENT—CITY OF BALTIMORE 186 699604

CERTIFICATE OF DEATH.

1-PLACE OF DEATH, CITY OF BALTIMORE (No.) University Hospital ST.: 2 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislawa Jakubczak.

(Residence in Baltimore: No. 1925 E. Ohet St.) (13 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Not Known (Month) (Day), 1871 (Year)

7-AGE, 45 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Stevedor
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany,

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital Records

(Address).....

15- NOV 13 1916 ROBERT P. KRAUTER

Filed....., 191.... Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 11. (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Shock, following fracture of Left Femur and rupture of Bladder, Caused by Injs. of Abdomen, falling from a crane, (Accidental.)

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Albert L. Driscoll M. D. (Coroner.)

....., 191... (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Nov. 15, 1916

20-UNDERTAKER Wm Frackowiak

ADDRESS 1618 Eastern

ec.—8-24-14—M. & T.—2000 Bks.

699605

HEALTH DEPARTMENT—CITY OF BALTIMORE

699605

CERTIFICATE OF DEATH.

170

REGISTERED NO. C

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 913 N. Luzerne St.; 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Celeste Smethurst

Residence in Baltimore: No. 913 N. Luzerne St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

EX. female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

ATE OF BIRTH, unknown (Month), 1 (Day), ... (Year)

AGE, 25 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): ...

BIRTHPLACE, (State or Country), Balto. Md.

10-NAME OF FATHER, Paul Smethurst

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Alice Allen

13-BIRTHPLACE OF MOTHER (State or Country), England

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Rudsill

(Address) 913 N. Luzerne Av

ROBERT E. KRAUTER

NOV 13 1916 191.. Burial Permit ...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1916, to Nov. 11, 1916, that I saw her alive on Nov. 11, 1916, and that death occurred, on the date stated above, at 5 A.M. P.m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(Duration) 3 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ... yrs. ... mos. 7 ds.

(Signed) Jos. [illegible] M. D.

Nov. 13, 1916 (Address) 1 W. Saratoga St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Nov. 14, 1916

20-UNDERTAKER, G. W. Goodenow ADDRESS 530 Mosher St.

cc.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699606 699606

CERTIFICATE OF DEATH.

x64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marcellus Briscoe

Residence in Baltimore: No. 14 days. St.: ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

AGE, 48 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, Patrick Briscoe

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Phelps

(Address) Johns Hopkins Hosp.

15- NOV 13 1916 ROBERT R. KRAUTER

Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 28 1916 to Nov. 11 1916, that I saw h[illegible]alive on Nov. 11 1916, and that death occurred, on the date stated above, at 9 30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(Duration) ..... yrs. ..... mos. 15 ds.

(Signed) Urban A. Sutton M. D.

Nov. 11, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 14 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ~

Former or usual residence Malcolm, Md.

19-PLACE OF BURIAL OR REMOVAL, Woodville Md. DATE OF BURIAL, Nov. 13, 1916

20-UNDERTAKER Holland E Fuller ADDRESS 221 N Broadway

...c.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99607

64 99607

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1107 Bolton St ST.; 11 WARD)

(If death occurred in a hospital or Institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily B Knight

esidence in Baltimore: No. 1107 Bolton St

St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

EX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

ATE OF BIRTH, Sept 17, 1838
(Month) (Day) (Year)

GE, 78 yrs. 1 mos. 24 ds.

If LESS than 1 day, ... hrs. or ... min.?

OCCUPATION:
a) Trade, profession, or particular kind of work ... None
b) General nature of industry, business, or establishment in which employed (or employer) ...

BIRTHPLACE, (State or Country), New Haven Conn. New England

10-NAME OF FATHER, Mc Knam

11-BIRTHPLACE OF FATHER (State or Country), New Haven Conn. New England

12-MAIDEN NAME OF MOTHER Mc Knam

13-BIRTHPLACE OF MOTHER (State or Country), Mc Knam

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank E. Knight

(Address) 1107 Bolton St

NOV 13 1916

...led ..... 191...

ROBERT R. KRAUTER

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 11 (Month) 12 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 6 1916, to Nov 12 1916, that I saw h[illegible] alive on Nov. 12 1916, and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic B. Lungs

(Duration) 6 yrs. ... mos. 1 ds.

(Signed) J. M. Letsinger M. D.

Nov. 13 1916 (Address) 127 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn

DATE OF BURIAL, Nov 14 1916.

20-UNDERTAKER D. J. Tschudy & Son

ADDRESS Penna Ave

C99608 HEALTH DEPARTMENT—CITY OF BALTIMORE 79 C99608

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 905 S.Howard St. ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Freely Clayton (Col'd.)

(Residence in Baltimore: No. 905 S.Howard St. St.: 1 yrs., 111111 mos. 111111 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female.	Colored.	Widow.

6-DATE OF BIRTH. Do not know. ....., (Month) /..... (Day) ..... (Year)

7-AGE.	If LESS than 1 day,
50 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Florida.

PARENTS.

10-NAME OF FATHER. Andrew Gibson (C)

11-BIRTHPLACE OF FATHER (State or Country). Florida.

12-MAIDEN NAME OF MOTHER Mollie.----------

13-BIRTHPLACE OF MOTHER (State or Country). Florida.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Missouri Clayton (C) daughter.

(Address) 905 S.Howard St.

15- NOV 13 1916 Filed ..... 191.. ROBERT B. KRAUTER Burial Permit, Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. November 10 th. 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

Nov. 10, 1916 191.. (Address) 1017 S.Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, NOV 13 1916 ....., 19....
20-UNDERTAKER Commissioner Health.	ADDRESS

UNIVERSITY OF MARYLAND

...ec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99609

CERTIFICATE OF DEATH.

74 699609

REGISTERED NO. C

1-PLACE OF DEATH

ITY OF BALTIMORE: (No.) 2605 E. Fayette ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Smith

Residence in Baltimore: No. 2605 E. Fayette St. St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	W. Cath	Married

6-DATE OF BIRTH, July 16, 1868
(Month) (Day) (Year)

7-AGE, 48 yrs. 3 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER. Martin Dorsey

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Dorsey

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Smith

(Address) 2605 E. Fayette St.

...ned NOV 13 1916, 1916 ROBERT R. KRAUTER Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 11th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15th 1916, to Nov 11th 1916, that I saw her alive on Nov 11th 1916, and that death occurred, on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Heart Disease

(Duration) yrs. 5 mos. 27 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. 1 mos. 27 ds.

(Signed) Edwin L. Russell M. D.

Nov. 12th, 1916 (Address) 1516 N. Milton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenlawn Cemetery — DATE OF BURIAL, Nov. 14th, 1916

20-UNDERTAKER Jno A Moran — ADDRESS Bankstown

Dr. Russell

...ec.—8-24-14—M. & T.—2000 Bks.

699610

HEALTH DEPARTMENT—CITY OF BALTIMORE

699610

CERTIFICATE OF DEATH.

170

REGISTERED No. C.....

1-PLACE OF DEATH

...ITY OF BALTIMORE: (No. 3130 Huntsbello Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Virginia Hoopingarner

Residence in Baltimore: No. 3130 Huntsbello Ave St.; 55 yrs., 11 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

...EX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

...DATE OF BIRTH, Nov 20th, 1860 (Month) (Day) (Year)

...AGE, 55 yrs. 11 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, John Nelson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Charlotte Miller

13-BIRTHPLACE OF MOTHER (State or Country), Eng.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Sophia Hunter

(Address) 827 West Lombard Street

15- NOV 13 1916 ROBERT R. KRAUTER
...filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 13th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 8th 1916, to Nov 13th 1916, that I saw her alive on Nov 13th 1916, and that death occurred, on the date stated above, at 12.20 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Pneumonia

Influenza

..... (Duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. H. Hunger M.D. M. D.

Nov 13th, 1916 (Address) 3537 Fairmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Nov 15, 1916.

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

C99611

HEALTH DEPARTMENT—CITY OF BALTIMORE

103 C99611

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1713 Carlyle place ST.: 8 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fredrena Dancy

(Residence in Baltimore: No. 1713 Carlyle place St.: 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb 24, 1913
(Month) (Day) (Year)

7-AGE, 3 yrs. 8 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto city

PARENTS.

10-NAME OF FATHER, William F Dancy

11-BIRTHPLACE OF FATHER (State or Country) N. Carolina

12-MAIDEN NAME OF MOTHER Essie Brown

13-BIRTHPLACE OF MOTHER (State or Country), N. Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William F. Dancy

(Address) 1713 Carlyle place

15-
Filed NOV 13 1916, 191.... ROBERT B. KRAUTH
Burial Permit Issued by

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1. Shock
2.
3.
4.
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Indigestion
(Duration) yrs. mos. ds.

(Signed) J. Knox Davis M. D.
(Coroner)

Nov 13, 1916 (Address) 413 Dulaney

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL Laurel Cemetery — DATE OF BURIAL, 11/15, 1916.

20-UNDERTAKER William Cook — ADDRESS 502 E North ave

W 4863

...c.—8-24-14—M. & T.—2000 Blks.

99612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 699612

REGISTERED NO. C

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

...TY OF BALTIMORE: (No. 849 Woodward St.; 21 WARD)

2-FULL NAME Mary. L. Stark

...esidence in Baltimore: No. 849 Woodward St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

...EX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

...ATE OF BIRTH, ...Jan. 16..., 1836 (Month) (Day) (Year)

...GE, 60 yrs. 10 mos. ...ds.

If LESS than 1 day, ...hrs. or ...min.?

...CCUPATION:
a) Trade, profession, or particular kind of work ...None...
b) General nature of industry, business, or establishment in which employed (or employer) ...

...IRTHPLACE, State or Country), Avalon Belle Co

10-NAME OF FATHER, Joshua L. Stark

11-BIRTHPLACE OF FATHER (State or Country), Vermont

12-MAIDEN NAME OF MOTHER Mary A. Whitehe

13-BIRTHPLACE OF MOTHER (State or Country), Belle Kiel mo

...-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert L. Stephenson

(Address) 849 Woodward St

...NOV 13 1916 ROBERT R. KRAUTER

...iled ..., 191... Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 12, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1916, to Nov 12 1916, that I saw her alive on Nov 11 1916, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Mitral — Insufficiency

...

...

Indefinite

... (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Acute Dilation of Heart

... (Duration) ...yrs. mos. 1 ds.

(Signed) R. R. Campbell M. D.

Nov 13, 1916 (Address) 1644 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemy — DATE OF BURIAL, Nov 14, 1916

20-UNDERTAKER Jos Sheridan & Son — ADDRESS 217 S. Pac

...c.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699613.

CERTIFICATE OF DEATH.

119 699613.

1-PLACE OF DEATH 1180

REGISTERED NO. C

...TY OF BALTIMORE: (No. 1180 Columbia Ave ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Flora A. Geller

...esidence in Baltimore: No. 1180 Columbia Ave St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

...EX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

...ATE OF BIRTH, June (Month) 13 (Day), 1892 (Year)

...GE, 24 yrs. 5 mos. — ds.

If LESS than 1 day, ... hrs. or ... min.?

...CCUPATION:
a) Trade, profession, or particular kind of work ... None
b) General nature of industry, business, or establishment in which employed (or employer) ...

...IRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, Geo Geller

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary E. Hammer

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

...-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Trenbeth

(Address) 1180 Columbia Ave

...tied ... NOV 13 1916, 191... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 13. (Day), 1916. (Year)

17-I HEREBY CERTIFY, That I attended deceased from Nov. 4 1916, to Nov. 13 1916, that I saw h... alive on Nov. 13 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) ... yrs. ... mos. 4 ds.

(Signed) Jas. L. Lumsden M. D.

Nov. 13, 1916. (Address) 818 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, Nov. 16, 1916

20-UNDERTAKER Jos Jourdens, Son ADDRESS 2171 E. Pen

699614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

180 699614

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No 3627 Green Mount Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William Hanson Moore

(Residence in Baltimore: No. 3627 Green Mount Ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: April 10 (Month) (Day), 1838 (Year)

7 AGE: 78 yrs. 7 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Commission
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9 BIRTHPLACE (State or country): Charles Co. Md.

PARENTS

10 NAME OF FATHER: Wm. Moore

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Chloe Anne Hanson

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm H. Moore Jr.

(Address) 3715 Old York Road

15 NOV 13 1916 Filed ....., 191 ROBERT R. KRAUTER REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov 13 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from about 15 Jne, ~~191~~, to, 191 ,
that I saw h~~im~~ alive on Nov 12, 1916,
and that death occurred, on the date stated above, at 3-40 a m.
The CAUSE OF DEATH* was as follows:

Brights disease

(Duration) about 15 Jne yrs. mos. ds

Contributory (SECONDARY) —

(Duration) yrs. mos. ds.

(Signed) H. G. Prentiss M. D.

Nov. 13, 1916 (Address) 634 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Druid Ridge

DATE OF BURIAL: Nov 14, 1916

20 UNDERTAKER: C. M. Mitchell & Co

ADDRESS: 1201 W. Fayette St

...c.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B99615

CERTIFICATE OF DEATH.

92 B99615

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3821 Falls Road (ST.) 13 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Thomas Gaffney

(Residence in Baltimore: No.) 3821 Falls Road (St.) (35 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. (Month) 22 (Day), 1880 (Year)

7-AGE, 35 yrs. 10 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, James Gaffney

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sidney L. Lee

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Sidney L. Gaffney

(Address) 3821 Falls Road

NOV 13 1916

Filed ....., 191.... ROBERT E. KRAUTER

Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10 1916, to Nov 11 1916, that I saw him alive on Nov 11 1916, and that death occurred, on the date stated above, at 1130 a.m.

The CAUSE OF DEATH* was as follows:

Labor Pneumonia

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Alcoholism

(Duration) ... yrs. 7 mos. ... ds.

(Signed) Thos. A. Dixon M. D.

Nov. 13, 1916 (Address) 127 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Mary's (Hampden) DATE OF BURIAL, Nov. 14, 1916

20-UNDERTAKER Horace Bungee & Son ADDRESS 631 Falls Rd.

8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99616 × 40

CERTIFICATE OF DEATH.

REGISTERED NO. C 99616

1-PLACE OF DEATH

TY OF BALTIMORE: (No. John Hopkins Hospital ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mitchell King

sidence in Baltimore: No. 25 Day's Jim Hospital St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

EX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

ATE OF BIRTH, July 10, 1841 (Month) (Day) (Year)

GE, 75 yrs. 4 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

CCUPATION:
a) Trade, profession, or particular kind of work Farmer
b) General nature of industry, business, or establishment in which employed (or employer) Self

IRTHPLACE, State or Country), S. C.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Roland D. Hamer

(Address) John Hopkins Hospital

Filed NOV 14 1916, 191 HARRY [illegible] Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 13, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 18 1916, to Nov 13 1916, that I saw h in alive on Nov 13 1916, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach.

Broken (Duration) Don't Know yrs. mos. ds.

CONTRIBUTORY Pneumonia
(Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Nov 13, 1916. (Address) John Hopk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 25 ds. In the State ... yrs. ... mos. 25 ds.

Where was disease contracted, if not at place of death? 3

Former or usual residence Charleston S. C.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Charleston S. C.	Nov. 14, 1916
20-UNDERTAKER Albert C. Fuller	ADDRESS 221 N Broadway

c.—8-24-14—M. & T.—2000 Bks.

699617 HEALTH DEPARTMENT—CITY OF BALTIMORE, 09

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C. 99617

TY OF BALTIMORE; (No. 1410 Carrall ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irma Walker

esidence in Baltimore: No. 1410 Carrall St (St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

EX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

ATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

GE, 6 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

CCUPATION:
a) Trade, profession, or particular kind of work: none
b) General nature of industry, business, or establishment in which employed (or employer):

IRTHPLACE, State or Country), Md

10-NAME OF FATHER, Walter Walker

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Alice Sullens

13-BIRTHPLACE OF MOTHER (State or Country), Md

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Walker

(Address) 1410 Carrall st

NOV 14 1916

HARRY C. ANDREWS

led....., 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 11 (Month) / 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11/9 1916, to 11/10/ 1916, that I saw h ed alive on 11/11/ 1916, and that death occurred, on the date stated above, at 5" A m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

Intestinal paralysis

Absorption of the toxin 6 hrs

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Indigestible food

(Duration) yrs. mos. ds.

(Signed) Shepherd Brain M. D.

Nov 11, 191... (Address) 1327 Calvert St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Mt Auburn Cemetery

DATE OF BURIAL. Nov 13, 191...

20-UNDERTAKER Charles B. Jones

ADDRESS 235 S. Pine St

Rec.—8-24-14—M. & T.—2000 Bks.

699618

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH.

REGISTERED NO. C 99618

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 N Carlton St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred Taylor

Residence in Baltimore: No. 5 N Carlton St.; 4 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

DATE OF BIRTH, [illegible], 1 (Month) (Day) (Year)

AGE, 4 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Day

BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, [illegible]

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Taylor

(Address) 5 N Carlton St

15- NOV 14 1916 Filed, 191. MARY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 11, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1916, to Nov 11 1916, that I saw h alive on Nov 11 1916, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. 5 mos. ds.

(Signed) [illegible] M. D.

Nov 13, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Nov 14 1916

20-UNDERTAKER [illegible] — ADDRESS 306 W. Lexington St

c.—5-19-13—M. & T.—500 Bks.

699619

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

CERTIFICATE OF DEATH.

REGISTERED NO. C 99619

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1607 Harmon Alley St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dally Kuntz (Kuntz)

sidence in Baltimore: No. 1607 Harmon Alley St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

ATE OF BIRTH, Oct 17, 1916, 1
(Month) (Day) (Year)

GE, ... yrs. ..... mos. 26 ds. | If LESS than 1 day, ... hrs. or ..... min.?

CCUPATION:
a) Trade, profession, or particular kind of work ..... None
b) General nature of industry, business, or establishment in which employed (or employer) .....

IRTHPLACE, State or Country), Balto Md

10-NAME OF FATHER. John Kuntz

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Dally Aymold

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dally Kuntz

(Address) 1607 Harmon Alley

NOV 14 1916

filed ....., 191.... Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 9 1916, to Nov 13 1916, that I saw h.r alive on Nov 13 1916, and that death occurred, on the date stated above, at 7P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro enteritis

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Malnutrition

..... (Duration) ..... yrs. ..... mos. 15 ds.

(Signed) C. F. Hagerty M. D.

11-14-16, 191.. (Address) 1 E Read St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	Nov 17, 191..

20-UNDERTAKER Russell & Evans Sons | ADDRESS 1 W Read St

c.—8-24-14—M. & T.—2000 Blks.

99620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41

REGISTERED NO. C 99620

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 807 N. Stricker ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Virginia Thomas

esidence in Baltimore: No. 807 N. Stricker St.; 77 yrs., 11 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

EX, female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

ATE OF BIRTH, January 15, 1839 (Month) (Day) (Year)

GE, 77 yrs. 11 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

CCUPATION:
a) Trade, profession, or particular kind of work: none
b) General nature of industry, business, or establishment in which employed (or employer): none

IRTHPLACE, State or Country), Baltimore Md

10-NAME OF FATHER, Wm. Dell

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Elizabeth Hay

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs L. T. Godwin (daughter)

(Address) 807 N. Stricker St.

NOV 14 1916 Burial Permit Clerk

led....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 11, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1916, to Nov 11 1916, that I saw her alive on Nov 11 1916, and that death occurred, on the date stated above, at 11 30 m.

The CAUSE OF DEATH was as follows:

Auto-intoxication and marasmus

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancer of intestines

(Duration) yrs. mos. ds.

(Signed) H. H. Stansbury M. D.

Nov. 12, 1916 (Address) 922 N. Arch St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery

DATE OF BURIAL, Nov 14, 1916

20-UNDERTAKER, Stewart & Warren Co.

ADDRESS 1084 North Ave

MS 777

...c.—8-24-14—M. & T.—2000 Bks.

699621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED NO. C 99621

1-PLACE OF DEATH

...TY OF BALTIMORE: (No. 1942 Whole ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Ellen Anthony

...esidence in Baltimore: No. 1942 Whole St.; ...yrs. ...mos. ...ds.) Life

PERSONAL AND STATISTICAL PARTICULARS.

...EX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

...ATE OF BIRTH, Sept. 6, 1900 (Month) (Day) (Year)

...AGE, 16 yrs. 7 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

...OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

...BIRTHPLACE, (State or Country), Balto Md.

10-NAME OF FATHER, John T Anthony

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Fannie Anthony

13-BIRTHPLACE OF MOTHER (State or Country), Ohio

...-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fannie Anthony

(Address) 1942 Whole St

...OV 14 1916 HARRY C. ANDREWS

...iled ..., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 12, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 8 1916, to Nov 12 1916, that I saw h... alive on Nov 11 1916, and that death occurred, on the date stated above, at 12.15 A m.

The CAUSE OF DEATH* was as follows:

(a) Pulmonary tuberculosis

(b)

(Duration) ...yrs. 4 mos. ...ds.

CONTRIBUTORY (Secondary)

(c) ... (Duration) ...yrs. ...mos. ...ds.

(Signed) E. B. Weidemann M. D.

Nov 13 191... (Address) 1928 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Nov 14 1916

20-UNDERTAKER James H Dennis

ADDRESS 1323 Preston

C99622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

69

REGISTERED NO. C 99622

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital St.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George A Stickler

(Residence in Baltimore: No. 1207 Low st

82
St.; yrs., 1 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White b

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Sept 16 1884, 1
(Month) (Day) (Year)

7-AGE, 32 yrs. 1 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Salesman in fish market
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER, Michael Stickler

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Jennie King

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie King

(Address)

15- Filed NOV 14 1916, 191.... HARRY C. ANDREWS Registrar. Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 13 1916, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Epilepsy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Lincoln Enslen M. D.
(Coroner.)

Nov 13 1916 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State 32 yrs. 1 mos. 17 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1207 Low st

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Nov 15, 1916

20-UNDERTAKER Denny & Ford Bro — ADDRESS 1301 E Eager St.

—8-24-14—M. & T.—2000 Blks.

99623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

REGISTERED NO. C 99623

TY OF BALTIMORE: (No. 539 Preston ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Anderson

sidence in Baltimore: No. 539 Preston St. Lib

yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

EX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

ATE OF BIRTH Sept 7th 1865

(Month) (Day) (Year)

GE, 51 yrs. 2 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....mtn.

CCUPATION:
) Trade, profession, or particular kind of work..... Domestic
) General nature of industry, business, or establishment in which employed (or employer)..... Private Family

IRTHPLACE, State or Country), Baltimore, Md.

10-NAME OF FATHER, Elijah Anderson

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Matilda Williams

13-BIRTHPLACE OF MOTHER (State or Country), Md.

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma A. Winston

(Address) 539 Preston St.

Filed NOV 14 1916, 191.. HARRY C. ANDERSON Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 11th, 1916

(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 10th 1916, to Nov. 11th 1916, that I saw h— alive on Nov. 11th 1916 and that death occurred, on the date stated above, at 10.20 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Malnutrition

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Senile Debility

(Duration) yrs. mos. ? ds.

(Signed) A. Lee Eddis M. D.

11/13, 191.. (Address) 92 W. Mt. Rd.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. National Cem. DATE OF BURIAL. Nov. 14, 1916

20-UNDERTAKER Samuel J. Hemsley ADDRESS 512 W. Baltimore

699624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

REGISTERED No. C 99624

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1060 Argyle St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Floyd

(Residence in Baltimore: No. 2 mos. St., — yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1873 (Year)

7-AGE. 43 yrs. ..... mos. ..... da. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE. (State or Country), Va

PARENTS.

10-NAME OF FATHER, Thomas Bloxom

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Sara Curtis (Curtis)

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Curtis

(Address) 902 Elmon Ave

15- NOV 14 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 9, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Epithelial Cancer of Breast

Secondary Cancer of Liver

Tabes (Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Unknown

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) C. W. Mahlo M. D. (Coroner)

Nov 13, 1916. (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Druid Hill Va

DATE OF BURIAL, Nov. 14 1916

20-UNDERTAKER Samuel L. Hemsley

ADDRESS 518 N. Eutaw

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

699625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

REGISTERED No. C 99625

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 11 Penn St. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Emma Virginia Jackson

(Residence in Baltimore: No. 11 Penn St St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Colored. | 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: March (Month) 4 (Day), 1865 (Year)

7 AGE: 51 yrs. 8 mos. 9 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: William Martin

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Nadine N. Green

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Addie Jackson

(Address) 11 Penn Street

15 Filed NOV 14 1916, 191 HARRY C. ANDREWS Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov (Month) 13 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1915, to Nov 13 1916, that I saw h[illegible] alive on Nov 11, 1916, and that death occurred, on the date stated above, at 11.15 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(Duration) 1 yrs. 3 mos. ? ds

Contributory (SECONDARY) Diabetes

(Duration) 27 yrs. mos. ds.

(Signed) Harry D. McCarty M. D.

Nov 13, 1916 (Address) 37 W. Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: [illegible] | DATE OF BURIAL: 11/16, 1916

20 UNDERTAKER: Samuel S. Hemsley | ADDRESS: 518 N. Eutaw

Spec.—8-24-14—M. & T.—2000 Blks.

C 9962 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

85

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED NO. C 9962 6

CITY OF BALTIMORE: (No. 1514 Division ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Goldie Spielman

(Residence in Baltimore: No. 926 N. Calhoun St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, April (Month) 7 (Day), 1856 (Year)

7-AGE, 60 yrs. 7 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER, Aaron Bamm

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Balto St

15- Filed NOV 14 1916, 191.. MARY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 14 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Oct 31 1916, to Nov 14 1916, that I saw her alive on Nov 14 1916, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Stokes-Adams disease

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) R. T. Kieffer M. D.

NOV. 14, 1916. (Address) 1514 Division St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death —yrs. — mos. 15 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 926 N. Calhoun St.

Former or usual residence 926 N. Calhoun St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Rd DATE OF BURIAL, 11/15 191.6

20-UNDERTAKER Jack Lewis ADDRESS 14th E Balto St

99627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

REGISTERED No. C 99627

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 102 Dolphin ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Wilson

Residence in Baltimore: No. 102 Dolphin St. (If not in Baltimore give yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Co

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1874 (Year)

7-AGE, 42 yrs. ..... mos. ..... da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wife
(b) General nature of industry, business, or establishment in which employed (or employer): Keeper

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Husband

(Address) 102 Dolphin St

15- NOV 14 1916 HARRY C. ANDREWS

Filed ....., 191.. Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Emphysema of Lungs

Influenza

(Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) H. Wilson M. D.

(Coroner)

Nov 13, 1916. (Address) 819 E. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Hill

DATE OF BURIAL, Nov. 14, 1916

20-UNDERTAKER Daniel Easton

ADDRESS 916 Eutaw

cc.—8-24-14—M. & T.—2000 Bks.

699628

HEALTH DEPARTMENT—CITY OF BALTIMORE

35 699628

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

ITY OF BALTIMORE, (No. 2421 E Monument ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances E. Werner

Residence in Baltimore: No. 2421 E. Monument St.; 19 yrs., 11 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

DATE OF BIRTH, December 2, 1896
(Month) (Day) (Year)

AGE, 19 yrs. 11 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work: Straw Hat
(b) General nature of industry, business, or establishment in which employed (or employer): Oyster

BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER Charles Werner

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Johanna Prueck

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Johanna Werner

(Address) 2421 E. Monument St

15- Filed NOV 14 1916, 191.. ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 12, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 5th 1916, to Nov 12 1916, that I saw h[illegible] alive on Nov 12 1916, and that death occurred, on the date stated above, at 4.20 p.m.

The CAUSE OF DEATH* was as follows:

General Tuberculosis

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Walter Thomas M. D.

Nov. 13 1916 (Address) 1225 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery DATE OF BURIAL, Nov 15, 1916

20-UNDERTAKER Christian Miller ADDRESS 2033 Jefferson St

...—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99629 45 C99629

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

TY OF BALTIMORE: (No. St. Agnes Hospital St.; WARD) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Noell

sidence in Baltimore: No. 815 N. Milton Ave St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

ATE OF BIRTH, Nov 16, 1871 (Month) (Day) (Year)

GE, 44 yrs. 10 mos. 23 ds. If LESS than 1 day, hrs. or min.?

CCUPATION:
) Trade, profession, or particular kind of work: Brewer
) General nature of industry, business, or establishment in which employed (or employer):

IRTHPLACE, tate or Country), Germany

10-NAME OF FATHER, Karl Noell.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Regina Ostentorger

13-BIRTHPLACE OF MOTHER (State or Country), Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Johanna Noell

(Address) 815 N. Milton Ave

NOV 14 1916 ROBERT R. KRAUTER

ed ..... 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 13, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June ... 191.., to Nov 13 1916, that I saw h... alive on Nov 13 191.., and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Chest

Pulmonary

(Duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. L. Hemmeter M. D.

Nov 14, 1916 (Address) 815 N. Milton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 4 mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Nov 17, 1916

20-UNDERTAKER Christian Miller — ADDRESS 2038 Jefferson

—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99630

CERTIFICATE OF DEATH.

43 99630

REGISTERED NO. C

1-PLACE OF DEATH

TY OF BALTIMORE: (No. Women's Hospital ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Witter

sidence in Baltimore: No. 704 N Carrollton Ave. St.: 65 yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

X. Female

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (*Write* the word.) Wd

ATE OF BIRTH, August 18, 1851 (Month) (Day) (Year)

GE. 65 yrs. 3 mos. ds.

If LESS than 1 day, hrs. or min.?

CCUPATION:
) Trade, profession, or particular kind of work Housewife
) General nature of industry, business, or establishment in which employed (or employer)

IRTHPLACE, tate or Country), Baltimore. Md.

10-NAME OF FATHER, Henry Hulsemann

11-BIRTHPLACE OF FATHER (State or Country). Germany.

12-MAIDEN NAME OF MOTHER Unknown?

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy [illegible]

(Address) 704 Carrollton Ave

NOV 14 1916 ROBERT R. KRAUTER

104 ..... 191 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 11 1916, 191 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 30 1916, to November 11 1916, that I saw her alive on November 11 1916, and that death occurred, on the date stated above, at 1.25 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(Duration) yrs. mos. ds.

(Signed) Chas. L. Warner, M. D.

Nov. 11, 191 6 (Address) Women's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 12 ds. In the State 65 yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 704 N. Carrollton Ave.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Nov 15, 1916

20-UNDERTAKER, Joseph Fahey & Sons — ADDRESS 318 Eighth St.

c.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699631 699631

CERTIFICATE OF DEATH.

REGISTERED NO. C 91

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 701 E 22nd ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Thomas Streett

sidence in Baltimore: No. 701 E 22nd St.; 26 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

X.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

ATE OF BIRTH, July (Month) 10th (Day), 1829 (Year)

GE, 87 yrs. 4 mos. 2 ds. | If LESS than 1 day, hrs. or min.?

CCUPATION:
) Trade, profession, or particular kind of work: Retired Farmer
) General nature of industry, business, or establishment in which employed (or employer):

IRTHPLACE, tate or Country), Harford Co Md

10-NAME OF FATHER, Samuel Streett

11-BIRTHPLACE OF FATHER (State or Country), Harford Co Md

12-MAIDEN NAME OF MOTHER Isabella Bay

13-BIRTHPLACE OF MOTHER (State or Country), Harford Co Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary M Streett

(Address) 701 E 22nd St

NOV 14 1916 ROBERT R. KRAUTER

led....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 11 (Month) / 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11/6/1916, to 11/12/1916, that I saw h[illegible] alive on 11/12/1916, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 10 yrs. 0 mos.

(Signed) A. L. Stanley Gooch M. D.

11-12, 1916, (Address) 5 E 22nd St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn Cemetery	Nov. 15th, 1916.
20-UNDERTAKER George Schilling & Sons	ADDRESS 1126 E Monument

—5-19-13—M. & T.—500 Bks.

99632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 699632

REGISTERED NO. C

1-PLACE OF DEATH

Y OF BALTIMORE: (No.) 577 Dolphin ST.; 17 WARD)

2-FULL NAME Jennie Brown

idence in Baltimore. No. 577 Dolphin St.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(55 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

X. female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

TE OF BIRTH, Unknown (Month) (Day), 1862 (Year)

E, 54 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or ....min.?

CUPATION:
) Trade, profession, or particular kind of work Housewife
) General nature of industry, business, or establishment in which employed (or employer)

RTHPLACE, State or Country), Md.

10-NAME OF FATHER, George Albaugh

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elmer E. Brown

(Address) 577 Dolphin St.

NOV 14 1916 ROBERT R. KRAUTER

....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 17 1916, to Nov. 12 1916, that I saw her alive on Nov. 10 1916, and that death occurred, on the date stated above, 5a. m.

The CAUSE OF DEATH* was as follows:

Nephritis

Chronic Interstitial

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. E. J. Carr M. D.

Nov. 14, 1916 (Address) 515 Mulberry St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, Nov 15, 1916

20-UNDERTAKER Geo. H. Holland

ADDRESS 517 Robert St.

L99633

HEALTH DEPARTMENT—CITY OF BALTIMORE

L99633

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 100 Forest St. ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Bailey

(Residence in Baltimore: No. 100 Forest St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ..., (Month) 1 (Day) ..... (Year)

7-AGE, About 73 years ..... yrs. ..... mos. ..... da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed NOV 14 1916, 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valv. Dis. Heart

(Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Dysentery, Edema

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) H. S. Tiley (Coroner) M. D.

Nov 13, 1916 (Address) 1637 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, NOV 14 1916, 19....

20-UNDERTAKER | ADDRESS

Commissioner Health.

Per. Wm. E. WOODALL

c.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699634 699634

CERTIFICATE OF DEATH.

37

1-PLACE OF DEATH 1634 Milliken St. REGISTERED NO. C.....

TY OF BALTIMORE: (No. ..... ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Davis.

sidence in Baltimore: No. ..... St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male.	Black	Single

ATE OF BIRTH, Nov 14, 1916.
(Month) (Day) (Year)

GE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or 30 min.?

CCUPATION:
) Trade, profession, or particular kind of work ..... none
) General nature of industry, business, or establishment in which employed (or employer) .....

IRTHPLACE, tate or Country), Maryland.

10-NAME OF FATHER, ... Young.

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary Davis

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W Clifford McKee

(Address) .....

NOV 14 1916

led ....., 191... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 14, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 14 1916, to Nov 14 1916, that I saw him alive on Nov 14 1916, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis —

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Prematurity (7 months)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) John Thomas Jr M. D.

Nov 14, 191... (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL. ....., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL NOV 14 1916
ROBERT R. FRAZIER
Commissioner of Health.

C.—8-24-14—M. & T.—2000 Bks.

C99635

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 C99635

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 245 S. Spring St.

CITY OF BALTIMORE: (No.) ST.; 3 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Davis.

Residence in Baltimore: No. St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female. | 4-COLOR OR RACE: Black | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH, Nov 7, 1916. (Month) (Day) (Year)

7-AGE, — yrs. — mos. 5 da. | If LESS than 1 day, hrs. or min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work: None (b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, Wm Davis.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Emma. Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Clifford McKee

(Address) Johns Hopkins Hospital

NOV 14 1916

Filed ....., 191...

ROBERT B. KRAUTZ. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 12, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 7 1916, to Nov 12 1916, that I saw her alive on Nov 12 1916, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Premature.

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Premature 5 hours

(Duration) yrs. mos. da.

(Signed) John Sherman M. D.

Nov 13, 1916 (Address) Johns Hopkins Hosp. Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL NOV 14 1916

Commissioner of Health.

...—8-24-14—M. & T.—2000 Bks.

C99636

HEALTH DEPARTMENT—CITY OF BALTIMORE

15 nr C99636

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Knocker

Residence in Baltimore: No. 406 Bruck St.

St.; ...yrs.. ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)

6-DATE OF BIRTH, Nov. 11, 1916
(Month) (Day) (Year)

7-AGE, — yrs. ...mos. ...ds.

If LESS than 1 day, 6 hrs. or 20 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ...—...
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, Joseph Knocker.

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Bessie Brown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Knocker

(Address) 406 Bruck St

Filed NOV 14 1916 ROBERT R. KRAUTER

Burial Permit ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 11 1916, to Nov. 11 1916, that I saw her alive on Nov. 11 1916, and that death occurred, on the date stated above, at 4:20 m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

Livida

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) ...

(Duration) ...yrs. ...mos. ...ds.

(Signed) Edward Reuck M. D.

Nov 12 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ½ hr. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 406 Bruck St

19-PLACE OF BURIAL OR REMOVAL, COLLEGE OF P. & S.

DATE OF BURIAL, ..., 191...

20-UNDERTAKER

ADDRESS

...—8-24-14—M. & T.—2000 Bks.

699637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 699637

REGISTERED NO. C.

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1017 Brinsea ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E. Kraft

sidence in Baltimore: No. 1017 Brinsea St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

ATE OF BIRTH, June 15, 1872
(Month) (Day) (Year)

GE, 43 yrs. 4 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

CCUPATION:
) Trade, profession, or particular kind of work Housekeeper
) General nature of industry, business, or establishment in which employed (or employer)

IRTHPLACE, State or Country), Baltimore

10-NAME OF FATHER, Henry J. Hard

11-BIRTHPLACE OF FATHER (State or Country) Eastern Shore Md

12-MAIDEN NAME OF MOTHER Theresa Slaughter

13-BIRTHPLACE OF MOTHER (State or Country), State of Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis F. Kraft

(Address) 1017 Brinsea St.

NOV 14 1916

ed....., 191.....

ROBERT B. KRAUSER
Assist. Registrar.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1916, to Nov 13 1916, that I saw h[illegible] alive on Nov 12 1916, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Indigestion

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) yrs. mos. 1 ds.

(Signed) R. K. Campbell M. D.

Nov 13 1916 (Address) 1664 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem

DATE OF BURIAL, Nov 13, 1916.

20-UNDERTAKER Tom Cook

ADDRESS 707 E Monument

—8-24-14—M. & T.—2000 Bks.

99638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

×92 99638

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hosp. ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert J Keys

Residence in Baltimore: No. 3323 Myrtle Place Balto Co. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... Aug ..... (Month) 13 ..... (Day) 1880 ..... (Year)

7-AGE, 36 yrs. 2 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work ..... Waiter ..... (b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

10-NAME OF FATHER, Albert Keys

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Shipley

13-BIRTHPLACE OF MOTHER (State or Country), Md

I THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna C Keys

(Address) 3323 Myrtle Place

NOV 14 1916 ROBERT R. KRAUTER

Filed ..... ID1 ..... Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 13 (Day), 191 6 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 10 191 6, to Nov 13 191 6, that I saw him alive on Nov 13 191 6, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage from Lungs

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Pneumonia Lobar

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) H. J. Fennenbough M. D.

11 13, 191 6 (Address) Lieut. Franklin Sq Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Stevenson Md

DATE OF BURIAL, Nov 16, 191 6

20-UNDERTAKER Wm Cook

ADDRESS 502 E Pratt

c.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99639

CERTIFICATE OF DEATH.

28 699639

1-PLACE OF DEATH

REGISTERED NO. C.....

TY OF BALTIMORE: (No. 2049 Penna Ave St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Madora Smith

esidence in Baltimore: No. 2049 Penna Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

EX. female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

ATE OF BIRTH, February 11, 1864
(Month) (Day) (Year)

GE, 52 yrs. 9 mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.?

CCUPATION:
) Trade, profession, or particular kind of work..... House wrk
) General nature of industry, business, or establishment in which employed (or employer).....

IRTHPLACE, State or Country), Balto Md.

10-NAME OF FATHER, Robert H. Scott

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Amelia H Kraft

13-BIRTHPLACE OF MOTHER (State or Country). Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Trehner

(Address) 2049 Penna ave

OV 14 1916, 191.... ROBERT R. KRAUTER Registrar.
ed..... Burial Permit Dist.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 14, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 30 1916, to Nov [redacted] 1916, that I saw h[redacted] alive on Nov. 13 1916, and that death occurred, on the date stated above, at 6 A.m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis
Tuberculosis of Lungs
(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) E. Williamson Jr. M. D.
N.W.L.T., 191.6 (Address) 1928 Penna ave

*State the DISEASE CAUSING DEATH, or, [redacted] deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park. DATE OF BURIAL, Nov 17, 1916

20-UNDERTAKER Wm Cook ADDRESS 502 W[redacted]

—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699640

CERTIFICATE OF DEATH.

28 699640

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 Ashland Av ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Hulba

Residence in Baltimore: No. 1812 Ashland Ave St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Not Known (Month) (Day) 1 (Year)

7-AGE, 30 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work, Barber (b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, Peter Hulba

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Barbara Pokorny

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter Hulba

(Address) 1812 Ashland Av

Filed NOV 14 1916, 191.. ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 15 1916, to Nov. 12 1916, that I saw h alive on Nov. 6 1916, and that death occurred, on the date stated above, at 4:00 P m.

The CAUSE OF DEATH* was as follows:

Phthisis pulmonalis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Emil Novak M. D.

11/13/16, 191.6 (Address) 26 E Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Nov. 16, 1916.

20-UNDERTAKER, Frank Cuccia Son — ADDRESS 1914 Eastern Ave

...—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99641

CERTIFICATE OF DEATH.

92 C 99641

REGISTERED NO. C

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1634 Barnes ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Simek

sidence in Baltimore: No. 1634 Barnes St.; 42 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

...X. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

...ATE OF BIRTH, Not Known 1
(Month) (Day) (Year)

...GE, 58 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

...CCUPATION:
) Trade, profession, or particular kind of work Housewife
) General nature of industry, business, or establishment in which employed (or employer)

...IRTHPLACE, State or Country), Bohemia

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

...-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Simek

(Address) 1634 Barnes St

...led NOV 14 1916, 191 ROBERT B. KRAUTER Registrar.

Burial Permit ...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 14, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 9, 1916, to Nov 14 1916, that I saw h[er] alive on Nov 14 1916, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. mos. 1 ds.

(Signed) Robert H. Slagle M. D.

Nov. 14, 1916. (Address) 1414 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Hill

DATE OF BURIAL, Nov 16, 191C

20-UNDERTAKER Frank Cracknell Son

ADDRESS 1904 E. Eager St.

...—8-24-14—M. & T.—2000 Bks.

99642

HEALTH DEPARTMENT—CITY OF BALTIMORE

42 C99642

CERTIFICATE OF DEATH.

REGISTERED NO. C ...

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1011 E. Preston ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna M. Levy

...nidence in Baltimore: No. 1011 E. Preston St.; 50 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

...X, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

...ATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

...GE, ...58... yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.!

...CCUPATION:
) Trade, profession, or particular kind of work: Seamstress
) General nature of industry, business, or establishment in which employed (or employer): .....

...IRTHPLACE, ...tate or Country), New Jersey

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

...-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ray Spandaun

(Address) 1011 Preston St.

NOV 14 1916 ROBERT R. KRAUTER

...ed ....., 191... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Nov 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 1916, to Nov 12 1916, that I saw h... alive on Nov 12 1916, and that death occurred, on the date stated above, at 9 m.

The CAUSE OF DEATH* was as follows:

(a) Recurrent Carcinoma of Pelvis

Organs (Duration) 1 yr. ... mos. ... ds.

CONTRIBUTORY (Secondary) Operation for Carcinoma of Uterus (Duration) ... yrs. ... mos. 2 ds.

(Signed) ... M. D.

Nov 14, 191... (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery — DATE OF BURIAL, Nov 15, 1916

20-UNDERTAKER Christian Miller — ADDRESS 2334 Jefferson St

—8-24-14—M. & T.—2000 Bks.

99643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104

REGISTERED NO. C 99643

1-PLACE OF DEATH

Y OF BALTIMORE: (No. Johns Hopkins Hospital St. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ruffield.

sidence in Baltimore: No. 1001 Hollins St. (If not in Baltimore, give usual residence.) yrs. 9 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

X, Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

ATE OF BIRTH February 13, 1916. (Month) (Day) (Year)

GE, yrs. 9 mos. 1 ds. | If LESS than 1 day, hrs. or min.?

CCUPATION:
) Trade, profession, or particular kind of work: None
) General nature of industry, business, or establishment in which employed (or employer):

IRTHPLACE (State or Country), Balto Md.

10-NAME OF FATHER, Theodore Ruffel

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sarah Korn.

13-BIRTHPLACE OF MOTHER (State or Country), Russia

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter C. Snyder

(Address) Johns Hopkins Hospital

NOV 15 1916 ROBERT R. KRAUTER

led ..... 191.... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 14, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 12 1916, to Nov. 14 1916, that I saw him alive on Nov. 14 1916, and that death occurred, on the date stated above, at 5 20 p.m.

The CAUSE OF DEATH* was as follows:

Indigestion. Gastro Intestinal Enteritis.

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Milo K. Miller M. D.

Nov. 14, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 1001 Hollins St

Former or usual residence 1001 Hollins St

19-PLACE OF BURIAL OR REMOVAL, Workmen circle in Carroll Co. | DATE OF BURIAL, 11/15, 1916

20-UNDERTAKER Jack Levis | ADDRESS 1411 E Balt

699644

HEALTH DEPARTMENT—CITY OF BALTIMORE

120

CERTIFICATE OF DEATH.

REGISTERED No. C 99644

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1516 McHenry ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sidney Lippy

(Residence in Baltimore: No. ~~931 Druid Hill Ave~~ 1516 Mc Henry st St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, October 24 (Month) (Day), 1884 (Year)

7-AGE, 32 yrs. 2 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work. Labor (Day) (b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Geo R W Lippy

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Jane A. Bedford

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Knell

(Address) 917 Columbia Ave

15- NOV 15 1916 HARRY O. ANDREWS

Filed ..., 191... Registrar. Deputy Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 13 1916 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) ... (Coroner) M. D.

Nov 15 1916 191... (Address) N. E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Nov 15th, 1916

20-UNDERTAKER Knell & Son

ADDRESS 1717 W Pratt St

c.—8-24-14—M. & T.—2000 Blks.

699645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91

REGISTERED NO. C 99645

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1535 Lancaster ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes C. Schreiber

esidence in Baltimore: No. 1535 Lancaster St. (If less than 1 day, ... hrs. ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
emale	White	Married

ATE OF BIRTH, Jan. 15th, 1885 (Month) (Day) (Year)

GE, 31 yrs. 9 mos. 29 ds. If LESS than 1 day, ... hrs. or ... min.?

CCUPATION:
a) Trade, profession, or particular kind of work: Housewife
b) General nature of industry, business, or establishment in which employed (or employer):

IRTHPLACE, State or Country), Balto City Md.

10-NAME OF FATHER. August Kathman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Minnie Meyers

13-BIRTHPLACE OF MOTHER (State or Country). Germany

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christian Schreiber

(Address) 1535 Lancaster St

NOV 15 1916 HARRY C. ANDERTON

led....., 191... Burial Permit Given by ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 14th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1916, to Nov 14 1916, that I saw h[er] alive on Nov 14 1916, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Pleuro Pneumonia

(Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Severe Cold

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. F. Wollenhaupt M. D.

Nov 15, 191... (Address) 16 E. Centre

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, Nov. 17, 1916

20-UNDERTAKER H. Sander & Sons — ADDRESS 1115 E. Lut St

cc.—8-24-14—M. & T.—2000 Bks.

C99646 HEALTH DEPARTMENT—CITY OF BALTIMORE 48

CERTIFICATE OF DEATH.

1-PLACE OF DEATH REGISTERED NO. C 99646

TY OF BALTIMORE: (No. 18 N. Bentalou ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie V. Miller

esidence in Baltimore: No. 18 N. Bentalou St.; 29 yrs. 6 mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

EX. female | 4-COLOR OR RACE, white | 5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) married

ATE OF BIRTH, May (Month) 15 (Day), 1887 (Year)

GE, 29 yrs. 6 mos. — da. | If LESS than 1 day, ...hrs. or....min.?

CCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

IRTHPLACE, State or Country), Italy

10-NAME OF FATHER, Chas. Painter

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Marie Giangor

13-BIRTHPLACE OF MOTHER (State or Country), Germany

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Albert H. Miller

(Address) 18 N. Bentalou St.

NOV 15 1916 HARRY C. ANDREWS

led ....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 8 1916, to Nov. 14 1916, that I saw her alive on Nov. 14 1916, and that death occurred, on the date stated above, at 8-15 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia of Lungs

(Duration) ... yrs. ... mos. ... da.

CONTRIBUTORY (Secondary) Rheumatic Valvular Disease

(Duration) 5 yrs. ... mos. ... da.

(Signed) H. J. Lebel M. D.

Nov. 14, 1916. (Address) 1101 Riggs St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park Cem.	Nov. 17, 1916.
20-UNDERTAKER Charles W. Sill.	ADDRESS 3137 Forest Ave.

c.—8-24-14—M. & T.—2000 Bks.

699647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

REGISTERED NO. C 79647

1-PLACE OF DEATH

TY OF BALTIMORE (No. 308 N. Bidd ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gabrella Turner

esidence in Baltimore: No. 308 N. Bidd St.; — yrs., — mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

EX. female | 4-COLOR OR RACE, Colored | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

ATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

GE, 55 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

OCCUPATION:
a) Trade, profession, or particular kind of work: Laundress
b) General nature of industry, business, or establishment in which employed (or employer):

IRTHPLACE, (State or Country), Caroline County Va.

10-NAME OF FATHER, Thomas Howard

11-BIRTHPLACE OF FATHER (State or Country), Caroline County Va.

12-MAIDEN NAME OF MOTHER Gabrille Howard

13-BIRTHPLACE OF MOTHER (State or Country), Caroline County Va.

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gabrella Turner

(Address) 308 N Bidd St

Filed NOV 15 1916, 191.... MARY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 11 (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 4 1916, to Nov. 13 1916, that I saw h ℰ alive on Nov. 12 1916, and that death occurred, on the date stated above, at 5.30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 5 mos. 12 ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) yrs. mos. 5 ds.

(Signed) Jno. A. Tompkins M. D.

Nov. 13 1916 (Address) 1914 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery | DATE OF BURIAL, Nov. 15th 1916

20-UNDERTAKER Felix B. Pyle | ADDRESS 1020 E. Fayette St.

C99648 HEALTH DEPARTMENT--CITY OF BALTIMORE 120

CERTIFICATE OF DEATH

REGISTERED NO. C 99648

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 318 N Gilmor ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Clara Poole

(Residence in Baltimore: No. 318 N Gilmor St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: July (Month) 6 (Day), 1872 (Year)

7 AGE: 44 yrs. 4 mos. 8 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work:
(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

9 BIRTHPLACE (State or country): Virginia

PARENTS

10 NAME OF FATHER: Isaac Waller

11 BIRTHPLACE OF FATHER (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Rebecca Dabney

13 BIRTHPLACE OF MOTHER (State or country): Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert Poole

(Address) 318 N. Gilmor St

15 Filed NOV 15 1916, 191 HARRY C. ANDREWS, Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov (Month) 13 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 13 - 7am, 1916, to Nov 13 5.15 PM 1916, that I saw h-er alive on Nov 13, 1916, and that death occurred, on the date stated above, at 5.15 P m.

The CAUSE OF DEATH* was as follows:

Intestinal intussusceptions or obstructions

(Duration) 5 yrs. 5 mos. 5 ds

Contributory (SECONDARY) Chronic nephritis

(Duration) 1 yrs. 6 mos. 5 ds.

(Signed) Bernard S Trench M. D.

11-13-, 1916. (Address) 1707 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt. Zion Cemetery

DATE OF BURIAL: Nov 16 1916

20 UNDERTAKER: Felix B. Pye.

ADDRESS: 102 E. Faulkner St.

...ec.—8-24-14—M. & T.—2000 Bks.

699649

HEALTH DEPARTMENT—CITY OF BALTIMORE

114

CERTIFICATE OF DEATH.

REGISTERED NO. C 99649

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (St.) 22 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Dinny

Residence in Baltimore: No. 4 E York St (St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word.) Single

DATE OF BIRTH, Unknown (Month), 1877 (Day) (Year)

AGE, 39 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

OCCUPATION:
a) Trade, profession, or particular kind of work Clerk
b) General nature of industry, business, or establishment in which employed (or employer) City Water Dept.

BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, Gregory Dinny

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Fahey

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Fahey

(Address) 11 E. Eutaw St

NOV 15 1916 HARRY C. ANDREWS

filed ..... 191... Burial Permit ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 7 1916, to Nov. 14 1916, that I saw h[im] alive on Nov. 14 1916 and that death occurred, on the date stated above, at 9:00 a.m.

The CAUSE OF DEATH* was as follows:

(a) Empyema, L. Gall Bladder Ext.
Acute Peritonitis
(Duration) Short Time

CONTRIBUTORY (Secondary) Post Operative Pneumonia
(Duration) 8 yrs. mos. 5 ds.

(Signed) Edward A. Smith M. D.
Nov. 14, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 7 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? 4 E. York St.
Former or usual residence 4 E. York St.

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem. Harford Rd — DATE OF BURIAL, Nov. 17, 1916

20-UNDERTAKER M. Daly & Son — ADDRESS 15 E. Lee St.

99650 HEALTH DEPARTMENT—CITY OF BALTIMORE 159

CERTIFICATE OF DEATH.

REGISTERED No. C: 99650

1-PLACE OF DEATH

ITY OF BALTIMORE (No. 304 E. 24 st ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew J. Kearney

Residence in Baltimore: No. 304 E. 24 st. St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

EX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

DATE OF BIRTH, January, (Month) 15, (Day) 1859 (Year)

AGE, 57 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work: Police
(b) General nature of industry, business, or establishment in which employed (or employer): Officer

BIRTHPLACE, (State or Country), Ireland

10-NAME OF FATHER, Patrick Kearney

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary Bradley

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John E. Kearney

(Address) 1604 Resolute St

15- NOV 15 1916 Filed, 191 HARRY C. ANDREWS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot wound through mouth

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner)

Nov. 15, 1916 (Address) 322 Roland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Nov. 16, 1916

20-UNDERTAKER Ellsworth & Son — ADDRESS 361 Chestnut Ave

699651 HEALTH DEPARTMENT—CITY OF BALTIMORE

182

CERTIFICATE OF DEATH.

REGISTERED No. C. 99651

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Balto County Co ST.: West Hoadberry 13 WARD)

2-FULL NAME Ira F. Creek

Residence in Baltimore: No. 2278 Hoadberry ave St.: 9 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, February, 1, 1907
(Month) (Day) (Year)

7-AGE, 9 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer, R.R.
(b) General nature of industry, business, or establishment in which employed (or employer): Locomotive

9-BIRTHPLACE, (State or Country), Balto Md

10-NAME OF FATHER, Vincent Aram

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Harriet Neal

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benjamin Aram

(Address) 3644 Cedar Ave.

15- Filed NOV 15 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gunshot wound
Transverse heart (Homicide)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John J. Weems M. D.
(Coroner.)

Nov 15, 1916. (Address) 732 Hoadberry ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem. DATE OF BURIAL, Nov 15, 1916

20-UNDERTAKER Dunworth & Son ADDRESS 3617 Gwynn Ave

99652

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

47

REGISTERED NO. C 99652

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 1114 Leadenhall st. St. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alverta Forster

Residence in Baltimore: No. 1114 Leadenhall st. St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: June (Month) 29 (Day) 1851 (Year)

7-AGE: 65 yrs. 4 mos. 13 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House-work
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE (State or country): Balto. Md.

10-NAME OF FATHER: Gorman Reynolds

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John H. Thompson

(Address) 1114 Leadenhall st.

Filed NOV 15 1916, 191 MARY E. ...

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. 12/16. (Month) (Day), 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 9/16, 191, to, Nov. 12/16. 191, that I saw h er alive on Nov. 12/16. 191, and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Acute Pleurisy.

(Duration) yrs mos. 4 ds.

Contributory (SECONDARY) Muscular Rheumatism

(Duration) yrs mos. ds.

(Signed) Henry Wade Cowin M. D.

Nov 16 191 6 [Address] 933 Eutaw

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Nov. 15 191 6

20-UNDERTAKER: Margaret J. Flynn

ADDRESS: 1422 Light St.

699653

HEALTH DEPARTMENT—CITY OF BALTIMORE

+ 164

CERTIFICATE OF DEATH.

REGISTERED NO. C. 99653

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) Body found at the Foot of Decatur St. ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Identified as Henry Voland.

(Residence in Baltimore: No. Mount Winans Balto Co Md. St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.): Married.

6-DATE OF BIRTH: August 17th. 1870. (Month) (Day) (Year)

7-AGE: 46 yrs. 2 mos. 23 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country): United States.

PARENTS.

10-NAME OF FATHER: Henry Voland.

11-BIRTHPLACE OF FATHER (State or Country): Germany.

12-MAIDEN NAME OF MOTHER: Elizabeth - - - - - - - -

13-BIRTHPLACE OF MOTHER (State or Country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Margaret A. Voland. (Wife.)
(Address) Main St. Mount Winans, Baltimore Co. Md.

15-
NOV 15 1916
Filed ....., 191.....
HARRY C. ANDES
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Body found November 9th. 1916, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Rinehardt M. D.
(Corner)
Nov. 14, 1916 (Address) 1017 S. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Mount Winans Md.

19-PLACE OF BURIAL, OR REMOVAL: London Park Cem. DATE OF BURIAL: Nov. 15, 1916

20-UNDERTAKER: Joseph L. Cook ADDRESS: 1003 W. Balto St.

—8-24-14—M. & T.—2000 Bks.

99654

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH.

REGISTERED No. C. 99654

1-PLACE OF DEATH

Y OF BALTIMORE: (No. 810 St Paul ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cecilia E. Cohen

idence in Baltimore: No. 810 St Paul St ST.; 50 yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

X. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED; (Write the word.) Widow

TE OF BIRTH, October 3rd, 1830 (Month) (Day) (Year)

E, 86 yrs. 1 mos. 11 da.

If LESS than 1 day, hrs. or min.?

CCUPATION:
) Trade, profession, or particular kind of work Lady
) General nature of industry, business, or establishment in which employed (or employer)

RTHPLACE, tate or Country), Charleston S.C.

10-NAME OF FATHER, David Cordoza Nunez Levy

11-BIRTHPLACE OF FATHER (State or Country), Charleston S.C.

12-MAIDEN NAME OF MOTHER Anna Maria Moses

13-BIRTHPLACE OF MOTHER (State or Country), Columbia S.C.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Eleanor Cohen

(Address) 814 St Paul St.

NOV 15 1916 ed., 191 HARRY O. ANDERS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 14th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 21st 1916, to Nov 14th 1916, that I saw h[illegible] alive on Nov 14th 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 7 yrs. 7 mos. 2 da.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) Don't Know da.

(Signed) Louis P. Hamburger M. D.

Nov. 15, 1916 (Address) 120 E. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cohen Private Lot

DATE OF BURIAL, Nov. 16, 1916

20-UNDERTAKER H. W. Jenkins & Sons Co

ADDRESS 1701 Eutaw St Cor Baker St

Mt Auburn Cemetery

—8-24-14—M. & T.—2000 Bks.

099655

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

CERTIFICATE OF DEATH.

REGISTERED NO. C 99655

1-PLACE OF DEATH

TY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert Williams.

sidence in Baltimore: No. 313 S. Bethel St. St.; ..... yrs., 1 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

X. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.) Single

ATE OF BIRTH. Oct. 5, 1916
(Month) (Day) (Year)

GE. ..... yrs. 1 mos. 9 ds.

If LESS than 1 day, ... hrs. or 2 min.?

CCUPATION:
) Trade, profession, or particular kind of work ..... None.
) General nature of industry, business, or establishment in which employed (or employer) .....

IRTHPLACE, State or Country. Balto Md.

10-NAME OF FATHER, Jacob Williams

11-BIRTHPLACE OF FATHER (State or Country). Elkridge Md. Williams

12-MAIDEN NAME OF MOTHER Elsie Williams

13-BIRTHPLACE OF MOTHER (State or Country). Md.

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter C. Snyder.

(Address) Johns Hopkins Hospital

NOV 15 1916 HARRY C. ANDREWS

led. ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) November (Day) 14, (Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from Nov. 11 1916, to Nov. 14 1916, that I saw him alive on Nov. 14 1916, and that death occurred, on the date stated above, at 3.40 p m.

The CAUSE OF DEATH* was as follows:

Indigestion, Enteritis intestinal acute

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wilbur K. Miller M. D.

....., 191... (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death (yrs. ..... mos. 3 ds.) In the State (yrs. ..... mos. ..... ds.) City

Where was disease contracted, if not at place of death? 313 S Bethel St

Former or usual residence 313 S Bethel St

19-PLACE OF BURIAL OR REMOVAL, Asbury Cemetery

DATE OF BURIAL, Nov. 16, 1916

20-UNDERTAKER P. J. Groh (-?- McHenry St

ADDRESS McHenry St

—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699656 699656

CERTIFICATE OF DEATH.

50

REGISTERED NO. C

1-PLACE OF DEATH

Y OF BALTIMORE: (No. 1251 Lexington St. WARD) 6

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Rotteder

sidence in Baltimore: No. 1201 Lexington St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

X, female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

TE OF BIRTH, July 17, 1875.
(Month) (Day) (Year)

E, 41 yrs. 3 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

CCUPATION:
) Trade, profession, or particular kind of work Nurse
) General nature of industry, business, or establishment in which employed (or employer) Nurse

RTHPLACE, State or Country), Baltimore

10-NAME OF FATHER, Casper Meisel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Adler

13-BIRTHPLACE OF MOTHER (State or Country), Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Rotteder

(Address) 1251 Lexington St.

NOV 15 1916

ed....., 191.. ROBERT E. KRAUTER

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 13, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 15 1916, to Nov 11 1916, that I saw her alive on Nov 11 1916, and that death occurred, on the date stated above, at 9:30 p. m.

The CAUSE OF DEATH* was as follows:

Diabetes

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 7 yrs. mos. ds.

(Signed) [illegible] M. D.

Nov 15, 1916. (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Nov 15, 1916.

20-UNDERTAKER Wendell Hyde & Son ADDRESS 372 S Eutaw St

699657 HEALTH DEPARTMENT—CITY OF BALTIMORE 699657

CERTIFICATE OF DEATH.

REGISTERED No. C 29

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Found dead Bay Ensor + Eccles ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin C. Belt

(Residence in Baltimore: No. 3421 Hickory A. St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, January, 1 (Month) (Day) (Year)

7-AGE, 30 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, W. T. Belt

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Eliza Bareman

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry G Ricketts

(Address) 3421 Hickory

15- Filed NOV 15 1916, 191 ROBERT B. KRAUTER Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 13, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to *his death on the day stated above.

The CAUSE OF DEATH* was as follows:

(1) Valv. disease Heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dom. Pneum.

(Duration) yrs. mos. ds.

(Signed) W. T. Talley (Coroner.) M. D.

, 191... (Address) 1639 Bunday

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Marys Hampd — DATE OF BURIAL, Nov 16 1916

20-UNDERTAKER Ellsworth & Son — ADDRESS 2617 Ches Ave

—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699658 | 1 + 699658

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH U.S. Marine Hospital

Y OF BALTIMORE: (No. 31st & Pennington ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME B. Emeri

idence in Baltimore: No. U.S. Marine Hospital St.: ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

X. Male | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sing.

TE OF BIRTH, ..., ... (Month) ....., 1 (Day) ....., (Year)

E, 38 yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or .... min.?

CUPATION:
Trade, profession, or particular kind of work Seaman
General nature of industry, business, or establishment in which employed (or employer) .....

RTHPLACE, tate or Country), Spain

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Records

(Address) .....

NOV 15 1916 ROBERT R. KRAUTER

ed. ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 14, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 31 1916, to November 14 1916, that I saw him alive on November 14 1916, and that death occurred, on the date stated above, at 4— p.m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

.....

.....

..... (Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Chas. Wolfe M. D.

11-14-16, 191.. (Address) U.S. Marine Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 15 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. | DATE OF BURIAL, Nov. 16, 1916.

20-UNDERTAKER Clements & Sons. | ADDRESS 3617 Gertrude Ave

699659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

103 699659

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1327 Lemmon ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edora Hyde Timms

(Residence in Baltimore: No. 1327 L'Emmon St St.: yrs., 60 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 70 Yrs. About mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Easton Md

PARENTS.

10-NAME OF FATHER, Andrew Bolden

11-BIRTHPLACE OF FATHER (State or Country) Easton Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Lelock

(Address) 1327 Lemmon St

15- NOV 15 1916 ROBERT R. KRAUTER

Filed....., 191.....

Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Infirmities of old age

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gastritis (acute)

(Duration) yrs. mos. 2 ds.

(Signed) C. E. Smith M. D. (Coroner)

Nov 16 191.. (Address) 910 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Nov. 17, 1916

20-UNDERTAKER John F Bowman & Son

ADDRESS 701 Collins Ave

—8-24-14—M. & T.—2000 Bks.

699660

HEALTH DEPARTMENT—CITY OF BALTIMORE

699660

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

Y OF BALTIMORE: (No. 680 W. Mulberry St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Washington

idence in Baltimore: No. 680 W. Mulberry St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

X. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

TE OF BIRTH, Jan. (Month) 1 (Day), 1865 (Year)

E, 51 yrs. 10 mos. 15 ds.

If LESS than 1 day, ...hrs. or ....min.?

CUPATION:
Trade, profession, or particular kind of work: Hostler
General nature of industry, business, or establishment in which employed (or employer): Day labor

RTHPLACE, (State or Country), N. C.

10-NAME OF FATHER, Geo. Washington

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Estella Dobson

(Address) 680 W. Mulberry St.

NOV 15 1916 ROBERT R. KRAUTER

....d....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 4- 1916, to Nov 13- 1916, that I saw h- alive on Nov. 13- 1916, and that death occurred, on the date stated above, at 4-0 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage (2nd attack)

(Duration) -yrs. -mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas. L. McCardell M. D.

Nov. 15, 1916 (Address) 906 N. Stricker St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn

DATE OF BURIAL, Nov. 17, 1916

20-UNDERTAKER John F. Howard & Son

ADDRESS 901 Hollins St.

C99661

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

15 C99661

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1817 Warwick Ave ST. 15th WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. John Thomas Widerman

(Residence in Baltimore: No. 1817 Warwick Ave St.; 28 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: January (Month) 31 (Day), 1838 (Year)

7-AGE: 78 yrs. 9 mos. 15 ds. If LESS than 1 day ... hrs. or ... min.? X

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Gardner
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Geo. Widerman

11-BIRTHPLACE OF FATHER (State or country): Maryland.

12-MAIDEN NAME OF MOTHER: Catherine Grimes

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Albert Walters

(Address) 1817 Warwick Ave

15- NOV 15 1916 Filed ..... 191 ROBERT R. KRAUTER Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: November (Month) 14 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1916, to Nov. 14 1916, that I saw him alive on Nov. 14, 1916, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Infirmities due to Old Age

(Duration) yrs. 8 mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Wm. Grant M. D.

Nov. 14, 1916 (Address) 1923 W. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: Nov 16, 1916

20-UNDERTAKER: William Cook

ADDRESS: 502 E North Ave.

C99662

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C99662

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2408 Woodbrook Ave ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Thomas J M Lain

(Residence in Baltimore: No. 2408 Woodbrook Ave St.: 19 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: Sept 17 (Month) (Day), 1843 (Year)

7 AGE: 73 yrs. 1 mos. 29 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Pennsylvania

PARENTS

10 NAME OF FATHER: Thomas J. M Lain

11 BIRTHPLACE OF FATHER (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (State or country): Pennsylvania

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Abbott. M Lain

(Address) 2408 Woodbrook Ave

15 NOV 15 1916 Filed ....., 191... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November 15th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from October, 1916, to November 1916, that I saw him alive on 13th Nov. 1916, and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 4 yrs. 1 mos. ds

Contributory (SECONDARY) Secondary hemorrhages sudden

(Duration) yrs. mos. ds.

(Signed) J W. Brown. M. D.

Nov 15, 1916 (Address) 1938 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Woodlawn Pa

DATE OF BURIAL: Nov 17, 1916

20 UNDERTAKER: Wm Cook

ADDRESS: 502 Gilmor St

C99663

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 C99663

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 829 MC KIM st ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary F Emmerson

(Residence in Baltimore: No 829 MC KIM st. St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Widow

6-DATE OF BIRTH, ... Not Known (Month) ..... (Day), 18?? (Year)

7-AGE, 54 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: Not Known

11-BIRTHPLACE OF FATHER (State or Country): Balto

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or Country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie C West

(Address) 829 McKim st

15- NOV 15 1916 ROBERT B. KRAUTER

Filed ....., 191..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Nov 13 1916 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner.) ..... M. D.

Nov 14 1916 (Address) N E 21st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	Nov. 16 1916
20-UNDERTAKER	ADDRESS
Wm. R. A. Elliott	506 East st.

699664

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 699664

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 916 Sterling ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank H. Brown

Residence in Baltimore: No. 916 Sterling St. St.; ... yrs. 3 mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE ~~MARRIED WIDOWED OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: Aug (Month) 6th (Day), 1916 (Year)

7-AGE: ... yrs. 3 mos. 8 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md

10-NAME OF FATHER: Frank Brown

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Amelia Cottman

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Amelia Brown

(Address) 916 Sterling St

Filed NOV 15 1916, 191... ROBERT R. KRAUTER REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 14th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 7th, 1916, to, Nov 14th 1916, that I saw him alive on Nov 13th 1916, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Malnutrition marasmus with inability to assimilate food

(Duration) yrs ... mos. ... ds.

Contributory (SECONDARY) Asthema

(Duration) yrs. ... mos. ... ds.

(Signed) Lenard M. C Parker M. D.

Nov 14th, 1916 [Address] 1057 Augusta St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Zion Cemetery — DATE OF BURIAL: Nov 16, 1916

20-UNDERTAKER: Wm R F Elliott — ADDRESS: 506 East-24

—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99665

CERTIFICATE OF DEATH.

120 C99665

REGISTERED NO. C

1-PLACE OF DEATH

Y OF BALTIMORE: (No. 1022 Calhoun ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Blake

idence in Baltimore: No. 1022 Calhoun (North) St. 5 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

X. Fem

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

TE OF BIRTH, Unknown, 1866
(Month) (Day) (Year)

E, 50 yrs. mos. ds.

If LESS than 1 day. hrs. or min.

CUPATION:
) Trade, profession, or particular kind of work Laundress
) General nature of industry, business, or establishment in which employed (or employer)

RTHPLACE, tate or Country), Va

10-NAME OF FATHER, Wm. Hall

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Isabella Bagley

13-BIRTHPLACE OF MOTHER (State or Country), Va

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Smith

(Address) 1421 Mosher St

NOV 15 1916 ROBERT R. KRAUTER

ed. ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 15 1916, to Nov. 13 1916, that I saw h w alive on Nov. 6 1916, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. F. Carr M. D.

Nov. 13, 1916 (Address) 515 Fremont Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, Nov. 15, 1916

20-UNDERTAKER Jam. H. Case & Son — ADDRESS 400 Madison

C.—5-19-13—M. & T.—500 Bks.

John Dize

99666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

103 99666

REGISTERED NO. C

1-PLACE OF DEATH

Y OF BALTIMORE (No. 306 Hanover ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Dizze

sidence in Baltimore: No. 306 Hanover St.; ..... yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	White	Married

TE OF BIRTH, March 13, 1838
(Month) (Day) (Year)

E, 78 yrs. 8 mos. 1 da. If LESS than 1 day, ...hrs. or ....min.?

CUPATION:
) Trade, profession, or particular kind of work: Painter
) General nature of industry, business, or establishment in which employed (or employer):

RTHPLACE, State or Country), Smiths Island Md.

10-NAME OF FATHER, Henry

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Charlotte Evans

13-BIRTHPLACE OF MOTHER (State or Country), Smith Island

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charlotte Webster

(Address) 306 Hanover St

NOV 15 1916

ed ..... 191.....

ROBERT R. KRAUTER
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 20 1916, to Nov. 14 1916, that I saw h[illegible] alive on Nov. 13 1916, and that death occurred, on the date stated above, at 1130 m.

The CAUSE OF DEATH* was as follows:

Septicemia Gangrene

(Duration) 1 yrs. — mos. — da.

CONTRIBUTORY (Secondary) Acute Gastritis

(Duration) — yrs. — mos. 3 da.

(Signed) H. Webster M. D.

Nov 16 1916 (Address) 127 So. Paca

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Crisfield Md. DATE OF BURIAL, Nov. 16, 1916

20-UNDERTAKER H B Tawes & Son ADDRESS 517 N Somerset St

C 99667

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C 99667

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 128 N. Fremont ST. 16 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME George Grossage

(Residence in Baltimore: No. 128 N. Fremont St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: April (Month) 15 (Day), 1856 (Year)

7 AGE: 60 yrs. 6 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (State or country): amer

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (State or country): amer

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth Grossage

(Address) 128 N. Fremont Ave

15 Filed NOV 15 1916, 191 ROBERT R. KRAUTER DEPUTY REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November (Month) 14 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1916, to Nov. 1916, that I saw h[illegible] alive on Nov. 7 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

(Duration) 3 yrs. mos. ds

Contributory (SECONDARY) Compensatory failure

(Duration) yrs. 3 mos. ds.

(Signed) Harry Glassman M. D.

Nov. 15, 1916 (Address) 2887 Wilkens Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: Nov 16 1916

20 UNDERTAKER: H C Brannigan Son

ADDRESS 517 N Schroeder St

...c.—5-19-13—M. & T.—500 Bks.

99668

HEALTH DEPARTMENT—CITY OF BALTIMORE

89 C99668

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1212 W Mulberry St.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Virginia Russell

esidence in Baltimore: No. 1212 Mulberry St.: yrs. 1 mos. 9 ds.

PERSONAL AND STATISTICAL PARTICULARS.

EX. fem.

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) —

ATE OF BIRTH, Oct. 5, 1915
(Month) (Day) (Year)

GE, 1 yrs. 1 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

CCUPATION:
a) Trade, profession, or particular kind of work.....
b) General nature of industry, business, or establishment in which employed (or employer).....

IRTHPLACE, State or Country). Baltimore

10-NAME OF FATHER, Wm T. Russell

11-BIRTHPLACE OF FATHER (State or Country). Va.

12-MAIDEN NAME OF MOTHER Mary A. Watson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm T. Russell

(Address) 1212 Mulberry St.

...tled NOV 15 1916 ROBERT B. KRAUTER ..., 191...
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 14, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from about 3 wks. ago 191, to Nov. 14 1916, that I saw her alive on Nov. 2 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

1. Bronchitis

.....

.....

..... (Duration)...yrs. 1 mos.....ds.

CONTRIBUTORY (Secondary).....

..... (Duration)...yrs.....mos.....ds.

(Signed) L. T. Shewell M. D.

Nov. 14, 1916. (Address) 2226 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, Nov. 16, 1916.

20-UNDERTAKER H. B. Bowman & Son

ADDRESS 617 N. Schroeder St.

...—5-19-13—M. & T.—500 Bks.

99669

HEALTH DEPARTMENT—CITY OF BALTIMORE

82

CERTIFICATE OF DEATH.

REGISTERED NO. C 99669

1-PLACE OF DEATH

...Y OF BALTIMORE: (No. 1221 W. Cross ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caleb B Hynes

...idence in Baltimore: No. 1221 W. Cross St.; 60 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

...X. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

...TE OF BIRTH, Oct. 3, 1847
(Month) (Day) (Year)

...E, 69 yrs. 1 mos. 11 ds.

If LESS than 1 day. ...hrs. or ...min.?

...CUPATION:
...) Trade, profession, or particular kind of work: None
...) General nature of industry, business, or establishment in which employed (or employer):

...RTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, Benj. Hynes

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Annie Hynes

(Address) 1221 W. Cross St.

...ov 16 1916 ...ed, ... 191...

MARY C. ...
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1916, to Nov. 14 1916, that I saw him alive on Nov. 12, 1916, and that death occurred, on the date stated above, at 5-0 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(Duration) ... yrs. ... mos. 14 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 2 yrs. ... mos. ... ds.

(Signed) J. A. Lincoln Kirwan M. D.

Nov. 16, 1916. (Address) 815 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery

DATE OF BURIAL, Nov 17, 1916

20-UNDERTAKER John J Field

ADDRESS 1203½ Lombard

—8-24-14—M. & T.—2000 Bks.

C 99670

HEALTH DEPARTMENT—CITY OF BALTIMORE

102

CERTIFICATE OF DEATH.

REGISTERED NO. C 99670

1-PLACE OF DEATH

Y OF BALTIMORE: (No. 728 Penna Ave (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Letmate

idence in Baltimore: No. 728 Penna Ave St.; 53 yrs. 11 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

X. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

TE OF BIRTH, November 15, 1853
(Month) (Day) (Year)

E, 53 yrs. 11 mos. 30 ds.

If LESS than 1 day, ...hrs. or....min.?

CUPATION:
) Trade, profession, or particular kind of work: Tinner
) General nature of industry, business, or establishment in which employed (or employer):

RTHPLACE, tate or Country), Baltimore Md.

10-NAME OF FATHER, Fred. Letmate

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Louise Schnider

13-BIRTHPLACE OF MOTHER (State or Country), Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Letmate

(Address) 728 Penna Ave

NOV 16 1916

ed....., 191.... EARLY C. ANGELES
BURIAL Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 14, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 2 1916, to Nov 14 1916, that I saw h[illegible]alive on Nov 14 1916, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Ulcers of Stomach & Intestines.

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Hemorrhage of Stomach & Intestines

(Duration) 0 yrs. mos. 5 ds.

(Signed) C. Olin Mayney M. D.

Nov 14, 1916 (Address) 127 W. Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Paul's Luth Cemetery

DATE OF BURIAL, Nov 17 191.6

20-UNDERTAKER Mrs A Rohdes Son

ADDRESS 730 Penna Ave

...—8-24-14—M. & T.—2000 Bks.

99671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

REGISTERED No. C 99671

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1234 N Broadway St.; 8 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria J. Ricketts

Residence in Baltimore: No. 1234 N Broadway St.; 64 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct 1 (Month) (Day), 1840 (Year)

7-AGE, 76 yrs. 1 mos. 13 ds.

If LESS than 1 day, ...hrs. or...min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: None (b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, William J Ricketts

11-BIRTHPLACE OF FATHER (State or Country), Balto Co, Md.

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. T. Stroot

(Address) 1234 N. Broadway

NOV 16 1916

...ed ..., 191.. HARRY C. ARNOLD Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 14 (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 30 1916, to Nov 14 1916, that I saw h[illegible] alive on Nov 14 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy Paralysis

(Duration) ...yrs. ...mos. 14 ds.

CONTRIBUTORY (Secondary) Paralysis, Hemiplegia

(Duration) 10 yrs. ...mos. ...ds.

(Signed) Chas B. Fagan M. D.

Nov 15, 1916. (Address) 830 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Nov. 16 1916

20-UNDERTAKER Robt J Turner ADDRESS 1442 N Broadway

c.—8-24-14—M. & T.—2000 Bks.

99672

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

CERTIFICATE OF DEATH.

REGISTERED No. C 99672

1-PLACE OF DEATH

TY OF BALTIMORE. No. 907 E. Hoffman St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine L. Weber

sidence in Baltimore: No. 907 E Hoffman St.; 42 yrs. 3 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

ATE OF BIRTH, July 25, 1874 (Month) (Day) (Year)

GE, 42 yrs. 3 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

CCUPATION:
) Trade, profession, or particular kind of work Housewife
) General nature of industry, business, or establishment in which employed (or employer)

IRTHPLACE, tate or Country), Balto. Md.

10-NAME OF FATHER, John H. Hillenning

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Annie L. Hagerty

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Annie L. Hillenning

(Address) 907 E. Hoffman St

NOV 16 1916 HARRY C. ANDREWS

ed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 14th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1916, to Nov 14th 1916, that I saw h[illegible] alive on Nov 14th 1916, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

1 Tubercular Laryngitis

(Duration) 1 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) [illegible] yrs. [illegible] mos. [illegible] ds.

(Signed) E. Wadsworth M. D.

Nov 15th 1916 (Address) 607 E Madison St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, November 17th, 1916

20-UNDERTAKER Henry Hauck Son

ADDRESS 301 E. Eager St.

699673

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED No. C 99673

CITY OF BALTIMORE (No. 284 Caroline St. 6 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julius Josephs

(Residence in Baltimore: No. 284 E. Caroline St.; 26 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: November —, 1890 (Month) (Day) (Year)

7-AGE: 26 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Clothing

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Joseph Josephs

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Bailey Josephs

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jack Levi's

(Address) 1411 E Balto St

15. Filed NOV 16 1916, 191

PERLEY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: November 15, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1916, to Nov. 15 1916, that I saw h[illegible] alive on Nov. 15, 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis
Arteriosclerosis

(Duration) 3 yrs. — mos. — ds

Contributory (SECONDARY) Uremia

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) J. T. Ansell M. D.

Nov. 15, 1916 (Address) 1092 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hebrew Mastay Lodge

DATE OF BURIAL: 11/16, 191 6

20-UNDERTAKER: Jack Levi's

ADDRESS: 1411 E Balto St

c.—8-24-14—M. & T.—2000 Bks.

699674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6+

1-PLACE OF DEATH

REGISTERED NO. C 99674

TY OF BALTIMORE: (No 1641 E. Balt ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Klein

esidence in Baltimore: No. 1641 E. Balt St.; 7 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

ATE OF BIRTH, Unkown (Month) (Day) 1872 (Year)

GE, 44 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

CCUPATION:
) Trade, profession, or particular kind of work. Housenorf
) General nature of industry, business, or establishment in which employed (or employer).

IRTHPLACE, tate or Country), Russia

10-NAME OF FATHER, Samuel Brown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unkown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Leuis

(Address) 1411 E Balto St

NOV 16 1916 MARY C. ANDREWS

ed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 14 1916, to Nov 15 1916, that I saw her alive on Nov 14 1916, and that death occurred, on the date stated above, at 1 30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Sinus Thrombosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. Pleis M. D.

Nov 15, 1916 (Address) 24 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Workmen circle

DATE OF BURIAL. 11/16, 1916

20-UNDERTAKER Jack Leuis

ADDRESS 1411 E Balto

...—8-24-14—M. & T.—2000 Bks.

99675

HEALTH DEPARTMENT—CITY OF BALTIMORE

92

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C 99675

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew J. Saulsbury

Residence in Baltimore: No. 2629 Greenmount Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (write the word) Single

6-DATE OF BIRTH, Oct 18, 1864 (Month) (Day) (Year)

7-AGE, 51 yrs. 0 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Salesman (b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, Andrew J. Saulsbury

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Margaret McClung

13-BIRTHPLACE OF MOTHER (State or Country), Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Asst Mercy Hosp

(Address) Calvert St

NOV 16 1916 MARY C. ANDERSON Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 14, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 5 1916, to Nov 14 1916, that I saw h.m alive on Nov 14 1916, and that death occurred, on the date stated above, at 1.00 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ...yrs. ...mos. 10 ds.

CONTRIBUTORY (Secondary) ...

(Duration) ...yrs. ...mos. ...ds.

(Signed) Edward J. Smith M. D.

Nov 14 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 9 ds. In the State ...yrs. 15 mos. ...ds.

Where was disease contracted, if not at place of death? 2629 Greenmount Ave

Former or usual residence 2629 Greenmount Ave

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, 11 16, 1916.

20-UNDERTAKER Henry W. Maus & Son

ADDRESS 805 N. Calvert St

...—5-24-14—M. & T.—2000 Bks.

C 99676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119

REGISTERED No. C 99676

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 W. Fayette ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Schaefer

Residence in Baltimore: No. 1612 W. Fayette St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) (Day), 1881 (Year)

7-AGE, 35 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work None (b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, Fred'k Schaefer

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Marie Wissmann

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis A. Addison

(Address) 1612 W. Fayette St

NOV 16 1916

Registered ..... 191.... Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10 1916, to Nov 14 1916, that I saw h[illegible] alive on Nov 14 1916, and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Anuria

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Nov 15, 1916 (Address) 108 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Nov. 17, 1916

20-UNDERTAKER Jos J. Kerr ADDRESS 106 N. Luzerne ave

(Over)

—8-24-14—M. & T.—2000 Bks.

99677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29

REGISTERED NO. C 99677

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 2416 E Lact ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Krug

sidence in Baltimore: No. 2416 E Lact St St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

ATE OF BIRTH, May 28; 1890
(Month) (Day) (Year)

E, 26 yrs. 3 mos. ds. | If LESS than 1 day, hrs. or min.?

CCUPATION:
) Trade, profession, or particular kind of work: Housewife
) General nature of industry, business, or establishment in which employed (or employer):

IRTHPLACE, (State or Country), Baltimore Md

10-NAME OF FATHER, Samuel Work

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Jennie Swift

13-BIRTHPLACE OF MOTHER (State or Country), Balto

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillian Krug

(Address) 2416 E Lact St

OV 16 1916 HARRY C. ANDREWS
ed 191 Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 15, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1 1916, to Nov 15 1916, that I saw her alive on Nov 15 1916, and that death occurred, on the date stated above at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal
(Pulmonary)
(Duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. Wade Linthicum M. D.
Nov 16, 1916 (Address) 16 S. Wentz

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn	Nov 16 1916
20-UNDERTAKER John A Thomas	ADDRESS Park & Conn Ave

099678 HEALTH DEPARTMENT—CITY OF BALTIMORE 64

CERTIFICATE OF DEATH.

REGISTERED NO. C 99678

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1124 E Baltimore St. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Gephardt

Residence in Baltimore: No. 1817 N Eutaw St

St.; yrs., 40 mos. da.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 28 (Day), 1857 (Year)

7-AGE, 59 yrs. 4 mos. 18 da. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Edward S. Cummings

(Address) 1938 E Lafayette Ave

15- NOV 16 1916 Filed ..... 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxia

(Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) —

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) Edward Evan Emerson M. D. (Coroner.)

Nov 15, 1916. (Address) 1610 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Nov 17, 1916

20-UNDERTAKER E J Cummings

ADDRESS 1938 E Lafayette Ave

8-24-14—M. & T.—2000 Bks.

99679

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH.

REGISTERED NO. C 99679

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1330 N. Stricker ST. 15 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara L. Barnett

Residence in Baltimore: No. 1330 N. Stricker St.; 5 yrs. mos. ds.)

30 yrs in City

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 16 (Day), 1864 (Year)

7-AGE, 52 yrs. 5 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Housewife (b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Virginia

10-NAME OF FATHER, Burton Bland

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Harriett Brown

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joshua Barnett

(Address) 1330 N. Stricker St.

NOV 16 1916 HARRY C. ANDERS

filed....., 191..... Burial Permit Issued by Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 13 (Day) 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 10 1916, to Nov 12 1916, that I saw her alive on Nov 12 1916, and that death occurred, on the date stated above, at 11.50 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage,

2nd Attack (Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) — yrs. — mos. — ds.

(Signed) W. H. Waggaman M. D.

Nov. 13, 1916 (Address) 1209 Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Crem

DATE OF BURIAL, Nov. 16 1916

20-UNDERTAKER George H Holland

ADDRESS 517 Robert St

99680 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 159

REGISTERED NO. C. 99680

PLACE OF DEATH

OF BALTIMORE (No. Mercy Hospital ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kurt Leusch

ence in Baltimore: No. none St.: yrs., mos. ds.)

ERSONAL AND STATISTICAL PARTICULARS.

	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
ell	white	married

OF BIRTH, June 14, 1883
(Month) (Day) (Year)

33 yrs. 5 mos. 1 ds. If LESS than 1 day, hrs. or min.?

UPATION:
rade, profession, or particular d of work Draw. Salesman
eneral nature of industry, busi-s, or establishment in which loyed (or employer)

HPLACE, or Country), Unknown

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant) Geo. Evans

(Address) 110 Royal Ave. New End. Ave

NOV 16 1916 MARY C. AMBERS

, 191 Burial Permit Clerk

Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ~~Dec~~ Nov 15, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burn Side by Scald Shot
wound in Brain
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Draw Fever
(Duration) yrs. mos. ds.

(Signed) W. E. Peter M. D.
(Coroner)

Nov 14, 1916 (Address) 16 S. E. Bennett

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 290 Mercy St Yonkers N.Y.

19-PLACE OF BURIAL OR REMOVAL, Yonkers New York DATE OF BURIAL, Nov 16 1916

20-UNDERTAKER Chas P. Evans & Son ADDRESS 118 West Royal Ave

699681

HEALTH DEPARTMENT—CITY OF BALTIMORE

91

CERTIFICATE OF DEATH.

REGISTERED NO. C 99681

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1346 Carroll St.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Elma Thomas Adams

(Residence in Baltimore: No. 1335 Carroll St St.: yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. 4, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 0 mos. 10 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) D.C. Washington

PARENTS.

10-NAME OF FATHER Jas. T. Adams.

11-BIRTHPLACE OF FATHER (State or Country) Unknown.

12-MAIDEN NAME OF MOTHER Ester Jennings

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ester Jennings

(Address) 1135 Carroll St.

15- NOV 16 1916 Burial Permit Clerk

Filed ..... 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

a Pneumonia

b Measles

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) 2 yrs. 3 mos. ds.

(Signed) C. Ellis Smith M. D.
(Coroner)

Nov. 16, 1916 (Address) 916 Eight St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt auburn — DATE OF BURIAL, Nov 16, 1916.

20-UNDERTAKER Josephus Farrell — ADDRESS 2819 Division St

Carer

...—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 99682

CERTIFICATE OF DEATH.

120

REGISTERED NO. C 99682

1-PLACE OF DEATH

...Y OF BALTIMORE: (No. 2512 Sulaney ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morgret A Michael

...sidence in Baltimore: No. 2512 Sulaney St. Life ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

...X Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

...TE OF BIRTH, July 5, 1872 (Month) (Day) (Year)

...GE, 44 yrs. 4 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

...CCUPATION:
) Trade, profession, or particular kind of work None
) General nature of industry, business, or establishment in which employed (or employer)

...IRTHPLACE, State or Country), Balto Md

10-NAME OF FATHER, Charles Marburger

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Anna E. Schultz.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

...THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. F. Michael

(Address) 2512 Sulaney St.

...NOV 16 1916 HARRY C. ANDREWS Burial Permit Clerk

...led....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 15, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 8 1916, to Nov 15 1916, that I saw her alive on Nov 15 1916, and that death occurred, on the date stated above, at 9A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) ...yrs. ...mos. 3 ds.

(Signed) W. A. Tuell M. D.

11/16, 191.. (Address) Irvington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery | DATE OF BURIAL, Nov 16, 1916

20-UNDERTAKER F. B. Kirkpatrick | ADDRESS 2338 Druid Hill Ave

699683

HEALTH DEPARTMENT—CITY OF BALTIMORE

699683

CERTIFICATE OF DEATH.

REGISTERED No. C 19

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Cor Wilkins st & Frederick ave 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Mullgan

(Residence in Baltimore: No. 1808 Mc Henry St.)

50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, Not known, 1 (Month) (Day) (Year)

7-AGE, 75 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Factory Hand
(b) General nature of industry, business, or establishment in which employed (or employer) Hair factory

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Knell

(Address) 917 Columbian ave.

15- NOV 16 1916 ROBERT P. KRAUTER

Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Rheumatic Valvular Insufficiency

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation. Sudden heart

(Duration) yrs. mon. ds.

(Signed) James M Fenton M. D. (Coroner)

Nov 16 1916 (Address) 1100 Clere St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Nov 17 1916

20-UNDERTAKER Knell & Son

ADDRESS 17 2 & west Pratt St.

99684

HEALTH DEPARTMENT—CITY OF BALTIMORE

99684

CERTIFICATE OF DEATH.

153

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 605 N Montford ave ST.: 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas H Gross

(Residence in Baltimore: No. 605 N Montford ave St.; yrs., 10 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (*Write* the word.) Baby

6-DATE OF BIRTH, Jan 15 1916 (Month) (Day), 1 (Year)

7-AGE, ...yrs. 10 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Baby
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Joseph Gross

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Mary Heck

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Gross

(Address) 605 N. Montford ave.

15- NOV 16 1916 ROBERT E. KRAUTER

Filed....., 191...., Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 15 1916 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Inanition

Lack of Care (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ..... (Duration) ....yrs. ....mos. ....ds.

(Signed) ..... (Coroner)

Nov 16 1916 (Address) N E Bist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Nov 17, 1916

20-UNDERTAKER Christian Milley

ADDRESS 2584 Jefferson

.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99685

CERTIFICATE OF DEATH.

1206 99685

1-PLACE OF DEATH

REGISTERED NO. C

Y OF BALTIMORE: (No. Church Home & Inf. ST.; 1st WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily F. Owens

sidence in Baltimore: No. 1720 John St St.; 47 yrs., ? mos., ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

X, male | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

TE OF BIRTH, October 17, 1861 (Month) (Day) (Year)

E 55 yrs. 1 mos. 15 ds. | If LESS than 1 day, ...hrs. or.....min.?

CCUPATION:
) Trade, profession, or particular kind of work: none
) General nature of industry, business, or establishment in which employed (or employer): none

IRTHPLACE, tate or Country), Maryland

10-NAME OF FATHER, C W Owens

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Smith

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert F. Owens

(Address) 1926 W. Royal Terrace

NOV 16 1916 ROBERT B. KRAUTER

ed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Nov. 16, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10 1916, to Nov 16 1916, that I saw her alive on Nov 16 1916, and that death occurred, on the date stated above, at 12:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Appendicitis (operation)

(Duration) yrs. mos. ds.

(Signed) Chas. Deetz M. D.

Nov. 16, 1916. (Address) Church Home

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 6 ds. In the State 55 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1720 John St

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cem Md | DATE OF BURIAL, Nov 17 6

20-UNDERTAKER Stewart Mortuary | ADDRESS 1089

—8-24-14—M. & T.—2000 Blks.

699686

HEALTH DEPARTMENT—CITY OF BALTIMORE

699686

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

Y OF BALTIMORE: (No. Sherwood Hotel ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa C. Robinson

idence in Baltimore: No. Sherwood Hotel St.: 85 yrs., ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

TE OF BIRTH. January 15, 1831 (Month) (Day) (Year)

E. 85 yrs. 10 mos. 0 ds.

If LESS than 1 day, ...hrs. or.....min.?

CUPATION:
Trade, profession, or particular kind of work: none
General nature of industry, business, or establishment in which employed (or employer): none

RTHPLACE, tate or Country). Maryland

10-NAME OF FATHER. Wm Robinson

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Susan Robinson

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Cooper

(Address) Lake Av. Bdeto. Md

NOV 16 1916 ROBERT B. KRAUTER

ed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 15th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 13th 1916, to Nov. 15th 1916, that I saw h er alive on Nov. 15th 1916, and that death occurred, on the date stated above, at 2 30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

some (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(Duration) yrs. mos. 2 ds.

(Signed) J. C. Chalard M. D.

Nov 15th, 1916. (Address) 43 W. Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 12 yrs. — mos. — ds. In the State 86 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Baltimore Hotel Keepers

Former usual residence Sherwood Hotel

19-PLACE OF BURIAL OR REMOVAL. Greenmount Cem. DATE OF BURIAL. Nov. 17, 1916

20-UNDERTAKER Stewart Morris Co ADDRESS 108 N. Monte

c.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C99687 28 C99687

REGISTERED No. C

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 138 N. Calvin ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel J. Taylor

sidence in Baltimore: No. 1389 N. Calvin St.; 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

X. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

TE OF BIRTH, May 5, (Month) (Day) 1865 (Year)

E, 51 yrs. 6 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

CCUPATION:
) Trade, profession, or particular kind of work. Street Labor
) General nature of industry, business, or establishment in which employed (or employer). City

RTHPLACE, tate or Country), Va.

10-NAME OF FATHER, John B. Taylor

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Va

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Taylor

(Address) 138 N. Calvin

NOV 16 1916 ROBERT R. KRAUTER

ed....., 191..... DEPUTY REGISTRAR

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 12 1916, to Nov 15 1916, that I saw him alive on Nov 14 1916, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

..... M.
..... Lobar Pneumonia
.....
..... (Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. C. Burns M. D.

Nov. 16, 1916 (Address) 2218 E. Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn

DATE OF BURIAL, Nov. 18, 1916

20-UNDERTAKER Robt. T. Jones

ADDRESS 1422 Druid

C99688

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

Dorgan

40 C99688

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 847 Franklin ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Burns

Residence in Baltimore: No. 847 Franklin St St.; 59 yrs. mos. de.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: November 1 (Month) (Day) (Year)

7-AGE: 59 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Ireland

10-NAME OF FATHER: Wm Dorgan

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Julia Keefe

13-BIRTHPLACE OF MOTHER (State or country): Ireland

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mamie Byrne

(Address) 847 Franklin St

NOV 16 1916 ROBERT R. KRAUTER

Buried Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: November 15, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Apl 1 24, 1916, to, Nov 15 1916, that I saw h.m. alive on Nov 14 1916, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Gall Bladder

Clinical (Duration) yrs 7 mos. 2 ds.

Contributory (SECONDARY) Pulmonary Oedema

(Duration) yrs — mos. 1 ds.

(Signed), J. F. Kenna M. D.

Nov 15, 1916 [Address] 1042 Eutaw Place

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral

DATE OF BURIAL: Nov 18, 1916

20-UNDERTAKER: A. J. Fahey & Son

ADDRESS: 606 W Lafayette

—8-24-14—M. & T.—2000 Bks.

699689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 699689

REGISTERED NO. C

1-PLACE OF DEATH

Y OF BALTIMORE: (No. 1806 Harford ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia M Tippett.

idence in Baltimore: No. 1806 Harford ave St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

X. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

TE OF BIRTH June 13th (Month) (Day), 1852 (Year)

GE, 64 years 5 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

CCUPATION:
) Trade, profession, or particular kind of work House Wife
) General nature of industry, business, or establishment in which employed (or employer)

RTHPLACE, (State or Country), Baltimore

10-NAME OF FATHER, Augustus Wilzbach

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Julia Murray

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gary Guerin

(Address) 1806 Harford ave

NOV 16 1916

ed....., 191.... ROBERT E. KRAUTER

Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 15th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 14 1916, to Nov 15 1916, that I saw h[illegible] alive on Nov 14 1916, and that death occurred, on the date stated above, at 5:[illegible] m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion & Gastritis

Intramuscular Hemorrhage - Apoplexia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Indigestion & Hemorrhagia (Duration) yrs. mos. 2 ds.

(Signed) C. D. Cannon M. D.

Nov 16, 1916.. (Address) 1[illegible] Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery DATE OF BURIAL, Nov 17 1916

20-UNDERTAKER George J. Ruth ADDRESS 1735 Harford Ave

...—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 69690 | 69690

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Phillips

Residence in Baltimore: No. 1026 W. Fillol St.

St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, 11 / 10 / 1916 (Month / Day / Year)

7-AGE, ... yrs. ... mos. 6 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ...
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country) Balto. Md.

10-NAME OF FATHER, Harry Phillips

11-BIRTHPLACE OF FATHER (State or Country), H. H. Boston Mass.

12-MAIDEN NAME OF MOTHER Sarah Clite

13-BIRTHPLACE OF MOTHER (State or Country), Russia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Records

(Address) ...

NOV 16 1916

ROBERT R. KRAUTER

Registered ..., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 16, 1916, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 10 1916 to Nov. 16 1916, that I saw h in alive on Nov. 16 1916, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) H. Schmuck M. D.

Nov. 16, 1916 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 6 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL. Hebrew Mt. Carmel Cem.

DATE OF BURIAL. 11-17, 1916.

20-UNDERTAKER Jack Levin

ADDRESS 1411 E. Balto. St.

—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699691

CERTIFICATE OF DEATH.

79 699691

REGISTERED NO. C

1-PLACE OF DEATH

Y OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Biby

idence in Baltimore: No. University Hospital St.; yrs., mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

X. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

TE OF BIRTH, Un known (Month) (Day), 1839 (Year)

E, 77 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

CUPATION:
) Trade, profession, or particular kind of work Tool Edger
) General nature of industry, business, or establishment in which employed (or employer)

IRTHPLACE, tate or Country), Md.

10-NAME OF FATHER, John Biby

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Katherine Steinbeck

13-BIRTHPLACE OF MOTHER (State or Country), Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Biby

(Address) 7818 N. Lamdale St

NOV 16 1916 ROBERT R. KRAUTER Registrar. Burial Permit Clerk

ed....., 191.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 14 1916, to Nov 15 1916, that I saw h[illegible] alive on Nov 15 1916, and that death occurred, on the date stated above, at 11.05 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Arteriosclerosis

Chronic

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

Chronic

(Duration) yrs. mos. ds.

(Signed) Frank C. Mason M. D.

Nov. 14, 191 6 (Address) U. of M. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State 77 yrs. mos. ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence Brooklandville

19-PLACE OF BURIAL OR REMOVAL Biby Cem Woodlawn Md DATE OF BURIAL, Nov. 17, 191 6

20-UNDERTAKER Joseph B Cook ADDRESS 1003 W Balto St

C.—5-19-13—M. & T.—500 Bks.

99692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 699692

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1034 N Stricker ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Riddle Mitchell

Residence in Baltimore; (No. c/o English Consul estates St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Oct (Month) 18 (Day), 1842 (Year)

7-AGE, 74 yrs. mos. 19 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work, Housewife (b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Prince Georges Co. Md.

10-NAME OF FATHER, John Riddle

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Susan Johnston

13-BIRTHPLACE OF MOTHER (State or Country), Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. H. Mitchell

(Address) Tawadaw P.O. Md

NOV 16 1916 ROBERT R. KRAUTER

ed....., 191.....

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 16 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Nov 15 1916, to Nov 16 1916, that I saw her alive on Nov 15 1916, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Diabetes

(Duration) 10 yrs. 1 mos. ds.

(Signed) W. E. Smith M. D.

Nov 16, 1916 (Address) 118 N Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Nov 18, 1916

20-UNDERTAKER George J. Smith

ADDRESS 1000 W Fayette

699693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 20 699693

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 842 N. Howard ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Granger Jr

Residence in Baltimore: No. 842 N Howard St St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

DATE OF BIRTH: Jan. (Month) 17 (Day) 1849 (Year)

AGE: 67 yrs. 10 mos. 29 ds. If LESS than 1 day, ... hrs., or ..... min.?

OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Cigar Maker.

BIRTHPLACE (State or country): Baltimore

10-NAME OF FATHER: Wm H Granger

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Annie Smith

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louis Granger

(Address) 842 N. Howard St

Filed NOV 16 1916 191 ROBERT R. KRAUTER BURIAL PERMIT Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov 16 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 15, 1916, to, Nov 16 1916, that I saw h.. alive on Nov 16 1916, and that death occurred, on the date stated above, at 2P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. 1 mos. ½ ds.

Contributory (SECONDARY) Chronic Nephritis

Weeks (Duration) ..... yrs. 6 mos. ..... ds.

(Signed) Chas. F. Blanton M. D.

Nov 16, 1916 [Address] 1500 Park Ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Nov 18, 1916

20-UNDERTAKER: G. F. Walker — ADDRESS: 723 W Lafayette

699694 HEALTH DEPARTMENT—CITY OF BALTIMORE

1916

CERTIFICATE OF DEATH.

REGISTERED NO. C 99694

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST. 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Yurksa

(Residence in Baltimore: No. 602 W. Lombard St.

SEX Male mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single.

6-DATE OF BIRTH, July 18. 1899
(Month) (Day) (Year)

7-AGE, 7 yrs. 3 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School-boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Yurksa

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Marie Vorbou

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Yurksa

(Address) 602 W Lombard

15- NOV 17 1916 MARY C. ARDEEN

Filed....., 191.... Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 15, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage following fracture of Skull, caused by blunt instrument by Automobile Accident

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Albert S. Doscale M. D.
(Coroner.)

Nov 16 1916. (Address) 812 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 5 hours ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Fell on Pavement Balto

Former or usual residence 602 W Lombard St

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus — DATE OF BURIAL, Nov. 17, 1916

20-UNDERTAKER John Grabliauskas — ADDRESS 500 S. Broadway

c.—8-24-14—M. & T.—2000 Bks.

99695 HEALTH DEPARTMENT—CITY OF BALTIMORE, 1916

CERTIFICATE OF DEATH.

REGISTERED NO. C 99695

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 202 S. Bond ST.; B WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raphael Cilento

sidence in Baltimore: No. 202 S. Bond St St.; 60 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

ATE OF BIRTH, April 24, 1835
(Month) (Day) (Year)

GE, 81 yrs. 6 mos. 24 ds. If LESS than 1 day, ...hrs. or ....min.?

CCUPATION:
) Trade, profession, or particular kind of work: Fruit Dealer
) General nature of industry, business, or establishment in which employed (or employer):

IRTHPLACE, (State or Country), Italy

10-NAME OF FATHER, Luigi Cilento

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Angela Capozzo

13-BIRTHPLACE OF MOTHER (State or Country), Italy

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Angelo J. Cilento

(Address) 235 S. Bond st

ed Nov. 17, 1916. HARRY C. ANDERS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 17, 1916.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 2 1916, to Nov 17 1916, that I saw h[illegible] alive on Nov 16 1916, and that death occurred, on the date stated above, at 5:30 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation &
Aortic Stenosis
Chronic Interstitial Nephritis
(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion
(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Nov. 17, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Greenmount	Nov 20, 1916.
20-UNDERTAKER	ADDRESS
W. J. Schaeffer	845 Front St

C99696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C 99696

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 205 Jasper. ST.: 4 WARD) 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Griffin

Residence in Baltimore: No. 205 Jasper.

St. (50 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown (Month) , 1 (Day) (Year)

7-AGE, 73 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hamel Easter

(Address) 916 Penna ave

15- Filed NOV 17 1916, 191 MARY C. ANDREWS Assist. Parent Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry.) and that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert D. Driscoll M. D.

Nov 17 1916 (Coroner) (Address) 317 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Nov 18 1916

20-UNDERTAKER Hamel Easter — ADDRESS 916 Penna ave

8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99697

CERTIFICATE OF DEATH.

104

REGISTERED NO. C 99697

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hms Hopkins Hosp ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Burial Christopher

Residence in Baltimore: No. 817 S. Potomac St. St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec. 14, 1914 (Month) (Day) (Year)

7-AGE, 1 yrs. 3 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: None (b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Balto Md.

10-NAME OF FATHER, Edw. Christopher

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Nora Conway

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Phillips.

(Address) Hms Hopkins Hosp.

NOV 17 1916 Filed, 191

MARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 6 1916, to Nov. 16 1916, that I saw h-im alive on Nov. 16 1916, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Indigestion - gastro-intestinal acute

(Duration) 2 yrs. 0 mos. 14 ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) D C W Smith M. D.

Nov. 16, 1916. (Address) Hms Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 8 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 817 S. Potomac St.

19-PLACE OF BURIAL OR REMOVAL, Schwartz's Cem. DATE OF BURIAL, Nov. 18, 1916.

20-UNDERTAKER Stephen J. Fialkowski ADDRESS 109 S. Kenwood

099698

HEALTH DEPARTMENT—CITY OF BALTIMORE 172

CERTIFICATE OF DEATH.

REGISTERED No. C 99698

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 717 S Wolfe ST.: 2 WARD)

2-FULL NAME George Monstrael (Marshall)

(Residence in Baltimore: No. 807 S Lakewood Ave

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan 7, 1891
(Month) (Day) (Year)

7-AGE, 25 yrs. 10 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Can Factory

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Thomas C. Marshall

11-BIRTHPLACE OF FATHER (State or Country), Maine

12-MAIDEN NAME OF MOTHER, Lena Hunt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Marshall

(Address) 807 S Lakewood Ave

15-

Filed....., 191.... Burial Permit Clerk
Registrar.

NOV 17 1916 MARY C. ANDERSON

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquisition
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said
(Inquest, autopsy or inquiry.)
inquisition find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Injuries of Skull (Fall from Step Ladder)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry Lyon Pond M. D.
(Coroner.)

Nov 17, 191 6 (Address) 1610 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, Nov. 18, 1916

20-UNDERTAKER H Sander Sons ADDRESS 1710 Pleasant

...—8-24-14—M. & T.—2000 Bks.

99699

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

CERTIFICATE OF DEATH.

REGISTERED NO. C 99699

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1253 Riverside Ave ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Ward

Residence in Baltimore: No. 1253 Riverside Ave St.; 6 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Nov 4 (Month) (Day) 1893 (Year)

7-AGE, 23 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work, Clerk. (b) General nature of industry, business, or establishment in which employed (or employer), Provision House

9-BIRTHPLACE, (State or Country) Baltimore City Md

10-NAME OF FATHER, George Wood

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mary Smith Md

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Wood

(Address)

NOV 17 1916 HARRY C. ANDERS

ed....., 191... Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 14 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 6 1916, to Nov 14 1916, that I saw him alive on Nov 13 1916, and that death occurred, on the date stated above, at 7.4 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Empyema

I do not know (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Asthma (Duration) yrs. mos. ds.

(Signed) E. R. Wiles M. D.

Nov 15 1916 (Address) 1 W Mulberry St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park | DATE OF BURIAL, Nov 17, 1916

20-UNDERTAKER, Jos. F. Gloeckler | ADDRESS, 818 East

—8-24-14—M. & T.—2000 Bks.

99700

HEALTH DEPARTMENT—CITY OF BALTIMORE

+ 45

CERTIFICATE OF DEATH.

REGISTERED NO. C 99700

1-PLACE OF DEATH

Y OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Max Dover

sidence in Baltimore: No. 28 days in Hospital St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

X,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
ale	White	Married

TE OF BIRTH.

April 17, 1875
(Month) (Day) (Year)

GE,	If LESS than 1 day,
41 yrs. 7 mos. — ds.	....hrs. or....min.?

CCUPATION:
) Trade, profession, or particular kind of work: Jeweler
) General nature of industry, business, or establishment in which employed (or employer):

RTHPLACE, (State or Country): Germany

10-NAME OF FATHER: M. Dover

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Rosalie Davis

13-BIRTHPLACE OF MOTHER (State or Country): Germany

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Smith

(Address) Johns Hopkins Hosp.

NOV 17 1916

led....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 20 1916, to November 17 1916, that I saw h— alive on November 17 1916, and that death occurred, on the date stated above, at 5-0 a.m.

The CAUSE OF DEATH* was as follows:

1. General Carcinomatosis

2.

3.

Operation (Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of testicle, left

(Duration) 1 yrs. mos. ds.

(Signed) A. L. Cecil M. D.

Nov. 17, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 28 ds. In the State yrs. mos. 28 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Kingsville Texas

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Houston Texas	Nov. 17, 1916.
20-UNDERTAKER Albert E. Fuller	ADDRESS 221 N Bradly

HEALTH DEPARTMENT--CITY OF BALTIMORE

51 99701

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 807 N Calvert St. 11 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Charles ~~Stubler~~ Stubler

(Residence in Baltimore: No. 807 N Calvert St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single.

6 DATE OF BIRTH: November 16, 1916 (Month) (Day) (Year)

7 AGE: — yrs. — mos. — ds. If LESS than 1 day, 3 hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): 807 N Calvert St.

PARENTS

10 NAME OF FATHER: Chas Stubler

11 BIRTHPLACE OF FATHER (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Cecilia Rodgers.

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. W. Keown M.D.

(Address) 1938 Linden Ave

15 Filed NOV 17 1916 191 ROBERT B. KRAUTER Registrar

Burial Permit [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November 16, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 16, 1916, to November 16 1916, that I saw h[illegible] alive on November 16, 1916, and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

Premature birth about 7 mths -
Cong. hrt + artificial delivery.

(Duration) ~~2~~ hrs. mos. ds

Contributory (SECONDARY) lived about 3 hrs

(Duration) yrs. mos. ds.

(Signed) J. W. Keown. M.D. M. D.

Nov. 16, 1916 (Address) 1938 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: 11/17 1916

20 UNDERTAKER: H. O'Meara & Son — ADDRESS: 805 N. Calvert St.

C99702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150 C99702

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 718 E.Fort Ave. St.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James B.Abbott.

(Residence in Baltimore: No. 718 E.Fort Ave. St.; yrs., mos. 3 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single.

6-DATE OF BIRTH, November 14th. 1916., (Month) (Day) / (Year)

7-AGE, ——yrs. ——mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER: Jabetz H.Abbott.

11-BIRTHPLACE OF FATHER (State or Country): Calvert Co, Md.

12-MAIDEN NAME OF MOTHER: Anna I.Dick.

13-BIRTHPLACE OF MOTHER (State or Country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jabetz H.Abbott.(father.)

(Address) 718 E.Fort Ave.

15-

Filed NOV 17 1916, 191.... ROBERT P. KRAUTER Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 17th. 1916., (Month) (Day) 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
Congenital.
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Otto W. Reinhardt M. D. (Coroner)

Nov. 17th. 1916. (Address) 1017 S.Charles.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, 11/17 1916

20-UNDERTAKER Edw J Fanning ADDRESS 1460 Battery Av

...—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699703 64 699703

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

...Y OF BALTIMORE: (No. 702 N. 34th St ST.; 13 WARD)

2-FULL NAME Henry Taylor

...idence in Baltimore: No. 702 N. 34th St St.; ... yrs. 5 mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

...X. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

...TE OF BIRTH, March 14, 1845 (Month) (Day) (Year)

...E, 71 yrs. 8 mos. 7 ds.

If LESS than 1 day, ... hrs. or ... min.?

...CUPATION: (a) Trade, profession, or particular kind of work Boiler Maker (b) General nature of industry, business, or establishment in which employed (or employer)

...RTHPLACE, (State or Country), Md

10-NAME OF FATHER, Henry Taylor

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Susan Donaldson

13-BIRTHPLACE OF MOTHER (State or Country), Md

...HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eli Slater

(Address) 702 N. 34th St.

...ed NOV 17 1916, 191... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 13 1916, to Nov 16 1916, that I saw h... alive on Nov 15 1916, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) W. A. Fair M. D.

Nov. 16, 1916 (Address) 17 E. 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Patapsco Carroll Co. Md. DATE OF BURIAL, Nov. 18, 1916

20-UNDERTAKER, Ellsworth & Son ADDRESS 3617 Eastern Ave.

—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

699704 699704

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Vincents Infant Asylum REGISTERED NO. C

Y OF BALTIMORE: (No. St. Vincents Infant Asylum ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Martin

idence in Baltimore: No. St. Vincents Infant Asylum St.: 1 yrs. mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

X. female	4-COLOR OR RACE, white	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

TE OF BIRTH, Nov. 27, 1915
(Month) (Day) (Year)

E, 1 yrs. mos. 13 ds. If LESS than 1 day, hrs. or min.?

CUPATION:
Trade, profession, or particular kind of work. None
General nature of industry, business, or establishment in which employed (or employer)

RTHPLACE, tate or Country), Maryland

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents

(Address) 1401 Division St.

NOV 17 1916 ROBERT R. KRAUTER
ed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10 1916, to Nov 17 1916, that I saw her alive on Nov 15 1916, and that death occurred, on the date stated above, at 4 p m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(Duration) yrs. mos. 2 ds.

(Signed) J. E. Poullain M. D.

, 191... (Address) 615 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. mos. 13 ds. In the State 1 yrs. mos. 13 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL London Park DATE OF BURIAL, Nov 18 1916

UNDERTAKER W. Fahey & Son ADDRESS 606 Lafayette Ave

—8-24-14—M. & T.—2000 Bks.

99705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 699705

REGISTERED NO. C

1-PLACE OF DEATH

Y OF BALTIMORE: (No. 2635 Dulaney St. 20th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis H Shipley

idence in Baltimore: No. 2635 Dulaney St.; yrs. 2 mos. 14 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

TE OF BIRTH. December 1st, 1914
(Month) (Day) (Year)

E. 2 yrs. 4 mos. da.

If LESS than 1 day, hrs. or min.?

CUPATION:
Trade, profession, or particular kind of work
General nature of industry, business, or establishment in which employed (or employer)

RTHPLACE, tate or Country). Baltimore md

10-NAME OF FATHER. Alexander Shipley

11-BIRTHPLACE OF FATHER (State or Country). Baltimore md

12-MAIDEN NAME OF MOTHER Ida Thomas

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Shipley

(Address) 2635 Dulaney St

NOV 17 1916 ROBERT R. KRAUTER

od....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov 15, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1915, to Nov 15 1916, that I saw h[illegible] alive on Nov 15 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Cystitis
Gastro Enteritis
(Duration) yrs. mos. 10 da.

CONTRIBUTORY (Secondary) Pyelitis
(Duration) yrs. mos. 3 da.

(Signed) M Russell M. D.

Nov 16, 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Rose Cemetery DATE OF BURIAL Nov 18th, 191..6

20-UNDERTAKER Baltimore Co ADDRESS md

P B Hartsock 23 E Lexington St

99706

HEALTH DEPARTMENT—CITY OF BALTIMORE

15 V 699706

CERTIFICATE OF DEATH.

1 PLACE OF DEATH — CITY OF BALTIMORE (No. 2011 Aliceanna St; St.; 1 WARD) — REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Victoria Przewiecki

Residence in Baltimore: No. 2011 Aliceanna St

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6 DATE OF BIRTH: Nov (Month) 17 (Day), 1916 (Year)

7 AGE: ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10 NAME OF FATHER: Albert Przewiecki

11 BIRTHPLACE OF FATHER (State or Country): Germany Poland

12 MAIDEN NAME OF MOTHER: Victoria Wojczak

13 BIRTHPLACE OF MOTHER (State or Country): Germany Poland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Victoria Wasaszy

(Address) 2011 Alice Przewiecki

15 Filed NOV 17 1916 191.. ROBERT R. KRAUTHEIM Registrar.

CORONER'S CERTIFICATE OF DEATH.

16 DATE OF DEATH: Nov (Month) 17 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Asphyxia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry G. Cunningham (Coroner.) M. D.

Nov 17, 191 6 (Address) 16 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, OR REMOVAL: St. Stanislaus — DATE OF BURIAL: Nov 18, 1916

20 UNDERTAKER: M. F. Sadowski — ADDRESS: 705 S. Ann St.

C99707

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

gr C99707

1 PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. 808 N. Calhoun St. 16 WARD) (If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nannie M. Shenton

(Residence in Baltimore: No. 808 N. Calhoun St. St.: 16 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: June 29, 1860 (Month) (Day) (Year)

7-AGE: 56 yrs. 4 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Fredericksburg, Va

PARENTS

10-NAME OF FATHER: Roy Jones

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Mary Storms

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Capt R C Shenton

(Address) 808 N Calhoun St

15 Filed NOV 17 1916 ROBERT R. KRAUTER Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov 16, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1916, to Nov 16 1916

that I saw her alive on Nov 16, 1916

and that death occurred, on the date stated above, at 7.15 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 7 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J. Edw. Smith M. D.

Nov 17, 1916 (Address) 910 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn

DATE OF BURIAL: Nov 19, 1916

20-UNDERTAKER: Geo W Little

ADDRESS: 531 N Fremont Ave

699708

HEALTH DEPARTMENT---CITY OF BALTIMORE

91

CERTIFICATE OF DEATH

REGISTERED No. C 99708

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No.) 129 W. West Street St.: 22 WARD)

2-FULL NAME John Burley

Residence in Baltimore: No. 129 W. West St.; 6 yrs. 11 mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

DATE OF BIRTH: December ?, 1909 (Month) (Day) (Year)

AGE: 6 yrs. 11 mos. — ds. If LESS than 1 day, ... hrs., or ... min.?

OCCUPATION
(a) Trade, profession or particular kind of work: Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE (State or country): Balto Md.

10-NAME OF FATHER: John Burley

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Martha Singleton

13-BIRTHPLACE OF MOTHER (State or country): Md.

I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Burley (Father)

(Address) 29 W WEST ST

NOV 18 1916, 191 ... Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: November 16th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1916, to, Nov 16th 1916, that I saw h[illegible] alive on Nov 16th 1916, and that death occurred, on the date stated above, at 11.30 a m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ... yrs. ... mos. 4 ds.

Contributory (SECONDARY) Circulatory Collapse.

(Duration) ... yrs. ... mos. 2 ds.

(Signed) J. Guy Bowley M. D.

11/17/ 1916 [Address] 136 W. Hiel[illegible] St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Ct

DATE OF BURIAL: Nov. 18, 1916

20-UNDERTAKER: L. H. Browne & Son

ADDRESS: 108 W Monte St

699709

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1 PLACE OF DEATH — REGISTERED NO. C. 99709

CITY OF BALTIMORE: (No. 848 S Eutaw St.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Carroll

Residence in Baltimore: No. 848 S. Eutaw St.; 40 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) (Day), 1859 (Year)

7-AGE: 57 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Va

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Georgeanna Carroll

(Address) 846 S. Eutaw St

15- NOV 18 1916 Nov. 191 MARY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov 15 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 9, 1916, to, Nov 15 1916, that I saw him alive on Nov 15 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. 3 mos. ds.

Contributory (SECONDARY) Cerebral Congestion

(Duration) yrs. mos. 8 ds.

(Signed), H. S. H. Cant M. D.

Nov 16, 1916. [Address] 705 Druid Hill Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Ave — DATE OF BURIAL: Nov 18 1916

20-UNDERTAKER: John H. Toadvine — ADDRESS: 142 West St

699710 HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH.

REGISTERED NO. C 99710

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital St. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John R marshall

Residence in Baltimore: No. 626 N Milton ave

(St. 27 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, Oct 3 1848 (Month) (Day), 1 (Year)

7-AGE, 68 yrs. 1 mos. 12 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sailor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): MD/

PARENTS.

10-NAME OF FATHER: John Marshall

11-BIRTHPLACE OF FATHER (State or Country): MD

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or Country): MD

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah L Marshall

(Address) 626 N milton ave

15-

Filed NOV 18 1916 191 [illegible] Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 15 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] (Coroner.) M. D.

Nov 17 1916, 191 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 626 N Milton Ave

19-PLACE OF BURIAL OR REMOVAL, Cambridge Md — DATE OF BURIAL, Nov 18 19 16

20-UNDERTAKER Philip Herring — ADDRESS 2016 Aliceanna

—5-19-13—M. & T.—500 Bks.

C 99711

HEALTH DEPARTMENT—CITY OF BALTIMORE

119

CERTIFICATE OF DEATH.

REGISTERED NO. C 99711

1-PLACE OF DEATH

Y OF BALTIMORE: (No. 1407 N. Luzerne ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence M. Schmidt

idence in Baltimore: No. 1407 N Luzerne St.: 39 yrs., 1 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

X. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.) Widow

TE OF BIRTH, Sept 26th, 1877 (Month) (Day) (Year)

E. 39 yrs. 1 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

CUPATION: Trade, profession, or particular kind of work. House Work

General nature of industry, business, or establishment in which employed (or employer).....

IRTHPLACE, tate or Country), Baltimore

10-NAME OF FATHER, Anton G. Reichart

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Lena Steinway

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Irvin B. Schrunger

(Address) 1407 N. Luzerne Ave.

NOV 18 1916

HARRY C. ANDREWS

led....., 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 17, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 9, 1916, to Nov 17 1916, that I saw her alive on Nov 17 1916, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows: Pneumonia

Acute Parenchymatous

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D.

Nov 18, 1916. (Address) 1301 N. Pat Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem.

DATE OF BURIAL, Nov. 20., 1916.

20-UNDERTAKER E. Schlosman & Son

ADDRESS 1039 Hanover St

—8-24-14—M. & T.—2000 Bks.

699712

HEALTH DEPARTMENT—CITY OF BALTIMORE

89

CERTIFICATE OF DEATH.

REGISTERED NO. C 99712

1-PLACE OF DEATH

Y OF BALTIMORE: (No. 1936 W. Pratt ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. L. Shields (Shielder)

sidence in Baltimore: No. 1936 W Pratt St.

St.: 22 yrs., 4 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

TE OF BIRTH, Aug 9 7 1844
(Month) (Day) (Year)

E, 72 yrs. 4 mos. 9 ds. | If LESS than 1 day, ...hrs. or.....min.?

CUPATION:
) Trade, profession, or particular kind of work: Retired farmer
) General nature of industry, business, or establishment in which employed (or employer): Comfort

IRTHPLACE, tate or Country: Balto Md

10-NAME OF FATHER, Jno Shields

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Caspari, Henrietta Cosgrove

13-BIRTHPLACE OF MOTHER (State or Country), Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Shields

(Address) 1936 W. Pratt St

NOV 18 1916 MARY C. ANDREWS

ed ....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 13 1916, to Nov 17 1916, that I saw h im alive on Nov 16 1916, and that death occurred, on the date stated above, at 4.15 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Hypostatic pneumonia

secondary to Carcinoma (Duration) ....yrs. ....mos. 11 ds.

(Signed) Howard A. Kelly M. D.

11/17, 191.6 (Address) 1211 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery | DATE OF BURIAL, Nov. 19, 1916.

20-UNDERTAKER William Cook | ADDRESS 502 E North Ave

—8-24-14—M. & T.—2000 Bks.

99713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED NO. C 99713

1-PLACE OF DEATH

Y OF BALTIMORE: (No. 704 Frederick Ave. St. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wesley Walker

sidence in Baltimore: No. 704 Frederick Ave. St.: 46 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

X,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

TE OF BIRTH, April 18, 1870 (Month) (Day) (Year)

GE, 46 yrs. 6 mos. 29 ds. | If LESS than 1 day, ...hrs. or.....min.?

CCUPATION:
) Trade, profession, or particular kind of work: Worker
) General nature of industry, business, or establishment in which employed (or employer):

IRTHPLACE, tate or Country), Baltimore, Md.

10-NAME OF FATHER, John H. Walker

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary C. Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L. Walker

(Address) 704 Frederick Ave.

OV 18 1916

ed....., 191.... MARY C. ANDREWS

Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 29 1915, to Nov. 17 1916, that I saw h alive on Nov. 16? 1916, and that death occurred, on the date stated above, at 1:45 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Louis A. Schmitt M. D.

Nov. 17, 191.. (Address) 1322 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Nov. 19, 1916

20-UNDERTAKER Williams Cook

ADDRESS 502 E North ave

—5-19-13—M. & T.—500 Bks.

699714

HEALTH DEPARTMENT—CITY OF BALTIMORE

89

CERTIFICATE OF DEATH.

REGISTERED NO. C 99714

1-PLACE OF DEATH

Y OF BALTIMORE: (No. 1355 Andre ST.; 24 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Thomas

idence in Baltimore: No. 1355 Andre St.; 20 yrs.. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

X. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

TE OF BIRTH, January 18, 1858
(Month) (Day) (Year)

GE. 58 yrs. 9 mos. 28 ds.

If LESS than 1 day, ...hrs. or ....min.?

CUPATION:
) Trade, profession, or particular kind of work Stevedore
) General nature of industry, business, or establishment in which employed (or employer)

IRTHPLACE, tate or Country), Wales

10-NAME OF FATHER, John Thomas

11-BIRTHPLACE OF FATHER (State or Country), Wales

12-MAIDEN NAME OF MOTHER Kit Simons

13-BIRTHPLACE OF MOTHER (State or Country), Wales.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. Trost MD

(Address) 1570 Fort Ave.

NOV 18 1916

ed....., 191.... Registrar.

SAMY C. ANDERS
Special Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 8 — 1916, to Nov 16 — 1916, that I saw h alive on Nov 16 — 1916, and that death occurred, on the date stated above, at 8.40 p.m.

The CAUSE OF DEATH* was as follows:

Bronchitis (capillary)

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 6 yrs. mos. ds.

(Signed) S. Trost M. D.

11-16 191 6 (Address) 1570 Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cem. DATE OF BURIAL, Nov 20, 1916

20-UNDERTAKER Robt. F. Turner ADDRESS Broadway & Oliver

...—5-19-13—M. & T.—500 Bks.

99715

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH.

REGISTERED NO. C 99715

1-PLACE OF DEATH

Y OF BALTIMORE: (No. 132 E. Fort ave. ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ivy Walters

idence in Baltimore: No. 132 E. Fort ave. St.: 24 yrs., 0 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. nale.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

TE OF BIRTH, Nov 15, 1892 (Month) (Day) (Year)

E, 24 yrs. 0 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

CUPATION: (a) Trade, profession, or particular kind of work. Housewife (b) General nature of industry, business, or establishment in which employed (or employer).

IRTHPLACE, tate or Country), Balto. Md.

10-NAME OF FATHER, Wm. H. Clark

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Mary E. Sheldon

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Clark

(Address) 36 E. Fortieth

NOV 18 1916 MARY C. ANDERSON Chief Clerk

led....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 16th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 1916, to Nov 16 1916, that I saw h[illegible] alive on Nov 16 1916, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. 4 mos. ds.

(Signed) [illegible] M. D.

Nov 16th, 1916. (Address) 44 E. 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem — DATE OF BURIAL, Nov 19, 1916

20-UNDERTAKER J. Fenwick McCully — ADDRESS 39 E. Fortieth

—8-24-14—M. & T.—2000 Bks.

699716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19 99716

REGISTERED NO. C 99716

1-PLACE OF DEATH

Y OF BALTIMORE: (No. 618 S Bethel ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augusta Unger

idence in Baltimore: No. 618 S Bethel St.; 59 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

X. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

TE OF BIRTH Sept 5 1830
(Month) (Day) (Year)

H, 86 yrs. 2 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

CUPATION;
) Trade, profession, or particular kind of work.....
) General nature of industry, business, or establishment in which employed (or employer) Coal Yard

RTHPLACE, tate or Country) Germany

10-NAME OF FATHER, Caspar Unger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Dannakefer

(Address) 618 S Bethel st

NOV 18 1916

ed....., 191.... MARY C. ARDEL
Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 8 1916, to Nov. 16 1916, that I saw her alive on Nov. 15 1916 and that death occurred, on the date stated above, at 4.45 P.m.

The CAUSE OF DEATH* was as follows:

Cardiac Stenosis and Chronic Sclerosis

Some years (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coma

(Duration) yrs. mos. ds.

(Signed) Geo. L. Wilkins M. D.

Nov 17, 1916. (Address) 6 N. Howard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel — DATE OF BURIAL, Nov. 19, 1916

20-UNDERTAKER Louis Heimann — ADDRESS 92 N Broadway

699717

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

REGISTERED No. C 99717

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 233 N Fulton Ave St: 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Genevieve E McNamara

(Residence in Baltimore: No. 233 N Fulton Ave St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: January (Month) 31st (Day), 1871 (Year)

7-AGE: 45 yrs. 9 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Simon McNamara

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Julia A McNulty

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mary Robert

(Address) 233 N. Fulton Ave

15

FILED NOV 18 1916

HARRY C. ANDREWS
Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 16 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1916, to Nov 1916, that I saw h[illegible] alive on Nov 15, 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) Pulmonary Tuberculosis

(Duration) ..... yrs. 4 mos. — ds.

(Signed) M E O'Neill M. D.

Nov 17, 1916 (Address) 108 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Nov. 20th, 1916

20-UNDERTAKER: H Brothers

ADDRESS: 2 N. Fulton Ave

—8-24-14—M. & T.—2000 Bks.

99718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

32

REGISTERED NO. C 99718

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 1064 W. Fayette ST.; 16 WARD)

2-FULL NAME Sidney 6. Brown.

Residence in Baltimore: No. 1064 W. Fayette St.: 2 yrs. 1 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH Sept. 31, 1914
(Month) (Day) (Year)

7-AGE, 2 yrs. 1 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

10-NAME OF FATHER, Foster S. Brown.

11-BIRTHPLACE OF FATHER (State or Country), Kent co. Md

12-MAIDEN NAME OF MOTHER Etna Hadaway

13-BIRTHPLACE OF MOTHER (State or Country), Kent co. Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Brown

(Address) 1064 W. Fayette

NOV 18 1916 Burial Permit Clerk

....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 18th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 14th 1916, to Nov 18 1916.

that I saw h alive on Nov 17 1916.

and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Tubercular Meningitis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Pertussis

(Duration) 1 yrs. mos. ds.

(Signed) Albertus Cotton M. D.

Nov 18, 1916. (Address) 1303 Mad ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Rock Hall Kent co Md

DATE OF BURIAL, "/18, 191.6

20-UNDERTAKER J. Fenno McCully

ADDRESS 39 E. Fay.

...—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99719

CERTIFICATE OF DEATH.

120 C99719

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1242 W Lombard St.; 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Williemena Kreutzberg

sidence in Baltimore: No. 1242 W Lombard St.; 58 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	White	Widow

ATE OF BIRTH, Dec 25, 1838 (Month) (Day) (Year)

GE, 76 yrs. 11 mos. 28 ds. | If LESS than 1 day, ...hrs. or ...min.?

CCUPATION:
) Trade, profession, or particular kind of work: Housewife
) General nature of industry, business, or establishment in which employed (or employer): at Home

IRTHPLACE, State or Country), Germany

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Kreutzberg

(Address) 1923 Boyd st

NOV 18 1916 HARRY C. ANDREWS

led....., 191.... Deputy Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 17, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1914, to Nov 17 1916, that I saw h[illegible] alive on Nov 17 1916, and that death occurred, on the date stated above, at 10 1/2 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Intestinal

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Old age

(Duration) yrs. mos. ds.

(Signed) Richard Dorsey M. D.

Nov 17, 191.. (Address) 1242 W Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery | DATE OF BURIAL, Nov 20, 1916.

20-UNDERTAKER John J Field | ADDRESS 1202 W Lombard st

.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99720 X43 C99720

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

TY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Gertrude Wells

sidence in Baltimore: No. Johns Hopkins Hospital St.; 0 yrs., 0 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

X, Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

ATE OF BIRTH, November 23rd, 1878
(Month) (Day) (Year)

GE, 37 yrs. 11 mos. 24 ds. | If LESS than 1 day, ...hrs. or.....min.?

CCUPATION:
) Trade, profession, or particular kind of work..... none
) General nature of industry, business, or establishment in which employed (or employer)..... none

IRTHPLACE, tate or Country), Boston Mass

10-NAME OF FATHER, James G. Hayes

11-BIRTHPLACE OF FATHER (State or Country), Mass.

12-MAIDEN NAME OF MOTHER Mary Plummer

13-BIRTHPLACE OF MOTHER (State or Country). Mass

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt. G. Wells

(Address) Hamilton Canada

NOV 18 1916 HARRY C. ADDLEMAN

led....., 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 17 noon 1916, to Nov. 17 1916, that I saw her alive on Nov. 17 1916, and that death occurred, on the date stated above, at 6.30 a.m. p.m.

The CAUSE OF DEATH* was as follows:

(a) Carcinoma of Breast.
Operation 3-1-16
(Duration) 1+ yrs. mos. ds.

CONTRIBUTORY (Secondary) Metastatic carcinoma of brain, (Duration) yrs. 2 mos.+ ds.

I (Signed) J. T. C. Jerome M. D.
Nov. 17, 1916. (Address) Eaton Hotel

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 0 mos. 1 ds. In the State 0 yrs. 0 mos. 1 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Hamilton Ontario Canada

19-PLACE OF BURIAL, OR REMOVAL, East Aurora-N.Y. | DATE OF BURIAL, Nov. 18, 1916

20-UNDERTAKER Stewart Mowen Co | ADDRESS 1387 W. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99721

28

CERTIFICATE OF DEATH.

REGISTERED No. C99721

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2315 Hunter Alley ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph A. A. Taylor

Residence in Baltimore: No. 2315 Hunter Alley St. (yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov. 16, 1881 (Month) (Day) (Year)

7-AGE, 35 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Taylor

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Taylor

(Address) 2315 Hunter Alley

15-

Filed NOV 18 1916 191...

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 16, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ... (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY ... (Secondary)

... (Duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D. (Coroner)

Nov. 17 1916. (Address) 3632 Reisterstown Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL, OR REMOVAL, Irvington Lancaster Co. Va. DATE OF BURIAL, Nov. 18, 1916

20-UNDERTAKER Wilson & Russell Burgh ADDRESS 262 E. Pratt St.

C99722 HEALTH DEPARTMENT—CITY OF BALTIMORE C99722

CERTIFICATE OF DEATH

170

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 615 Raborg St. 4 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Julia M. Knox

(Residence in Baltimore: No. 615 Raborg St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female — 4 COLOR OR RACE: colored — 5 ~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: Mar 10, 1854 (Month) (Day) (Year)

7 AGE: 62 yrs. 8 mos. 6 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Va.

PARENTS

10 NAME OF FATHER: Jas. Ervall

11 BIRTHPLACE OF FATHER (State or country): Va.

12 MAIDEN NAME OF MOTHER: Piney Cundiff

13 BIRTHPLACE OF MOTHER (State or country): Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) William Knox
(Address) 615 Raborg St

15 Filed NOV 18 1916, 191 — HARRY C. ANDREWS Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. 16, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1916, to Nov. 16 1916, that I saw her alive on Nov. 16, 1916, and that death occurred, on the date stated above, at 5 P. m.
The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. mos. ds.

Contributory (SECONDARY) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Frank Swagner M. D.
Nov. 17, 1916 (Address) 1006 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Nov 19, 1916

20 UNDERTAKER: Geo H Hooper — ADDRESS: 609 Littig Ave

C99723

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C99723

CERTIFICATE OF DEATH.

REGISTERED NO. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 510 N. Rose St ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie Jorden

(Residence in Baltimore: No. 510 N. Rose St.

St.: yrs. 17 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, (Widow) OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 50 Approximate (Years) (Months) (Days)

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Philadelphia Pa

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Georgianna Cole

(Address) 612 Bradley St

15- NOV 18 1916 MARY C. ARMIGER

Filed....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 15, (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

Probably Cerebral Hemmorhage

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) F. C. Smith (Coroner) M. D.

Nov. 16, 1916 (Address) 710 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Int Auburn Cemetery DATE OF BURIAL, Nov 18, 1916

20-UNDERTAKER Geo H Hooper ADDRESS 609 Light St

—8-24-14—M. & T.—2000 Bks.

099714 099724

HEALTH DEPARTMENT—CITY OF BALTIMORE

099724

CERTIFICATE OF DEATH.

92

REGISTERED NO. C 99724

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 N. Wolfe ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Guy

Residence in Baltimore: No. 1511 N. Wolfe St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, June (Month) 17 (Day) 1876 (Year)

7-AGE, 40 yrs. 5 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work. Machine Operator (b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), City

10-NAME OF FATHER, Joseph L Guy

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Annie Gourley

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie G. Guy

(Address) 1511 N. Wolfe

Filed NOV 18 1916, 191.. HARRY C. ANDREWS Clerk. Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 15th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 6th 191 6, to Nov 15th 191 6, that I saw h[illegible] alive on Nov 6th 191 6, and that death occurred, on the date stated above, at 9 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Cirrhosis

(Duration) yrs. mos. 7 ds.

(Signed) J. C. Jones M. D.

Nov 15th 191 6 (Address) 1501 E Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Nov 20, 1916

20-UNDERTAKER McLean & Jones ADDRESS 833 Linden Ave

...—8-24-14—M. & T.—2000 Bks.

99725 (99725) (99725)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

26

REGISTERED No. C 99725

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 McCulloh ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Carroll Walsh

Residence in Baltimore: No. 1007 McCulloh St. St.; (Yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

DATE OF BIRTH, Oct. 4, 1887 (Month) (Day) (Year)

AGE, 29 yrs. 1 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

OCCUPATION: a) Trade, profession, or particular kind of work. Bookkeeper
b) General nature of industry, business, or establishment in which employed (or employer).....

BIRTHPLACE, State or Country), Balto. Md

10-NAME OF FATHER, M. F. Walsh

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Katie Reley

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie Walsh

(Address) 511 N. Calhoun St

Filed NOV 18 1916, 191.... HARRY C. AMBERS Registrar

Burial Permit Book

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 11 1916, to Nov. 16 1916, that I saw him alive on Nov. 16 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 1 yrs. (?) mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Nov. 18, 1916. (Address) 725 N. Carlton St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Oct. 20, 1916.

20-UNDERTAKER H. C. Brauning Son — ADDRESS 511 N. Schroeder St

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99726 168 C99726

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 824 Park ave ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Seymour Merrick

(Residence in Baltimore: No. 824 Park Ave St.) 25 yrs., 10 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Jan 15, 1891
(Month) (Day) (Year)

7-AGE, 25 yrs. 10 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Bond Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Samuel K. Merrick

11-BIRTHPLACE OF FATHER (State or Country), Talbot Co. Md.

12-MAIDEN NAME OF MOTHER Mary C. Gantt

13-BIRTHPLACE OF MOTHER (State or Country), Bolton Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel K. Merrick

(Address) 824 Park Ave

15-

Filed NOV 18 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry
(Inquest, autopsy or inquiry.)
find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gas Poisoning
(Coal)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ?

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. Edward Jaggard M. D.
(Coroner)

Nov. 18, 1916 (Address) 910 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge Cem	Nov. 19 1916
20-UNDERTAKER	ADDRESS
H.W. Jenkins Sons Co	W. Fulton & Arlington Sts

cc.—8-24-14—M. & T.—2000 Bks.

C99727 HEALTH DEPARTMENT—CITY OF BALTIMORE C99727

CERTIFICATE OF DEATH.

5 - 120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 228 N Front ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Gordon

Residence in Baltimore: No. 228 N. Front St. St.; 25 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

DATE OF BIRTH August — (Month), (Day), 1883 (Year)

AGE, 33 yrs. 3 mos. ds.

If LESS than 1 day, hrs. or min.?

OCCUPATION:
a) Trade, profession, or particular kind of work: Paper Box
b) General nature of industry, business, or establishment in which employed (or employer): Mfg

BIRTHPLACE, (State or Country), Russia

10-NAME OF FATHER, Isaac Gordon

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Leur

(Address) 1411 E. Balto St

Filed NOV 19 1916, 191... HARRY C. ARDEEN Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 15 1916, to Nov 17 1916, that I saw him alive on Nov 17 1916, and that death occurred, on the date stated above, at 11.59 p.m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis - Hypertension
Hypocardia
Renal
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dropsy Renal
Insufficiency (Duration) yrs. 6 mos. ds.

(Signed) Frank J. Siesta M. D.

, 191... (Address) 1126 Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship Cem DATE OF BURIAL, 11/19, 1916

20-UNDERTAKER Jack Leur's ADDRESS 1411 E Balto

ec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

099728 099728

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1716 E. Baltimore St.; 2 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Aaron Samet

esidence in Baltimore: No. 1716 E. Baltimore St.; yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

EX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

ATE OF BIRTH, Unknown — (Month) (Day), 1838 (Year)

GE, 78 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

OCCUPATION:
a) Trade, profession, or particular kind of work: Tailor
b) General nature of industry, business, or establishment in which employed (or employer): Men's Clothes

IRTHPLACE, (State or Country), Russia

10-NAME OF FATHER, Mordecai Samet

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Kramer

(Address) 1716 E. Balto. St.

NOV 19 1916

filed, 191

MARY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 14 1916, to Nov. 17, 1916, that I saw h in alive on Nov. 17, 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Chronic

X-Ray (Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 2 mos. ds.

(Signed) Isaac M. Marks M. D.

Nov. 17, 1916. (Address) 1802 E. Balto. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. ds. In the State yrs. 2 mos. ds.

Where was disease contracted, if not at place of death? Philadelphia, Pa.

Former or usual residence Philadelphia, Pa.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Cemetery — DATE OF BURIAL, 11/19 191 6

20-UNDERTAKER Jack Lewis — ADDRESS 1411 E. Balto

C99729

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99729

CERTIFICATE OF DEATH.

79

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. In Patrol Wagon St. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Wilson

(Residence in Baltimore: No. 870 Eisler St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 44 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Jermark Wilson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Emalie Gorsn

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Wilson

(Address) 870 Eisler

15- Filed NOV 19 1916 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to ....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Albert D. Driscoll M. D. (Coroner)

Nov. 18, 1916 (Address) 317 N Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn Cemetery

DATE OF BURIAL, Nov 19 1916

20-UNDERTAKER John H Bardine

ADDRESS 1132

C99739

HEALTH DEPARTMENT—CITY OF BALTIMORE

172

C99730

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE (Hospital) Johns Hopkins Hospital ST. 1 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Gibula

(Residence in Baltimore: No. 2106 Aliceanna st St. — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec (Month) 30 (Day) 1886 (Year)

7-AGE, 29 yrs. II mos. I7 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Purifier in
(b) General nature of industry, business, or establishment in which employed (or employer): zinc works

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, John Gibula

11-BIRTHPLACE OF FATHER (State or Country). Poland

12-MAIDEN NAME OF MOTHER Apoloma Sowa

13-BIRTHPLACE OF MOTHER (State or Country). Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Powell Gibula
(Address) 2II0 Aliceanna st

15-
Filed NOV 19 1916, 191 HARRY O. ANDERS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) I7 (Day) I916 (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism Fall off roof

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] M. D. (Coroner.)

Nov I8 I916, 191. (Address) N E dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. I ds. In the State 14 yrs. mos. ds.
Where was disease contracted, if not at place of death? Canton Zinc Works
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, St. Stanislaus
DATE OF BURIAL, Nov 21, 1916
UNDERTAKER Wm Fiackowski
ADDRESS 161 Caster

C99731 HEALTH DEPARTMENT—CITY OF BALTIMORE C99731

CERTIFICATE OF DEATH.

REGISTERED No. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1702 Ashburton St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Sanders

(Residence in Baltimore: No. 1702 Ashburton St.) (41 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, June 22, 1839 (Month) (Day) (Year)

7-AGE, 77 yrs. 5 mos. 27 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Own Relief (b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Paul Sanders

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER ? Otto

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE, TO ~~THE BEST~~ OF MY KNOWLEDGE.

(Informant) Gertrude Sanders

(Address) 1702 Ashburton St

15- FILED NOV 19 1916 191.. MARRY (illegible) Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malignant Tumor of Breast

Exhaustion

Duration: 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

Duration: 3 yrs. mos. ds.

(Signed) J. W. Mills M. D.

(Coroner)

Nov 19, 191.. (Address) 1 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn, Md. DATE OF BURIAL, Nov 20, 1916

20-UNDERTAKER, Wm Cook ADDRESS, 502 E North Ave

c.—8-24-14—M. & T.—2000 Bks.

C99732 HEALTH DEPARTMENT—CITY OF BALTIMORE 114 C99732

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Main Protestant Infirmary REGISTERED NO. C

TY OF BALTIMORE: (No. 1514 Division St. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Anne Randolph

esidence in Baltimore: No. Union Probstatistafly St.; 0 yrs. 0 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH, February 2, 1851. (Month) (Day) (Year)

7-AGE. 65 yrs. 9 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, State or Country), Pennsylvania

10-NAME OF FATHER. Edward T. Randolph

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Mary Sharpless

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss A. Randolph

(Address) Phila Pa.

NOV 19 1916 HARRY C. ANDREWS, 191.... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 18, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 2 1916, to Nov 18 1916, that I saw her alive on Nov 18 1916, and that death occurred, on the date stated above, at 8:20 P. m.

The CAUSE OF DEATH* was as follows:

Cholelithiasis,
(Operation-cholecystectomy, Nov 16.)

(Duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Surgical shock

(Duration) yrs. mos. 2 ds.

(Signed) R. T. Kieffer M. D.

NOV 18, 1916. (Address) 1514 Division St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 16 ds. In the State yrs. mos. 16 ds.

Where was disease contracted, if not at place of death? Phila, Pa.

Former or usual residence 1310 S. 47th St. Phila. Pa.

PLACE OF BURIAL, OR REMOVAL. Phila. Penna DATE OF BURIAL. Nov 19, 1916

19-UNDERTAKER Stewart & Moran Co ADDRESS 1082 Park

ec.—8-24-14—M. & T.—2000 Bks.

C99733 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 C99733

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1340 Division ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dempsie Brown

esidence in Baltimore: No. ~~Same~~ 1340 Division St.; yrs. 40 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Male	Colored	Married

ATE OF BIRTH, ... July (Month) 17 (Day), 1860 (Year)

GE, 56 yrs. 4 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

CCUPATION:
a) Trade, profession, or particular kind of work..... Day Laborer
b) General nature of industry, business, or establishment in which employed (or employer).....

IRTHPLACE, State or Country), Md

10-NAME OF FATHER, John Brown

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Isabella Parker

13-BIRTHPLACE OF MOTHER (State or Country). md

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clara Brown

(Address) 1340 Division St

NOV 19 1916 HARRY C. ANDREWS

led....., 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 191.., to Nov 17 1916, that I saw h... alive on Nov 17 1916, and that death occurred, on the date stated above, at 1:12 m.

The CAUSE OF DEATH* was as follows:

Hemiplegia, Hemiplegia
Cerebral Hemorrhage
6 weeks

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 1 mos. ds.

(Signed) W. L. Bryan M. D.

Nov 18, 1916. (Address) 528 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn — DATE OF BURIAL, Nov 19, 1916

20-UNDERTAKER Jno. H. Soadin — ADDRESS 142 Wadsl St

c.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

099734 099734

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 807 George ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Cook

sidence in Baltimore: No. 807 George St. (— yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

ATE OF BIRTH, ... (Month) ..... (Day) 1843 (Year)

GE, 73 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.f

CCUPATION:
) Trade, profession, or particular kind of work Laundress
) General nature of industry, business, or establishment in which employed (or employer)

IRTHPLACE, State or Country), Md.

10-NAME OF FATHER, William R. Gaines

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va.

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henrietta Cook

(Address) 807 Geo. St.

NOV 19 1916, 191.... HARRY C. ANDERS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15 1914, to Nov 17 1916, that I saw h[illegible] alive on Nov 16 1916, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Atero Sclerosis

(Duration) 5 yrs. mos. ds.

(Signed) Jno. G. Thelse M. D.

, 191... (Address) 206 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem'd

DATE OF BURIAL, 11/19, 1916

20-UNDERTAKER Samuel J. Hemsley

ADDRESS 578 N. Biddle

...—8-24-14—M. & T.—2000 Bks.

099735 HEALTH DEPARTMENT—CITY OF BALTIMORE 099735

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 950 N Gay St ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Olive Snyder

sidence in Baltimore: No. 950 N Gay St St. Like yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

X,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
le	White	Married

ATE OF BIRTH, Dec 22, 1876 (Month) (Day) (Year)

E 39 yrs. 10 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

CCUPATION:
) Trade, profession, or particular kind of work Painter
) General nature of industry, business, or establishment in which employed (or employer) (House)

IRTHPLACE, State or Country) Baltimore Md

10-NAME OF FATHER, Conrad Snyder

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Barbara Schearer

13-BIRTHPLACE OF MOTHER (State or Country) Germany

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Snyder

(Address) 950 N Gay St

NOV 19 1916 CITY C. ADDRESS

...led ..... 191.. .....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 15th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 30th 1916, to Nov 15th 1916, that I saw h[illegible] alive on Nov 15th 1916, and that death occurred, on the date stated above, at 5:15 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial Dis of the Heart

(Duration) ... yrs. 7 mos. ... ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) ... yrs. ... mos. 7 ds.

(Signed) H. D. Stone M. D.

Nov 15th 1916. (Address) 1501 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Nov. 21, 1916.

20-UNDERTAKER Ford Cook

ADDRESS 502 E Monument

Dr Seldner. 1501 E Eager

c.—8-24-14—M. & T.—2000 Bks.

C99736 HEALTH DEPARTMENT—CITY OF BALTIMORE C99736

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1108 E. Lanvale ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Malachy Feeney

esidence in Baltimore: No. 1108 E. Lanvale St.; 57 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

EX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

ATE OF BIRTH, August (Month) 1 (Day) 1859 (Year)

GE, 57 yrs. 3 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

OCCUPATION:
a) Trade, profession, or particular kind of work Coal trimmer
b) General nature of industry, business, or establishment in which employed (or employer)

IRTHPLACE, (State or Country) Ireland

10-NAME OF FATHER, James Feeney

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Sarah Lyons

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Feeney

(Address) 1108 E. Lanvale

NOV 19 1916 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 18 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 11th 1916, to Nov 18th 1916, that I saw h.. alive on Nov 11th 1916, and that death occurred, on the date stated above, at 4.30 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of the lungs

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

11-18, 1916. (Address) 211 N. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Calvary DATE OF BURIAL, Nov. 21, 1916.

20-UNDERTAKER [illegible] ADDRESS 826 N. Paca

c.—8-24-14—M. & T.—2000 Bks.

C99737

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99737

CERTIFICATE OF DEATH.

92

REGISTERED No. C.

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1111 East North Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katie H. Hall

sidence in Baltimore: No. 1111 East North Ave St.; (Age 49 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

EX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

ATE OF BIRTH, Feb (Month) 1 (Day), 1867 (Year)

GE, 49 yrs. 9 mos. 17 ds.

If LESS than 1 day, hrs. or min.?

CCUPATION:
) Trade, profession, or particular kind of work: At Home
) General nature of industry, business, or establishment in which employed (or employer): House Wife

IRTHPLACE, State or Country), Balto Md

10-NAME OF FATHER, Wm J. Robinson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Annie E Wooden

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John E. Hall

(Address) 1111 E. North Ave

led NOV 19 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 16 1916, to Nov 18 1916, that I saw her alive on Nov 18 1916, and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John W. Henderson M. D.

Nov 17, 1916. (Address) 1214 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Nov 20, 1916

20-UNDERTAKER William Cook

ADDRESS 508 E. North

Dr Sanderson 1914 N Caroline Street

9-2414—M. & T.—2000 Blks.

99738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 C99738

REGISTERED NO. C

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1603 Nth Broadway ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Malinda Bell

esidence in Baltimore: No. 1603 Nth Broadway St.; 75 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

EX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (*Write* the word.) Widow

ATE OF BIRTH, March 15, 1842
(Month) (Day) (Year)

GE, 74 yrs. 8 mos. 2 ds.

If LESS than 1 day, hrs. or min.?

CCUPATION:
) Trade, profession, or particular kind of work: At Home
) General nature of industry, business, or establishment in which employed (or employer):

IRTHPLACE, State or Country: Pennsylvania

10-NAME OF FATHER, John Long

11-BIRTHPLACE OF FATHER (State or Country) Pennsylvania

12-MAIDEN NAME OF MOTHER, Jane Connor

13-BIRTHPLACE OF MOTHER (State or Country) Pennsylvania

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. J. Avery

(Address) 1603 Nth Broadway

OV 19 1916

lled ..... 191.. HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 17, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10 1916, to Nov 18 1916, that I saw her alive on Nov 17 1916, and that death occurred, on the date stated above, at 9:20 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 2 ds.

(Signed) C. H. Mansdorfer M. D.

Nov 19, 1916. (Address) 1536 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, Nov 21, 1916.

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave.

Dr Mc Donald 1540 North Broadway

c.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99739 28 C99739

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

TY OF BALTIMORE: (No. 1017 N. Franklin ST.) 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Catherine Jennings

esidence in Baltimore: No. 1017 N. Franklin St. (Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

EX, female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

ATE OF BIRTH, Dec 11, 1894 (Month) (Day) (Year)

GE, 21 yrs. 11 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

CCUPATION:
) Trade, profession, or particular kind of work: Housekeeper
) General nature of industry, business, or establishment in which employed (or employer):

IRTHPLACE, State or Country), Baltimore Md

10-NAME OF FATHER, Thomas Kenny

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Mary Kane

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Keenan

(Address) 1017 N. Franklin st

NOV 19 1916

lled....., 191.... Mary C. Andrews Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 1916, to Nov 18 1916, that I saw her alive on Nov 17 1916, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) J. T. Owens M. D.

Nov 18, 1916 (Address) 109 E Eden Bay ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters cemetery

DATE OF BURIAL, Nov 21 1916

20-UNDERTAKER Wm Cook

ADDRESS 1026 Hoods ave

c.—8-24-14—M. & T.—2000 Bks.

C99740

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99740

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

TY OF BALTIMORE: No. St. Josephs Hosp ST.; 23 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Faulkford

esidence in Baltimore: No. 1129 S Sharp St. St.; 75 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

EX female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

ATE OF BIRTH June 6 (Month) (Day) 1873 (Year)

GE 43 yrs. 5 mos. 11 ds.

If LESS than 1 day, hrs. or min.

CCUPATION:
) Trade, profession, or particular kind of work Housewife
) General nature of industry, business, or establishment in which employed (or employer)

IRTHPLACE, State or Country), W. Virginia

10-NAME OF FATHER, Adolph Heim

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Marie E Langhauser

13-BIRTHPLACE OF MOTHER (State or Country), Germany

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emil Heim

(Address) 1129 Sharp St

NOV 19 1916

lled....., 191.... Harry C. Andrews Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 17 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10 1916, to Nov 17 1916, that I saw her alive on Nov 16 1916, and that death occurred, on the date stated above, at 4.15 p m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

dant Known (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pulmonary oedema

(Duration) yrs. mos. 2 ds.

(Signed) William F Qually M. D.

Nov 17, 1916. (Address) St Josephs Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State 35 yrs. mos. ds.

Where was disease contracted, if not at place of death? dant Known

Former or usual residence 1129 S. Sharp St

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Nov. 20, 1916

20-UNDERTAKER H. J. M. G. Flynn

ADDRESS 1422 Light St

c.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99741 | 1920 | C99741

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1129 S. Charles ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.))

2-FULL NAME John J. Hanlon

sidence in Baltimore: No. 1129 S. Charles St (St.: 48 yrs., 2 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

ATE OF BIRTH, Sept 15 (Month), 1868 (Day) (Year)

GE, 48 yrs. 2 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

CCUPATION:
a) Trade, profession, or particular kind of work: Milk dealer
b) General nature of industry, business, or establishment in which employed (or employer): Retired

IRTHPLACE, State or Country): Baltimore Md

10-NAME OF FATHER: John Hanlon

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Ann Monaghan

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Patrick Burns

(Address) 1129 Charles St.

NOV 19 1916

filed....., 191.... MARY C. ANDREWS Clerk

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 17 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 20 1916, to Nov 17 1916, that I saw him alive on Nov 17 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
Gastro Intestinal
Inflamation

(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Cancer

(Duration) ....yrs. ....mos. 1 ds.

(Signed) H. Hammenbach M. D.

Nov 18, 1916. (Address) 635 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral Cemetery	Nov. 22, 191.6.
20-UNDERTAKER. H. J. & M. J. Flynn	ADDRESS. 1422 Light

C99742

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99742

CERTIFICATE OF DEATH.

169

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. Pier #3 Locust Point. St. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William A.Thompson.

(Residence in Baltimore: No. 106 E.Williamson St. St.; 56 yrs., 4 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married.

6-DATE OF BIRTH: June 27th. 1860., 1 (Month) (Day) (Year)

7-AGE: 56 yrs. 4 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER: William C.K.Thompson.

11-BIRTHPLACE OF FATHER (State or Country): Baltimore, Md.

12-MAIDEN NAME OF MOTHER: Margaret McSherry.

13-BIRTHPLACE OF MOTHER (State or Country): Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Jones. (Sister.)

(Address) 439 N.Front St.

15- HARRY C. ANDERS

Filed NOV 19 1916 191... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 16th. 1916., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (Duration) ....yrs. ....m(o)s. ....ds.

(Signed) Otto M. Reinhardt M. D.

Nov, 17, 1916. (Co) 1017 S.Charles St. (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Clar

DATE OF BURIAL, 11/20, 1916.

20-UNDERTAKER M. Dougherty Son

ADDRESS 15 E. Lee St.

c.—8-24-14—M. & T.—2000 Blks.

C99743 HEALTH DEPARTMENT—CITY OF BALTIMORE C99743

CERTIFICATE OF DEATH.

91

REGISTERED NO. C.....

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1636 E Madison ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dora Goldman

esidence in Baltimore: No. 1636 E madison St.: 25 yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

EX, female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

ATE OF BIRTH, November 1 (Month) (Day) (Year)

GE, 25 yrs. — mos. — da.

If LESS than 1 day, ...hrs. or....min.?

OCCUPATION:
a) Trade, profession, or particular kind of work: housework
b) General nature of industry, business, or establishment in which employed (or employer): at Home

IRTHPLACE, State or Country), Russia

10-NAME OF FATHER, John Goldstein

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Ida Romberg

13-BIRTHPLACE OF MOTHER (State or Country), Russia

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Goldman

(Address) 1636 E Madison St.

NOV 19 1916 191 MARY C. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 19th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 8 1916, to Nov 19 1916, that I saw h er alive on Nov 19th 191, and that death occurred, on the date stated above, at 4A m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(Duration) 8 yrs. mos. da.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. 10 mos. da.

(Signed) Eugene Hepner M. D.

Nov 19, 1916. (Address) 903 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence 1636 E Madison St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Herring Run — DATE OF BURIAL, Nov. 19, 1916

20-UNDERTAKER L. Levinson & Bro — ADDRESS 1107 E Balto St

c.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9974

CERTIFICATE OF DEATH.

80 C9974

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1007 St Paul ST. 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edwin Schenck

esidence in Baltimore: No. 1007 St Paul St

St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

EX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

ATE OF BIRTH, January 7, 1845 (Month) (Day) (Year)

GE, 71 yrs. 10 mos. 10 ds.

If LESS than 1 day, hrs. or min.?

CCUPATION:
a) Trade, profession, or particular kind of work artist
b) General nature of industry, business, or establishment in which employed (or employer)

IRTHPLACE, State or Country), Columbus Ohio

10-NAME OF FATHER, Edwin Schenck

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Margaret Stockett

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edwin Schenck

(Address) 1007 St Paul St.

ed NOV 19 1916, 191 HARRY C. ANDREWS Registrar.

Burial Perm

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 8 1916, to Nov 17 1916, that I saw h m alive on Nov 17 1916, and that death occurred, on the date stated above, at 7 p m.

The CAUSE OF DEATH* was as follows:

Angina pectoris

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(Duration) 7 yrs. mos. ds.

(Signed) C E Bateman M. D.

Nov. 19, 1916 (Address) 1100 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Baltimore Md. St Thomas Cem. DATE OF BURIAL, Nov. 20, 1916.

20-UNDERTAKER George W. Jenkins Sons Co ADDRESS W Cullob + Orchard

...c.—8-24-14—M. & T.—2000 Blks.

099745 HEALTH DEPARTMENT—CITY OF BALTIMORE 099745

CERTIFICATE OF DEATH.

92

REGISTERED NO. C

1-PLACE OF DEATH

...TY OF BALTIMORE: (No. 1621 E Eager ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katie Blank

...esidence in Baltimore: No. 1621 E Eager St.; 50 yrs. \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

...EX. female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

...ATE OF BIRTH, Not known (Month) ..., 1 (Day) ... (Year)

...GE, About 73 yrs. ... mos. ... ds. | If LESS than 1 day, ... hrs. or ... mtn.?

...OCCUPATION:
a) Trade, profession, or particular kind of work ... Housework
b) General nature of industry, business, or establishment in which employed (or employer) ... At home

...IRTHPLACE, State or Country), Pa.

10-NAME OF FATHER, Wm. Fisk

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Fisk

13-BIRTHPLACE OF MOTHER (State or Country), Germany

...-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Joseph G. Blank

(Address) 1509 Federal Place

NOV 19 1916 1916 MARY C. ANDREWS Special Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 17 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Nov 16 1916, to Nov 17 1916, that I saw her alive on Nov 17 1916 and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 12 ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) ... yrs. ... mos. 1 ds.

(Signed) A. Lee Hastings M. D.

Nov 17, 1916 (Address) 1003 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, National Cemetery | DATE OF BURIAL, November 20, 1916

20-UNDERTAKER Henry Hock Son | ADDRESS 1001 E Eager St

c.—8-24-14—M. & T.—2000 Blks.

C99746

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99746

CERTIFICATE OF DEATH.

104

REGISTERED NO. C

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1100 S. Kenwood Av ST.; 1 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances David

sidence in Baltimore: No. 1100 S Kenwood Av St.; ....yrs. 10 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

ATE OF BIRTH, ... Jan. (Month) 17 (Day), 191 6 (Year)

GE, ...yrs. 10 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

CCUPATION:
a) Trade, profession, or particular kind of work: None
b) General nature of industry, business, or establishment in which employed (or employer):

IRTHPLACE, State or Country). Balto md

10-NAME OF FATHER. Joseph David

11-BIRTHPLACE OF FATHER (State or Country). Poland Galicia

12-MAIDEN NAME OF MOTHER. Anna Sawitzka

13-BIRTHPLACE OF MOTHER (State or Country). Galicia

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph David

(Address) 1100 S Kenwood

NOV 19 1916

iled ....., 193.... Clerk

Burial Per... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 11 1916, to Nov 16 1916, that I saw h[er] alive on Nov 16 1916 and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Acute Meningitis

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(Duration) ....yrs. ....mos. 4 ds.

(Signed) Nat K. Konowitch M. D.

Nov 19, 1916 (Address) 1116 S Kenwood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Stanislaus Cem

DATE OF BURIAL. Nov 20, 1916

20-UNDERTAKER. Stephen J Stalkowski

ADDRESS 1019 Hanover

104

099747 HEALTH DEPARTMENT—CITY OF BALTIMORE 182 099747

CERTIFICATE OF DEATH.

PLACE OF DEATH — REGISTERED No. C

OF BALTIMORE (No. Mercy Hospital WARD) 1

2-FULL NAME Wladyslaw Balkowicz

ence in Baltimore: No. 1230 S Elwood av

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

St. Life mos. ds.)

ERSONAL AND STATISTICAL PARTICULARS.

	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Single

OF BIRTH, Jan 21, 1895
(Month) (Day) (Year)

21 yrs. 9 mos. 26 ds. | If LESS than 1 day, ...hrs. or....min.?

UPATION: rade, profession, or particular of work: Brakeman
eneral nature of industry, busi-, or establishment in which loyed (or employer): Penna R R Co

HPLACE, or Country), Baltimore

10-NAME OF FATHER, Jan Balkowicz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Julia Balkowicz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Informant) Jan Balkowicz

(Address) 1230 S Elwood Ave

NOV 19 1916 HARRY C. ANDREWS

....., 191.... Registrar.

Burial Per

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 16, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Nov. 21-1916
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gunshot wound in back of neck Homicide

Instantaneous (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. J. Kelly M. D.
(Coroner.)

191... (Address) 1637 Ewing

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? Baltimore Md

Former or usual residence 1230 S Elwood Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus Cem	Nov 20, 1916.
20-UNDERTAKER	ADDRESS
Stephen J. Trakowski	1012 S Kenwood Ave

...c.—8-24-14—M. & T.—2000 Blks.

099748 HEALTH DEPARTMENT—CITY OF BALTIMORE 1916 099748

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C

...TY OF BALTIMORE: (No. Walker ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Chandler

...esidence in Baltimore: No. Little Sisters of the Poor St.: —yrs., —mos.— ds.)

PERSONAL AND STATISTICAL PARTICULARS.

...EX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Husband

...ATE OF BIRTH, Unknown 1846
(Month) (Day) (Year)

...GE, 64 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

...CCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

...IRTHPLACE, (State or Country), Maryland

10-NAME OF FATHER, John Chandler

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Priscilla Savage

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

...-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

...NOV 19 1916 ...., 191.... MARY C. ...
Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 19th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ...., 191, to ...., 191, that I saw h.. alive on Nov 12 1916, and that death occurred, on the date stated above, at 9 40 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis (Interstitial)

Unknown (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) F. A. Warner M. D.

Nov 19, 1916. (Address) 1129 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 8 mos. ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Little Sisters of the Poor

Former or usual residence Little Sisters of the Poor—

19-PLACE OF BURIAL OR REMOVAL St. Vincents Cemetery DATE OF BURIAL, Nov 21 1916

20-UNDERTAKER Chas. H. Adams & Son ADDRESS 118 N. W. Pape

c.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99749

CERTIFICATE OF DEATH.

91 C99749

1-PLACE OF DEATH

REGISTERED NO. C

TY OF BALTIMORE: (No. 1901 Somerset ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Jackson

esidence in Baltimore: No. 1901 Somerset St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

EX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

ATE OF BIRTH, Sept. (Month) 28 (Day), 1914 (Year)

GE, 2 yrs. 1 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

CCUPATION:
a) Trade, profession, or particular kind of work None
b) General nature of industry, business, or establishment in which employed (or employer)

IRTHPLACE, State or Country), Balto.

10-NAME OF FATHER, James Jackson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Susan Logan

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Jackson

(Address) 1901 Somerset St.

NOV 19 1916

iled....., 191.... MARY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 16 1916, to Nov 17 1916, that I saw h[illegible] alive on Nov 16 1916, and that death occurred, on the date stated above, at 8:50 a.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) yrs. mos. 1 ds.

(Signed) Walter L. Whelan M. D.

Nov 17, 191.. (Address) 1101 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Nov. 19, 1916

20-UNDERTAKER George N. Holland

ADDRESS 517 Fremont Ave.

c.—8-24-14—M. & T.—2000 Bks.

C99750

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 C99750

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

TY OF BALTIMORE: (No. Mercy Hospital ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Tuba Bowen

esidence in Baltimore: No. 3536 Benson St. St.; (X rs., 3 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.)
Female	White	Single

ATE OF BIRTH, July 31, 1916 (Month) (Day) (Year)

GE, 0 yrs. 3 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

CCUPATION:
a) Trade, profession, or particular kind of work: None
b) General nature of industry, business, or establishment in which employed (or employer):

IRTHPLACE, State or Country): Balto Md.

10-NAME OF FATHER, Benj. Bowen

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Alice Sidcoat

13-BIRTHPLACE OF MOTHER (State or Country), Md.

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Bowen

(Address) 3536 Benson St.

Filed NOV 19 1916, 191.....

MARY C. ASHLEY
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 18 1916, to Nov 18 1916, that I saw h.. alive on Nov. 18 1916, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Intestinal Decomposition

about 1

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward L. Duval M. D.

Nov 18, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 3536 Benson St

Former or usual residence 3536 Benson St

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Hampstead DATE OF BURIAL, Nov 20, 1916

20-UNDERTAKER Ellsworth & Son ADDRESS 961 Eastern Ave.

C99751

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C99751

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3107 Huntington Ave St. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ellen Smith

(Residence in Baltimore: No. 3107 Huntington Ave St.; 56 yrs. 4 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 56 yrs. 4 mos. ds. If LESS than 1 day, ... hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Larkin L. Grimes

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Mary Ellen Barry

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John T. Smith

(Address) 2905 Bernard st.

15. NOV 19 1916 Filed ....., 191.. MARY C. ANDERSON Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. 18 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1916, to Nov. 18 1916, that I saw h[illegible] alive on Nov. 18, 1916, and that death occurred, on the date stated above, at 8.10 a m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) Cerebral Hemorrhage was diagnosed

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. Arthur Lodor M. D.

Nov. 18, 1916. (Address) 1120 E. 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Marys, Hampstead | DATE OF BURIAL: Nov 20, 1916

20-UNDERTAKER: Yeamouth & Son. | ADDRESS: 367 Chestnut ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99752 C99752

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 713 Fields St ST.: 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Ewing (Ewery)

(Residence in Baltimore: No. 713 Fields St ST.: 51 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Feb 2[illegible], 1865
(Month) (Day) (Year)

7-AGE, 51 yrs. 8 mos. 17 ds.

If less than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Tom Raaner

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Crabb

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ewery

(Address) 713 Fields St

NOV 19 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

Nov 18, 1916 (Address) 352 Robinson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

usual residence

PLACE OF BURIAL OR REMOVAL, Mary's Hampstead

DATE OF BURIAL, Nov. 21 1916

20-UNDERTAKER Dunworth & Son

ADDRESS 367 Chestnut ave.

C99753 HEALTH DEPARTMENT—CITY OF BALTIMORE C99753

63

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) 719 W Fayette ST. 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gustus Maddox.

(Residence in Baltimore: No. 719 W Fayette St.: 1 yrs. — mos. 24 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct (Month) 21 (Day), 1915 (Year)

7-AGE, 1 yrs. 24 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of Industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Gus. D. Maddox.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Emma F. Giles

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Emma. Maddox.
(Address) 719 W Fayette

15- NOV 19 1916 MARY C. ANDREWS
Filed ....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Hemiplegia Paralysis
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) Albert A. Doscelle, M. D. (Coroner.)
Nov. 15 1916. (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery
DATE OF BURIAL, Nov. 20, 1916.
20-UNDERTAKER Horace Burger & Son
ADDRESS 2631 Folls Road

HEALTH DEPARTMENT--CITY OF BALTIMORE

C99754
1 PLACE OF DEATH

CERTIFICATE OF DEATH

82 C99754
REGISTERED NO. C

CITY OF BALTIMORE (No. 1. S. Fulton ave ST. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bridget Murphy

(Residence in Baltimore: No. 1 S. Fulton Ave St.: 90 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: May (Month) (Day), 1846 (Year)

7-AGE: 90 yrs. 6 mos. — ds. If LESS than 1 day, ..hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: retired
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Braceland

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Hackwood

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas A Murphy

(Address) 1 S Fulton Ave

15- Filed NOV 19 1916 M

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: November (Month) 19 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1916, to Nov. 19 1916, that I saw h.. alive on Nov. 17, 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

arteriosclerosis

"Senility"

(Duration) — yrs. — mos. — ds

Contributory (SECONDARY) cerebral Embolism

(Duration) .. yrs. 1 mos. .. ds.

(Signed) J. T. Ahern M. D.

Nov 19, 1916. (Address) 1042 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death .. yrs. .. mos. .. ds. In the State .. yrs. .. mos. .. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Co Bonnie Brae — DATE OF BURIAL: Nov 22, 1916

20-UNDERTAKER: E M Mitchell & Co — ADDRESS: 1201 W Fayette St

ec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99755

CERTIFICATE OF DEATH.

43 C99755

REGISTERED NO. C

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. S. E. Cor. Calvert & 31st St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Teresa Doherty

Residence in Baltimore: No. S. E. Cor. Calvert & 31st. St. St.: 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

EX. emale

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

DATE OF BIRTH, [illegible], 1 (Month) (Day) (Year)

GE, ut 68 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE, (State or Country), St. John, New Brunswick

10-NAME OF FATHER, William Doherty

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Letitia Mactavish

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Wm. O. Murphy

(Address) 1716 St. Paul St.

Filed NOV 19 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 24 1916, to Nov. 17 1916, that I saw her alive on Nov. 17 1916, and that death occurred, on the date stated above, at 8:15 P m.

The CAUSE OF DEATH* was as follows

Carcinoma of Left Breast

Clinical (Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pertussis & Lungs

(Duration) 1 yrs. 1 mos. ds.

(Signed) S. M. Lounge M. D.

11-18-16 191... (Address) 1276 North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Peter's Cemetery

DATE OF BURIAL, 11/20, 1916

20-UNDERTAKER Henry W. Maus & Son

ADDRESS 810 N. Gilmor St

...—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

099756 **CERTIFICATE OF DEATH.** R 92 099756

REGISTERED NO. C

1-PLACE OF DEATH

TY OF BALTIMORE: (No. Franklin Sq Hospt ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr. Richard Hayden

esidence in Baltimore: No. 18 Days in Hospital St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

EX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widower

ATE OF BIRTH, Unknown (Month) ..... (Day) 1874 (Year)

GE, 42 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

CCUPATION:
a) Trade, profession, or particular kind of work Laborer
b) General nature of industry, business, or establishment in which employed (or employer) ?

IRTHPLACE, State or Country), England

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hilbert L. Fuller

(Address) 630 N. Fulton ave

Filed NOV 19 1916, 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1 1916, to Nov 18 1916, that I saw him alive on Nov. 18 1916 and that death occurred, on the date stated above, at 1220 P.M.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

Duration ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

Duration ... yrs. ... mos. 18 ds.

(Signed) Sigurd L. Mortensen M. D.

Nov. 19 191.6 (Address) 2300 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 18 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Dont Know

Former or usual residence Galveston Texas

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemy — DATE OF BURIAL, Nov 21, 1916

20-UNDERTAKER Hilbert L Fuller — ADDRESS 421 N Broadway

c.—8-24-14—M. & T.—2000 Bks.

C99757

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152 C99757

REGISTERED NO. C

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1527 Linden ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Cecil G. Fletcher

esidence in Baltimore: No. 1527 Linden St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

EX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
M	W	

ATE OF BIRTH, 11 / 19 / 1916 (Month) (Day) (Year)

GE, 7 hours ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, 7 hrs. or ..... min.?

CCUPATION:
a) Trade, profession, or particular kind of work .....
b) General nature of industry, business, or establishment in which employed (or employer) .....

IRTHPLACE, (State or Country), Balto

10-NAME OF FATHER, Cecil G. Fletcher

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Mary L. Hunter

13-BIRTHPLACE OF MOTHER (State or Country), England

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cecil G. Fletcher

(Address) 1527 Linden ave

Filed NOV 19 1916 MARY C. ARDELL Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 19 1916, to Nov 19 1916, that I saw h[illegible] alive on Nov 19 1916 and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Interstitial Hemorrhage

7 hours

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Premature Nursing Baby

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. K. Hayward M. D.

11/19, 1916 (Address) 8356 Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, NOV. 19 1916

20-UNDERTAKER James B. Syer ADDRESS 514 Milton

c.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99758 C99758

CERTIFICATE OF DEATH.

15 - 29

1-PLACE OF DEATH

REGISTERED NO. C

TY OF BALTIMORE: (No. 1361 N. Stricker ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Hastings

esidence in Baltimore: No. 1361 N. Stricker St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

EX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

ATE OF BIRTH, Unknown (Month) (Day), 1883 (Year)

GE, 33 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

OCCUPATION:
a) Trade, profession, or particular kind of work: Domestic
b) General nature of industry, business, or establishment in which employed (or employer): House Wife

BIRTHPLACE, State or Country), Md

10-NAME OF FATHER, William H Heslett

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Susan Hollon

13-BIRTHPLACE OF MOTHER (State or Country), Md

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosa Heslett

(Address) 1361 N Stricker

NOV 20 1916 filed, 191

ROBERT B. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 17th, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from August 2nd 1916, to November 17th 1916, that I saw her alive on November 16 1916, and that death occurred, on the date stated above, at 2.00 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 3 mos. 15 da.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) yrs. mos. 7 da.

(Signed) Geo. H. Saunders M. D.

Nov. 17th, 191 (Address) 2215 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters

DATE OF BURIAL, Nov 20th, 191

20-UNDERTAKER Clarence E Wright

ADDRESS 1364 Mass

rc.—8-24-16—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99759 C99759

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

TY OF BALTIMORE: (No. University Hospt ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Bryant

esidence in Baltimore: No. Emergency Hosp St.; yrs. mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. White

5-CONDITION. (Write the word.) Married

ATE OF BIRTH, (Month) (Day) 1867 (Year)

GE, 49 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

OCCUPATION:
a) Trade, profession, or particular kind of work. Housework.
b) General nature of industry, business, or establishment in which employed (or employer) "

BIRTHPLACE, (State or Country), Ohio

10-NAME OF FATHER, Charles Homey.

11-BIRTHPLACE OF FATHER (State or Country), Ohio.

12-MAIDEN NAME OF MOTHER Lucy Meredith

13-BIRTHPLACE OF MOTHER (State or Country), Va.

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Bryant

(Address) Norwood & Thorton Ave

NOV 20 1916 ROBERT E. KRAUTER

illed ..., 191.. Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 11 (Month) — 18 (Day) —, 1916 (Year),

17- I HEREBY CERTIFY, That I attended deceased from Nov 6 1916, to Nov 18 1916; that I saw h— alive on Nov 18 1916, and that death occurred, on the date stated above, at 10 45 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Operation for Cancer of Uterus (Duration) yrs. mos. ds.

(Signed) Bernard J. Berry M. D.

11-18 1916 (Address) Univ Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 17 ds. In the State 14 yrs. mos. ds.

Where was disease contracted, if not at place of death? Home.

Former or usual residence West Lexington Md.

19-PLACE OF BURIAL OR REMOVAL. Druid Ridge Cemetery

DATE OF BURIAL. Nov. 21. 1916

20-UNDERTAKER E. M. Mitchell & Co

ADDRESS 120 W. Fayette

ec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

099760 099760

CERTIFICATE OF DEATH.

REGISTERED NO. C 170

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1215 Mosher ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George J. Bayley.

esidence in Baltimore: No. 1215 Mosher. St.: ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

EX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

ATE OF BIRTH, February 7, 1849.
(Month) (Day) (Year)

GE, 67 yrs. 9 mos. 12 ds.

If LESS than 1 day, ... hrs. or .... min.?

OCCUPATION:
a) Trade, profession, or particular kind of work ..... Retired -
b) General nature of industry, business, or establishment in which employed (or employer) ..... Real Estate Agt.

IRTHPLACE, State or Country), Washington, D.C.

10-NAME OF FATHER, William F. Bayley

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Margaret Horner

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore.

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Geo. J. Bayley

(Address) 1215 Mosher.

NOV 20 1916 ROBERT R. KRAUTER

led ..... 191 .....

Registrar.

39

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 12, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 26 1915, to Nov 19 1916, that I saw h[illegible] alive on Nov 18 1916, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

..... General anasarca & pulmonary edema. -

..... (Duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration) 3 yrs. ..... mos. ..... ds.

(Signed) M Bernard Hook M. D.

Nov 19, 1916. (Address) 626 N. Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Nov 23 1916

20-UNDERTAKER George J Smith

ADDRESS 1000 E Fayette St

pec.—8-24-14—M. & T.—2000 Bks.

C99761

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99761

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 327 Collins Avenue St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleanora Cannon

Residence in Baltimore: No. 327 Collins Avenue St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

DATE OF BIRTH. September 8, 1846 (Month) (Day) (Year)

AGE, 70 yrs. 1 mos. 19 ds. If LESS than 1 day, ...hrs. or ....min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE, (State or Country), Md

10-NAME OF FATHER, John W. Cumming

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Catherine Gastroff

13-BIRTHPLACE OF MOTHER (State or Country), Germany

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Milton A. Cannon

(Address) 327 Collins Ave.

Filed NOV 20 1916 ROBERT B. KRAUTH Registrar.

Burial Per...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 19th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1st 1916, to November 19th 1916, that I saw him alive on November 14th 1916, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis; Cerebral Hemorrhage

(Duration) 7 yrs. 10 mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) ....yrs. ....mos. 6 ds.

(Signed) Edward Shirley Corbin M. D.

Nov. 14th, 1916. (Address) Lexington Apts

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Nov. 21, 1916.

20-UNDERTAKER Geo. J. Smith ADDRESS 1001 W. Fayette

C99762

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99762

CERTIFICATE OF DEATH.

REGISTERED No. C 1

1-PLACE OF DEATH
CITY OF BALTIMORE (No. On ward St. Joseph's Hospital ST.; 1 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Blake

(Residence in Baltimore: No. 915 Pulaski ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1858 (Year)

7-AGE, 58 yrs. ..... mos. ..... ds.
If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Richard Blake

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER ~~Mary Brown~~

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) ~~Mary~~ Emma Blake
(Address) 915 Pulaski ave

15- FILED NOV 20 1916, 191.. ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.
The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thomas Juan Trust M. D.
(Coroner)
Nov 17, 1916. (Address) 1610 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, National Cemetery
DATE OF BURIAL, Nov 20, 1916

20-UNDERTAKER Mrs K. A. Elliott
ADDRESS 506 East St

C99763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+64 C99763

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital St. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Chas Schwartz

(Residence in Baltimore: No. Turners station Balto Co MD St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Oct 10 1860, 1

(Month) (Day) (Year)

7-AGE, 56 yrs. I mos. 8 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John schwartz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christian Schammel

(Address) 1717 Eastern Ave

15- FILED NOV 20 1916, 191... ROBERT B. KRAUTER Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 17 1916, 191...

(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] (Coroner.) M. D.

Nov 20 1916 (Address) H. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem. DATE OF BURIAL, Nov 20th, 1916

20-UNDERTAKER H. Sander Sons ADDRESS, 1710 Eastern Ave

C99764

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 C99764

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 600 n Madeira St.; 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Maamie Blake

(Residence in Baltimore: No. 600 n Madeira St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Oct. (Month) 8 (Day), 1866 (Year)

7 AGE: 50 yrs. 1 mos. 9 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Thos Hall

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Ellen Hall.

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Albert Harris

(Address) 600 n Madeira St

15 Filed NOV 20 1916, 19 — ROBERT B. KRAUTER REGISTRAR

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov (Month) 17 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 7, 1916 to Nov 17 1916 that I saw h w alive on Nov 17, 1916 and that death occurred, on the date stated above, at 11 45 m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Indefinate (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Cardiac Dropsy

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) J Edward Fisher M. D.

Nov 18, 1916 (Address) 1612 n mon ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery Nov 20 DATE OF BURIAL 1916

20 UNDERTAKER: Milton Davis ADDRESS 1605 McElderry St

...c.—8-24-14—M. & T.—2000 Blks.

C99765

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99765

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2068 E. Patterson Park ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George E. Coomes

(Residence in Baltimore: No. 2068 E. Patterson Park ave St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Sept. 7, 1842 (Month) (Day) (Year)

7-AGE, 74 yrs. 2 mos. 13 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION: a) Trade, profession, or particular kind of work, Engineer b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, John Coomes

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Almira Efford

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry R. Coomes

(Address) 2068 Patterson Park ave

NOV 20 1916 191... ROBERT P. KRAUTER Registrar. Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 20, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct. 2 1916, to Nov. 20 1916, that I saw him alive on " 15 1916, and that death occurred, on the date stated above, at 4.30 P.M.

The CAUSE OF DEATH* was as follows:

Valvular Disease Heart

6

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) ...yrs. ...mos. 1 ...ds.

(Signed) Chas L Green M. D.

11/20/16 191... (Address) 408 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt. Olivet DATE OF BURIAL, Nov 23, 191 6

20-UNDERTAKER Fickler & Fickler ADDRESS 1799 E. Eager st

ec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99766

CERTIFICATE OF DEATH.

28

C99766

REGISTERED NO. C

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 34 N Bentelou St St.: 30 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Winifred M Dunphy

esidence in Baltimore: No. 34 N Bentelou St St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

DATE OF BIRTH, March (Month) 23 (Day), 1888 (Year)

AGE, 28 yrs. 7 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....mtn.

OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): HW

BIRTHPLACE, (State or Country): Balto Md

10-NAME OF FATHER: Henry Findling

11-BIRTHPLACE OF FATHER (State or Country): Balto Md

12-MAIDEN NAME OF MOTHER: Minnie Pflaum

13-BIRTHPLACE OF MOTHER (State or Country): Pa

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Koss

(Address) 1821 Fred Ave

NOV 20 1916 191

ROBERT P. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 18 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 27 1916, to Nov 18 1916, that I saw h eh alive on Nov 17 1916, and that death occurred, on the date stated above, at 2.45 A m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonary

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 14 ds.

(Signed) Edw Gerstel M. D.

Nov 19 1916 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Nov 21, 1916

20-UNDERTAKER Geo. A. Gerber

ADDRESS Baltimore

ec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99767

CERTIFICATE OF DEATH.

15 79 C99767

1-PLACE OF DEATH Hebrew aged Home REGISTERED NO. C

TY OF BALTIMORE: (No. 111-115 disguth St.; 15 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Silverman

esidence in Baltimore: No. 1632 Dunbar Ave St.; 15 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

EX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Widow

ATE OF BIRTH, Unkown (Month) (Day), 1848 (Year)

GE, 68 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

CCUPATION:
a) Trade, profession, or particular kind of work Housework
b) General nature of industry, business, or establishment in which employed (or employer)

IRTHPLACE, State or Country), Austria

10-NAME OF FATHER, Unkown

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Unkown

13-BIRTHPLACE OF MOTHER (State or Country), Austria

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Levis

(Address) 1411 E Baltimore St

Filed NOV 20 1916 ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 12 1915, to Nov. 19 1916, that I saw h[illegible] alive on Nov. 19 1916, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

a) Pneumonia Catarrhal

Arteria Sclerosis

(Duration) 1 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. 2 mos. ds.

(Signed) D. L. McClelland M. D.

Nov. 20, 1916 (Address) 1420 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Carmel

DATE OF BURIAL, 11/20, 1916

20-UNDERTAKER Jack Levis

ADDRESS 1411 E Balto

...cc.—8-24-14—M. & T.—2000 Bks.

99768

HEALTH DEPARTMENT—CITY OF BALTIMORE

sign of Body 5 ft. 11 in

CERTIFICATE OF DEATH.

67

1-PLACE OF DEATH ITY OF BALTIMORE: (No. 602 E Eager ST.; 10 WARD)

REGISTERED NO. C 99768

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edmond H Laurin

Residence in Baltimore: No. 602 E Eager St St.; 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

DATE OF BIRTH, Aug (Month) 9 (Day), 1867 (Year)

AGE 49 yrs. 3 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

OCCUPATION: (a) Trade, profession, or particular kind of work. Policeman (b) General nature of industry, business, or establishment in which employed (or employer) City.

BIRTHPLACE, (State or Country) Alabama

10-NAME OF FATHER, Frank Laurin

11-BIRTHPLACE OF FATHER (State or Country) Alabama

12-MAIDEN NAME OF MOTHER Camelia Harris

13-BIRTHPLACE OF MOTHER (State or Country) Alabama

I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Laurin

(Address) 602 E Eager St.

NOV 25 1916 filed....., 191.....

HARRY [illegible] ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 22 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 5 1916, to Nov 22 1916, that I saw h[illegible] alive on Nov 21 1916, and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

1. Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(Duration) yrs. mos. ds.

(Signed) Dr Benn Glynn M. D.

11/24, 191 6. (Address) 914 E Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mass Cathedral St. DATE OF BURIAL Nov 25 191 6

UNDERTAKER George L Ruth ADDRESS 1735 Harford Ave

Spec.—8-24-14—M. & T.—2000 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99769 170 C99769

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 1707 Lansing ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Xavier Roesch

Residence in Baltimore: No. 1707 Lansing Av. St.; 50 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

DATE OF BIRTH, January, 1, (Month) (Day) (Year)

AGE. 66 years ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work. Brick
(b) General nature of industry, business, or establishment in which employed (or employer). Layer

BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Fredrk Roesch

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Roesch

(Address) 1707 Lansing Ave

15- Filed NOV 20 1916 ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 17, (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 11 1916, to Nov 17 1916, that I saw him alive on Nov 17 1916, and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as followa:

Nephritis (Chronic)

(Duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Wm. J. Watson M. D.

Nov 18, 1916 (Address) 2128 St Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemt

DATE OF BURIAL, Nov 22 1916

20-UNDERTAKER, George J. Ruth

ADDRESS 1735 Hayford ave

C9370 C9370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 15

1 PLACE OF DEATH
CITY OF BALTIMORE (No. 839 W Lombard St.; 18 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME William Joseph Drlehanty
(Residence in Baltimore: No. 839 W. Lombard St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, October 25, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 26 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Wm. E. Drlehanty

11-BIRTHPLACE OF FATHER (State or Country), Penn.

12-MAIDEN NAME OF MOTHER Catherine Clifford

13-BIRTHPLACE OF MOTHER (State or Country), Conn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Catherine Drlehanty
(Address) 839 W. Lombard St.

15- NOV 20 1916 ROBERT B. KRAUTER
Filed ....., 191.... Registrar.
Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 19, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

I. Malnutrition
Prematurity 7 mos.
(Duration), ...yrs. ....mos. ....ds.
CONTRIBUTORY (Secondary) Cardiac Weakness
(Duration) ....yrs. ....mos. ....ds.

(Signed) Egbert S. Driscoll M. D.
Nov 19, 1916 (Coroner.) (Address) 312 N Greenmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Vincent Cemetery. DATE OF BURIAL, Nov. 20 1916

20-UNDERTAKER George J. Ruth ADDRESS 1735 Harford Ave.

HEALTH DEPARTMENT--CITY OF BALTIMORE

99771 1PLACE OF DEATH

CERTIFICATE OF DEATH

1916 99771 REGISTERED No. C

CITY OF BALTIMORE (No. 24 N. Amity ST. 18 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Snowden

(Residence in Baltimore: No. 24 N. Amity St.: 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: Col

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec 17, 1889 (Month) (Day) (Year)

7-AGE: 26 yrs. 11 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): City

PARENTS

10-NAME OF FATHER: John Snowden

11-BIRTHPLACE OF FATHER (State or country): Howard Co. Md

12-MAIDEN NAME OF MOTHER: Priscilla Hammond

13-BIRTHPLACE OF MOTHER (State or country): Howard Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Perry Simpson
(Address) 24 N amity st

15. Filed NOV 20 1916, 191_ ROBERT B. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov 18, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1916, to Nov 18 1916, that I saw her alive on Nov 12, 1916, and that death occurred, on the date stated above, at 6.05 p.m.
The CAUSE OF DEATH* was as follows:

Neuritis

(Duration) yrs. 3 mos. ds

Contributory (SECONDARY) Chronic Nephritis

(Duration) yrs. 3 mos. ds.

(Signed) J. L. Hoffman M. D.
Nov 19, 1916 (Address) 191 W Fay st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Nov 21 1916

20-UNDERTAKER: Alfred J. Tinder — ADDRESS 114 N Mount st

pec.—8-24-14—M. & T.—2000 Bks.

C99772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

110 C99772

REGISTERED NO. C

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. St Joseph's Hospital ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fred Stanley Harrison

Residence in Baltimore: No. 509 Cumberland St.; 53 yrs. 6 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

DATE OF BIRTH. May (Month) 12 (Day), 1861 (Year)

AGE. 53 yrs. 6 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work. Grocer
(b) General nature of industry, business, or establishment in which employed (or employer). Book store

BIRTHPLACE. (State or Country) Maryland

10-NAME OF FATHER. F & C Harrison

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER. Maria L Wheeler

13-BIRTHPLACE OF MOTHER (State or Country). Md

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W T Harrison

(Address) 214 E Balto St

NOV 20 1916 ROBERT R. KRAUTER

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 11 1916, to Nov 19 1916.

that I saw h[illegible] alive on Nov 19 1916,

and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Intestinal Adhesions

with partial obstructions

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) D. K. Johnson M. D.

11/19, 1916. (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State 53 yrs. 6 mos. 8 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 509 Cumberland St

19-PLACE OF BURIAL OR REMOVAL. Loudon Mount Cemetery DATE OF BURIAL. Nov 22, 1916

20-UNDERTAKER Stewart & Howes Co ADDRESS 14 W Pratt

ec.—8-24-14—M. & T.—200M Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99773

CERTIFICATE OF DEATH.

28 C99773

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 924 Rutland ave ST.; WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ada Moore

Residence in Baltimore: No. 924 Rutland ave St.; 8 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

AGE, 28 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

BIRTHPLACE, (State or Country), Va

10-NAME OF FATHER, William H Barnes

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Nanna Green

13-BIRTHPLACE OF MOTHER (State or Country), Va

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Moore

(Address) 924 Rutland ave

NOV 20 1916

ROBERT R. KRAUTER

Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 17, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 19 1916, to Nov 17 1916, that I saw her alive on Nov 16 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) 1 yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Lungs

(Duration) 1 yrs. 1 mos. 5 ds.

(Signed) L. G. Kamman M. D.

Nov 18, 1916. (Address) 708 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel cemetery	Nov 20, 1916.
20-UNDERTAKER	ADDRESS
A E Frost	1405 McElderry St

ec.—5-19-13—M. & T.—500 Bks.

99774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C99774

REGISTERED NO. C

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 553 Walnut Alley ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily Johnson

esidence in Baltimore: No. 553 Walnut St.; 90 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

EX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

ATE OF BIRTH, ... (Month) ..... (Day) , 1826 (Year)

AGE, 90 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

OCCUPATION:
a) Trade, profession, or particular kind of work ..... Laundress
b) General nature of Industry, business, or establishment in which employed (or employer) ..... At Home

BIRTHPLACE, (State or Country), Baltimore - Md.

10-NAME OF FATHER, William Carroll

11-BIRTHPLACE OF FATHER (State or Country), Baltimore - Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore - Md.

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Johnson

(Address) 553 Walnut St

NOV 20 1916 191.. ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 25 1916, to November 18 1916 that I saw h a alive on November 9th 1916 and that death occurred, on the date stated above, at 4-5 p.m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Bertha E. Lapsman M. D.

Nov 18, 191.6 (Address) 2733 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Nov 20 191.6

20-UNDERTAKER Daniel Easton — ADDRESS 916 Penna ave

pec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

099775

CERTIFICATE OF DEATH.

64 099775

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 152 W Hamburg ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Broadwater

Residence in Baltimore: No. 152 W Hamburg St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

DATE OF BIRTH, Unknown (Month), (Day), 1831 (Year)

AGE, 85 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE, (State or Country), Md

10-NAME OF FATHER, Saml Hutchens

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt Broadwater

(Address) 152 W Hamburg

NOV 20 1916, 191... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 17, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1, 1915, to Nov 17 1916, that I saw h e alive on Nov 16 1916, and that death occurred, on the date stated above, at 5 30 m.

The CAUSE OF DEATH* was as follows:

Paralysis Cerebral Hem... Nephr...

(Duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) 9 yrs. mos. ds.

(Signed) C. H. Thorlen M. D.

191... (Address) 714 S. Gay St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn

DATE OF BURIAL, Nov 20 1916.

20-UNDERTAKER Jno A Soadin

ADDRESS 142 Wolfe St

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99776

CERTIFICATE OF DEATH.

8 167 C99776

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mildred Bash

(Residence in Baltimore: No. 2620 E Oliver St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fenale

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Nov 15 1914 (Month) (Day), 1 (Year)

7-AGE, 1 yrs. 3 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Eugen Bash

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Rose Hennill

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eugen Bash

(Address) 2620 Oliver st

15- NOV 20 1916 Filed, 191. ROBERT R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 17 1916 (Month) (Day) (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns Accidental while playin with fire

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) (Coroner.) M. D.

Nov 18 1916 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Dale County DATE OF BURIAL, Nov 21, 1916

20-UNDERTAKER Roth & Sumner ADDRESS 1424 Bway

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9777 — 5 — 19 — C9777

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1117 Lamed St. ST.) 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip Myers

(Residence in Baltimore: No. 1112 Lamed St. 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widowed

6-DATE OF BIRTH, ... (Month) Unknown (Day), 1 (Year)

7-AGE. 55 or years. If LESS than 1 day, ...yrs. ....mos. ....ds. ....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James Myers

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Sarah Justney

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine Chester

(Address) 141 Mulligan St

15- Filed NOV 20 1916, 191.....

ROBERT B. KRAUTER
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fatal dis Heart.

Valvular (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (Duration) yrs. mos. ds.

(Signed) A. F. Tuley (Coroner.) M. D.

Nov 20 1916 (Address) 163 Division

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lowell cemetery

DATE OF BURIAL, Nov 22, 1916

20-UNDERTAKER H. C. Frost & Son

ADDRESS McElderry St

...ec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99778

CERTIFICATE OF DEATH.

4 | 170 C99778

REGISTERED NO. C

1-PLACE OF DEATH

...ITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dominick Corcannon

Residence in Baltimore: No. 212 N. Paca St. St.; 27 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write word.) Single

DATE OF BIRTH, Not known (Month) (Day) 1 (Year)

AGE, 68 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) 4

BIRTHPLACE, (State or Country), Ireland.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Doyle

(Address) 118 N. Bond St.

Filed NOV 20 1916, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 17 1916, to Nov 18 1916, that I saw h[illegible] alive on Nov 18 1916, and that death occurred, on the date stated above, at 8:30 m.

The CAUSE OF DEATH* was as follows:

(a) Chronic Interstitial Nephritis

(b) ... (Duration) Not known yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. mos. ds.

(Signed) Edward W. Smith M. D.

Nov 18, 191.. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1/2 ds. In the State 30 yrs. mos. ds.

Where was disease contracted, if not at place of death? 212 N. Paca St.

Former or usual residence 212 N. Paca St.

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, Nov. 21st, 191..

20-UNDERTAKER George Schilling & Sons

ADDRESS Hill & Monument

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) T. Edmund Doyle

(Address) 418 N. Broadway

...filed NOV 20 1916 191... ROBERT P. KRAUTER Registrar.

(Signed) ..... M. D.

Nov 18..., 191.6 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1/2 ds. In the State 3 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 212 N. Caroline St.

Former or usual residence 212 N. Caroline St.

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, Nov. 21st, 191.6.

20-UNDERTAKER George Schilling & Sons

ADDRESS 1126 E. Monument St.

Dec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99779 C99779

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 1309 N. Eden St., 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin D. Solomon

Residence in Baltimore: No. 1309 N. Eden st. St.; 30 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

DATE OF BIRTH, November 24th, 1841
(Month) (Day) (Year)

AGE, 74 yrs. 11 mos. 26 ds.

If LESS than 1 day, ... hrs. or ... min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Manuf. Shirts

BIRTHPLACE, (State or Country) Baltimore Md.

10-NAME OF FATHER William T. Solomon

11-BIRTHPLACE OF FATHER (State or Country) Balto. Md.

12-MAIDEN NAME OF MOTHER Mary A. Wilds

13-BIRTHPLACE OF MOTHER (State or Country). England.

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William T. Solomon

(Address) 1309 N. Eden st.

...filed NOV 20 1916 ROBERT P. KRAUTER Registrar.

Burial Permit ... Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 20th, 1916.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from November 2 1916, to November 1916, that I saw h[illegible] alive on November 19 1916, and that death occurred, on the date stated above, at 5A m.

The CAUSE OF DEATH* was as follows:

Chronic Cardiac Dilatation

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) 2 yrs. ... mos. ... ds.

(Signed) Harry H. A. Meyer M. D.

November 20th 16 (Address) 1031 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, Nov. 22nd, 1916.

20-UNDERTAKER George Schilling & Sons

ADDRESS 1126 E. Monument St.

...c.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99730

CERTIFICATE OF DEATH.

79 C99780

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C

...ITY OF BALTIMORE: (No. ... St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Johnson

Residence in Baltimore: No. Little Sisters of the Poor St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

DATE OF BIRTH, June 21, 1846
(Month) (Day) (Year)

AGE, 70 yrs. 4 mos. 27 ds.

If LESS than 1 day, ...hrs. or ...min.

OCCUPATION:
(a) Trade, profession, or particular kind of work ... None
(b) General nature of industry, business, or establishment in which employed (or employer) ...

BIRTHPLACE, (State or Country), Hardford Md.

10-NAME OF FATHER, John Carroll

11-BIRTHPLACE OF FATHER (State or Country), Unk

12-MAIDEN NAME OF MOTHER Cassie Wheeler

13-BIRTHPLACE OF MOTHER (State or Country), Unk

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

Filed NOV 20 1916

ROBERT B. KRAUTER
Burial Permit ...
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 19th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 12 1916, to ... 191 ..., that I saw h Er alive on about 2 weeks prior to Death 1916, and that death occurred, on the date stated above, at 2.45 P.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Unknown (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Valvular disease of heart

Unknown (Duration) ... yrs. ... mos. ... ds.

(Signed) F. A. Warner M. D.

Nov. ..., 1916. (Address) 1133 Vallay St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 7 mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Holy Cross

DATE OF BURIAL, Nov. 20, 1916.

20-UNDERTAKER J. C. Medefield

ADDRESS 1 E Fremont Ave

...ec.—8-24-14—M. & T.—2000 Bks.

099781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 099781

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1134 Forrest Place St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie O'Neill

Residence in Baltimore: No. 1134 Forrest Place St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

DATE OF BIRTH, May (Month) 10 (Day), 1841 (Year)

AGE, 75 yrs. 6 mos. 8 ds.

If LESS than 1 day, ... hrs. or ... min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE, (State or Country), Ireland

10-NAME OF FATHER, Patrick O'Neill

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Catherine Coan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas. E. McDonald

(Address) 1134 Forrest Place

15- NOV 20 1916 ROBERT E. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 17 1916, to Nov 18 1916, that I saw her alive on Nov 18 1916, and that death occurred, on the date stated above, at 6 8 m.

The CAUSE OF DEATH* was as follows:

a. Cereb. Myocarditis

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) C. Cereb. Bronchitis

(Duration) 1 yrs. ... mos. 10 ds.

(Signed) Jas. M. Finlon M. D.

Nov. 19 1916 (Address) 700 E. Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Nov 20, 1916

20-UNDERTAKER — ADDRESS

J. C. Medefield 91 Fremont

pec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99782

CERTIFICATE OF DEATH.

8 / C99782

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 1224 N. Charles ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Vandervoort Jenkins

Residence in Baltimore: No. 1224 N. Charles St. (If not in Baltimore, give CITY or TOWN and STATE.) aged 83 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Widow

DATE OF BIRTH, October (Month) 8 (Day), 1833 (Year)

AGE, 83 yrs. 1 mos. 10 ds. If LESS than 1 day, hrs. or min.?

OCCUPATION: (a) Trade, profession, or particular kind of work Lady. (b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, Robert Bruce Vandervoort

11-BIRTHPLACE OF FATHER (State or Country). New York City

12-MAIDEN NAME OF MOTHER Eliza Durham

13-BIRTHPLACE OF MOTHER (State or Country). Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Paul Muller

(Address) 1224 N. Charles St.

15- Filed NOV 20 1916, 19.. ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 18th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 14 1916, to Nov 18 1916, that I saw h[illegible] alive on November 18 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Infarction of R. Lung, Arterio Sclerosis & Senility

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis (Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Nov 20, 1916. (Address) 5 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Nov. 21, 1916

20-UNDERTAKER H. W. Jenkins Sons Co. ADDRESS McCulloh & Orchard.

Dec.—5-19-13—M. & T.—500 Bks. Caroline S. Reith

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99783

CERTIFICATE OF DEATH.

1 C99783

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 E Montgomery ST.: 22 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline S. Reith

Residence in Baltimore: No. 119 E Montgomery St.: 65 yrs. 10 mos. 30 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

DATE OF BIRTH, ... Dec 19th, 1860
(Month) (Day) (Year)

AGE, 55 yrs. 10 mos. 30 ds.

If LESS than 1 day, ... hrs. or .... min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work..... Sales Lady
(b) General nature of industry, business, or establishment in which employed (or employer).....

BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, G. F. Reith

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary A. Early

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. Frederick Reith

(Address) 119 E Montgomery St

15- NOV 20 1916 191 ROBERT R. KRAUTER
Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Nov 18th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 26th 1916, to Nov 18th 1916, that I saw h[illegible] alive on Nov 18th 1916, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

..... Epithelial Cancer .....

..... (Duration) ..... yrs. ..... mos. 23 ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Nov 20th 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, LOUDON PARK DATE OF BURIAL NOV 21 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

C99784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150 C99784

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 509 Myrtle St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Harges

(Residence in Baltimore: No. 509 Myrtle St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	Col.	Single

6-DATE OF BIRTH, Nov (Month) 6 (Day) 1916 (Year)

7-AGE, ...yrs. mos. 13 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), 509 Myrtle

PARENTS.

10-NAME OF FATHER, James Harges

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother -

(Address) 509 Myrtle

15- NOV 20 1916 ROBERT E. KRAUTER

Filed ....; 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 19, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Non Compliance

Premature Birth

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Atelectasis

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Wilkinson M. D. (Coroner)

Nov 20, 1916 (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cem Balto DATE OF BURIAL, Nov 20th 1916

20-UNDERTAKER Charles B Gomes ADDRESS 235 n Pine st

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99785 64 C99785

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. St. Josephs Hospital ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles K Filding

(Residence in Baltimore: No. 1600 North Chapel St.; yrs., mos., ds.) 12.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE, 42 yrs. mos. ds. If LESS than 1 day hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unkown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur Eichler

(Address) 1600 North Chapel Street

15- Filed NOV 20 1916 191 ROBERT R. KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 18. 1916 (Month) (Day) (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] (Coroner.) M. D.

Nov 20 1916, 191... (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State 20 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery — DATE OF BURIAL, Nov 20, 19..

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave.

Res Funeral 2938 E Baltimore Street

...ec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99786 — 113 — C99786

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3122 E. Monument ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie L. Eaton

Residence in Baltimore: No. 3122 E Monument St.; — yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

DATE OF BIRTH, July (Month) 6 (Day), 1862 (Year)

AGE, 54 yrs. 4 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

BIRTHPLACE, (State or Country), New York

10-NAME OF FATHER, Robert Laing

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Eileen Lauder

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas F. Eaton

(Address) 525 Poplar St. Wilmington Del.

Filed NOV 20 1916 ROBERT B. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11 6 1916, to 11 19 1916, that I saw h-e alive on 11 19 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

(a) Acute Pulmonary Oedema

(Duration) 6 hrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) yrs. mos. ds.

(Signed) H. L. France M. D.

Nov 19, 1916. (Address) 1270 E Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Wilmington Del

DATE OF BURIAL, Nov 21, 1916

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

Dr France - 2939 McElderry -

C99787

HEALTH DEPARTMENT--CITY OF BALTIMORE

41

CERTIFICATE OF DEATH

REGISTERED NO. C99787

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 932 Bennett Place St.: 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John F. Stein

(Residence in Baltimore: No. 932 Bennett Place St.: 10 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: White

5 ~~SINGLE~~ MARRIED ~~WIDOWED~~ OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Jan 29, 1866 (Month) (Day) (Year)

7 AGE: 60 yrs. 9 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Germany.

PARENTS

10 NAME OF FATHER: Frederick Stein

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John L Stein

(Address) 932 Bennett Place

15 NOV 20 1916 Filed ..... 191 ; HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov (Month) 18 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1916 to Nov 18 1916. that I saw him alive on Nov 18, 1916. and that death occurred, on the date stated above, at 1.20 P m.

The CAUSE OF DEATH* was as follows:-

Nephritis, Abdominal tumor. Probably Cancer of Colon

Clinical (Duration) 4 yrs. mos. ds

Contributory (SECONDARY) Cardiac dilitation

(Duration) yrs. 4 mos. ds.

(Signed) J Harry L McCarty M. D.

Nov 19, 191 (Address) 87 W. Preston.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: Nov 20, 1916

20 UNDERTAKER: H C Brauning & Son

ADDRESS 517 N Schroeder St

C99788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 C99788

REGISTERED No. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 326 Dover ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1½.)

2-FULL NAME Jesse Irwin

(Residence in Baltimore—No. 326 Dover St 8 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE Col. | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Sngle

6-DATE OF BIRTH, unknown

..... (Month) , 1 (Day) (Year)

7-AGE, 57 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Annie Pigum

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Diggs

(Address) 326 Dover St.

15- NOV 20 1916 HARRY C. ANDREWS

....., 191..... Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 19, 1916

(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert L. Driscoll M. D.

(Coroner)

Nov 19 1916 (Address) 312 N Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Int Auburn Cemetery | DATE OF BURIAL, Nov. 21, 1916

20-UNDERTAKER Geo H Hooper | ADDRESS 609 Lith Ave

C99789

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 C99789

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1617 E. E. Chase St. WARD 1)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Samuel L Talbert

(Residence in Baltimore: No. 1617 E Chase St. 3 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: March (Month) 24 (Day), 1852 (Year)

7 AGE: 64 yrs. 7 mos. 25 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): formerly a Farmer

9 BIRTHPLACE (State or country): Balto Co Md

PARENTS

10 NAME OF FATHER: — Talbert

11 BIRTHPLACE OF FATHER (State or country): Balto Co Md

12 MAIDEN NAME OF MOTHER: Mary Morrison

13 BIRTHPLACE OF MOTHER (State or country): Balto Co Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary F. Wilbur
(Address) 1617 E Chase st

15. Filed NOV 20 1916, 191 HARRY C. ANDREWS Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov (Month) 19th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 8th, 1916, to Nov 19th 1916, that I saw h[illegible] alive on Nov 18th, 1916, and that death occurred, on the date stated above, at 1.30 p. m.
The CAUSE OF DEATH* was as follows:

Hemiplegia

(Duration) ... yrs. ... mos. 11 ds

Contributory (SECONDARY) Cerebral Hemorrhage

(Duration) ... yrs. ... mos. ... ds.

(Signed) H. C. Stone M. D.
Nov 19th, 1916 (Address) 1801 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery DATE OF BURIAL: Nov 21, 1916

20 UNDERTAKER: Henry Lutz ADDRESS: 1007 N. Bond st

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99790

CERTIFICATE OF DEATH.

79 C99790

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 646 N Fulton Ave ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhelmina Heisz.

(Residence in Baltimore: No. 646 N Fulton Ave St. 1 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, Unknown, (Month) (Day) 1840 (Year)

7-AGE, 76 yrs. Unknown mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): Keeper

9-BIRTHPLACE. (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. R. H. Labaré

(Address) 64 N Fulton Ave

15- NOV 20 1916 HARRY C. ARNOLD

Filed ....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 18 (Day), 191.. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ex Cerebral Hemorrhage

Mitral Insufficiency

Duration ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Cystitis

Duration ....yrs....mos....ds.

(Signed) J. M. Weber M. D.
(Coroner.)

Nov 20, 191.. (Address) 879 N Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Westlawn Crem. DATE OF BURIAL, Nov 21 1916

20-UNDERTAKER Daniel Easton ADDRESS 916 Kenyon Ave

Spec.—8-24-14—M. & T.—2000 Blks.

99791

HEALTH DEPARTMENT—CITY OF BALTIMORE

40 C99791.

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 Henry ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antone Kempe

Residence in Baltimore: No. 1500 Henry St.; 70 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married

DATE OF BIRTH, (Month) Dont Know (Day), (Year) 1846

AGE, 70 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

6-OCCUPATION:
(a) Trade, profession, or particular kind of work Night Watchman
(b) General nature of industry, business, or establishment in which employed (or employer) Retired

7-BIRTHPLACE, (State or Country), Balto, Md.

10-NAME OF FATHER, Henry Kempe

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md.

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Rucks

(Address) 1500 Henry St.

15- Filed NOV 20 1916 191 MARY C. ANDERSON Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 17th, 1916. (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 15th 1916, to Nov 17th 1916, that I saw h[illegible] alive on Nov 17th 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) T. J. O'Donnell M. D.

Nov. 20th, 1916 (Address) 107 S. Howard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Nov. 21, 1916

20-UNDERTAKER, H. J. McDermott Flynn

ADDRESS, 1422 Light St.

C99792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C99792

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 304 N. High ST. 5 WARD)

2-FULL NAME. Emma Price (Scott)

(Residence in Baltimore: No. 304 N. High St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1884 (Year)

7-AGE, 32 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, James Price

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Price

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Scott

(Address) 304 N High St.

15- NOV 21 1916 ROBERT E. KRAUTER

Filed ..., 191.. Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 19 (Month) (Day), 191.. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Carbon Monoxide Poisoning

(b) Accidental

(Duration) Hours mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. T. Tilley (Coroner.) M. D.

Nov 20, 191.. (Address) 603 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Nov 21 1916

20-UNDERTAKER Wm. H. Elliott

ADDRESS 504 East St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99793 C99793

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 Chestnut Hill ave ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Edward French

(Residence in Baltimore: No. 520 Chestnut Hill ave St.; 21 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. October 22 1893
(Month) (Day) (Year)

7-AGE. 22 yrs. 1 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Telephone Lineman
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Balto. Co. Maryland.

PARENTS.

10-NAME OF FATHER. Samuel J. French

11-BIRTHPLACE OF FATHER (State or Country). Maryland.

12-MAIDEN NAME OF MOTHER Annie Gilbert

13-BIRTHPLACE OF MOTHER (State or Country). Balto. Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Samuel J. French

(Address) 520 Chestnut Hill ave

15- Filed NOV 21 1916 191 ROBERT R. KRAUTER Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. November 19, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1916, to Nov 19 1916, that I saw him alive on Nov 19 1916, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chr. Arteriosclerosis & Rheumatism

(Duration) about 4 yrs. mos. ds.

(Signed) Wm. A. Treadwell M. D.

Nov. 19, 1916. (Address) 1237 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cemetery

DATE OF BURIAL. Nov. 22, 1916

20-UNDERTAKER Finney Storch Son

ADDRESS 1301 E Eager St

pec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99794 — 64 C99794

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2409 E. Madison ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie M. Peacock

Residence in Baltimore: No. 2409 E. Madison St.; 18 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

DATE OF BIRTH, Sept 25th, 1862 (Month) (Day) (Year)

AGE, 54 yrs. 1 mos. 26 da.

If LESS than 1 day, hrs. or min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

BIRTHPLACE, (State or Country), St. Mary's Co. Md.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amy Peacock

(Address) 2409 E. Madison St

15- NOV 21 1916 Filed, 191 ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 20th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 16 1916, to Nov. 20 1916, that I saw her alive on Nov 20, 1916, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

Apoplectic

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) C. [illegible] M. D.

Nov 21, 1916. (Address) 17 W. Eighth St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence Millers

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Co. Md. DATE OF BURIAL, Nov 21 1916.

20-UNDERTAKER Philip Herwig ADDRESS 2016 Orleans

1405

pec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99795 C99795

C99795 **CERTIFICATE OF DEATH.** 64

1-PLACE OF DEATH REGISTERED NO. C

CITY OF BALTIMORE: (No. 1924 N Monroe St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta M Taylor

Residence in Baltimore: No. 1924 N Monroe St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX, Femal

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

DATE OF BIRTH, Jan. 26, 1848
(Month) (Day) (Year)

AGE, 68 yrs. 9 mos. 23 ds.

If LESS than 1 day, ...hrs. or ...min.!

OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE, (State or Country), Md

10-NAME OF FATHER, Upton Scott

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ann Boyle

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Wroe Taylor

(Address) Calvert & Md

15- NOV 21 1916 191...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 1916, to Nov 18 1916, that I saw her alive on Nov 18 1916, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(Duration) 3 yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ...yrs. 2 mos. ...ds.

(Signed) T. Walker Howard M. D.

Nov 21 191 6 (Address) 1718 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Westminster Md DATE OF BURIAL, Nov 21, 1916

20-UNDERTAKER H. E. Richter & Son ADDRESS Kenwood

pec.—6-24-14—M. & T.—2000 Bks.

C99796 HEALTH DEPARTMENT—CITY OF BALTIMORE 81 C99796

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 E. 22nd St.; WARD 12)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Jane Gilmore

Residence in Baltimore: No. 218 E 22nd St

St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

DATE OF BIRTH, March 8, 1846 (Month) (Day) (Year)

AGE, 70 yrs. 8 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work..... Attorney
(b) General nature of industry, business, or establishment in which employed (or employer).....

BIRTHPLACE, (State or Country), Md.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edwin D. Gilmore

(Address) 218 E. 22nd St.

15- NOV 21 1916 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 19, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 27 1916, to Nov 19 1916, that I saw h[illegible] alive on Nov 19 1916, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis (Cerebral)

Serial

(Duration) ...yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Wm J. Watson M. D.

Nov 21, 1916. (Address) 2128 St Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge | DATE OF BURIAL, Nov 22, 1916.

20-UNDERTAKER W. E. Parkinson & Son | ADDRESS Mount

Dr Watson 2128 St Paul St.

pec.—8-24-14—M. & T.—2000 Blks.

C99797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C99797

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 Braddish Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Sarah A Rutledge.

Residence in Baltimore: No. 1500 Braddish Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

DATE OF BIRTH, Aug (Month) 3 (Day), 1845 (Year)

AGE, 71 yrs. 3 mos. 16 ds.

If LESS than 1 day, ... hrs. or ..... min.?

7-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

8-BIRTHPLACE, (State or Country), New Freedom Pa.

10-NAME OF FATHER, Lewis Grove.

11-BIRTHPLACE OF FATHER (State or Country), York Co. Pa.

12-MAIDEN NAME OF MOTHER Mary Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Ohio.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis H. Weber

(Address) 1500 Braddish ave

15- Filed NOV 21 1916 ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 13 1916, to Nov 19 1916, that I saw h er alive on Nov 19 1916, and that death occurred, on the date stated above, at 5 50 p. m.

The CAUSE OF DEATH* was as follows:

Probably Tuberculosis

Pleurisy

(Duration) ✓ yrs. ✓ mos. 6 ds.

CONTRIBUTORY (Secondary) Pericarditis

(Duration) ✓ yrs. 3 mos. ✓ ds.

(Signed) George C. Shannon M. D.

Nov. 19, 1916 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Leader Park — DATE OF BURIAL, Nov. 22 1916.

20-UNDERTAKER W J Tuckerman — ADDRESS North Penn

Mil 2502

pec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99798

CERTIFICATE OF DEATH.

79 C99798

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 537 W. Carroll ave ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Haber

Residence in Baltimore: No. 537 W Carrollave St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 17, 1861 (Month) (Day) (Year)

7-AGE, 55 yrs. 4 mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS:

10-NAME OF FATHER, Conrad Kuhlmann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sophie Kinnemond

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt R Krauter

(Address) 537 W Carroll ave

15- Filed NOV 21 1916, 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 20, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 7 191 5. to Nov 20 1916, that I saw h alive on Nov 19 1916, and that death occurred, on the date stated above, at 1.55 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Endo-Cervicitis

.....

.....

..... (Duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma Cervix

..... (Duration) yrs. mos. ds.

(Signed) Dr. L. Fetterolf M. D.

Nov 20, 191 6 (Address) 2042 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park

DATE OF BURIAL, Nov 24, 1916.

20-UNDERTAKER W P Richardson

ADDRESS Nort 4 2

Dr Fetterolf Eutaw St Bloom

C99799

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99799

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital St. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hester Hassell

(Residence in Baltimore: No. 619 Park Ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female. 4-COLOR OR RACE, Col. 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... (Month) January, 1 (Day) ..... (Year)

7-AGE, 38 yrs. ..... mos. ..... dys. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital Records

(Address) Green & Lombard Sts.

15- Filed NOV 21 1916 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) and that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert L. Doscar M. D. (Coroner.)

Nov 19 1916 (Address) 512 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Nov. 21st 1916.

20-UNDERTAKER Mrs. R. A. Elliott

ADDRESS 506 East St.

Clerk ff

C99800

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

C99800

REGISTERED No. C 171

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 Westwood Av St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME H. Lamoine Coles

(Residence in Baltimore: No. 2107 Westwood Av St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: January (Month) 1 (Day) (Year)

7-AGE: 55 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): N. C. Va.

PARENTS

10-NAME OF FATHER: James Coles

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Emma Hardin

13-BIRTHPLACE OF MOTHER (State or country): North Underd Va

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant) C. H. G. Broad

(Address) 210 Westwood Av

15- Filed NOV 21 1916 ROBERT R. KRAUTER REGISTRAR

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 20 (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1, 1916, to Nov 20 1916, that I saw h[illegible] alive on Nov 20 1916, and that death occurred, on the date stated above, at 5.45 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Chronic

(Duration) yrs. mos. ds.

Contributory (SECONDARY) Edema of Lungs

(Duration) yrs. 9 mos. ds.

(Signed) J. A. Tolliver M. D.

Nov 21, 1916 [Address] 2042 Eutaw St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs. mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Irvington Va

DATE OF BURIAL: Nov 21, 1916

20-UNDERTAKER: M. Fahey & Son

ADDRESS: 206 Lafayette Av

pec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99801

CERTIFICATE OF DEATH.

X38 C99801

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. of Md. Hosp ST.; E WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Peterson

Residence in Baltimore: No. None - (Virginia & Jamaica St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

DATE OF BIRTH, Nov. (Month) 19 (Day), 1898 (Year)

AGE, 18 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work Waitress
(b) General nature of industry, business, or establishment in which employed (or employer) .....

BIRTHPLACE, (State or Country), Virginia

PARENTS:

10-NAME OF FATHER, Jacob Peterson

11-BIRTHPLACE OF FATHER (State or Country), Va -

12-MAIDEN NAME OF MOTHER Nancy Smith

13-BIRTHPLACE OF MOTHER (State or Country), Va -

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nancy Peterson

(Address) Middlesex Co Va

15- Filed NOV 21 1916, 191.... ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 18 1916, to Nov 19 1916, that I saw h-e alive on Nov. 19 1916, and that death occurred, on the date stated above, at 7:50 a.m.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia

Alcoholism (?)

Probably Gonorrhoeal

(Duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Placta Pulmonalis

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) W. W. Kerr M. D.

Nov 19, 1916 (Address) Municipal Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Jamaica, Virginia

19-PLACE OF BURIAL OR REMOVAL, Bay Port Hill Middlesex Co Va

DATE OF BURIAL, Nov 21, 1916

20-UNDERTAKER James H. Dunnes

ADDRESS 1303 Preston

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99802

CERTIFICATE OF DEATH.

43 C99802

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2331 E. Oliver St ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Weis

Residence in Baltimore: No. 2331 E. Oliver St St.; Life yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

DATE OF BIRTH July 30, 1882
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
34 yrs. 3 mos. 20 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS:

10-NAME OF FATHER, Martin Schaffer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Katherine Kohman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John C. Weis

(Address) 2331 E. Oliver

15- Filed NOV 21 1916, 191 ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1916, to Nov. 20 1916, that I saw h[er] alive on Nov 20th 1916, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Hypostatic (terminal) Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Medullary Carcinoma of left Breast (pathological diagnosis)

(Duration) 1 yrs. 2 mos. ds.

(Signed) Wm R. Graydon M. D.

11/20, 1916 (Address) 1237 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Nov 23, 1916

20-UNDERTAKER, Robt J Turner — ADDRESS Broadway & Eliot

pec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99803

CERTIFICATE OF DEATH.

64

C99803

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2933 E. Fayette ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Barclay

Residence in Baltimore: No. 2933 E. Fayette St.; 46 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): married

DATE OF BIRTH: Sept. 17, 1837 (Month) (Day) (Year)

AGE: 79 yrs. 2 mos. 3 ds.

If LESS than 1 day, hrs. or min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work: Tobacco
(b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE, (State or Country): Germany

10-NAME OF FATHER: Jos. Barclay

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Mary Krauss

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Frances Krauter

(Address): 2933 E. Fayette St.

15- NOV 21 1916 Filed, 191 ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 20, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 20 1916, to Nov. 20 1916, that I saw h. alive on " " 19 1916, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Paralysis

Cerebral Hemorrhage

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) old age

(Duration) yrs. mos. ds.

(Signed) C. C. Peaslee M. D.

Nov 20, 1916 (Address) 26 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Co. DATE OF BURIAL, Nov. 22 1916

20-UNDERTAKER: Robt. J. Turner ADDRESS 1772 N. Broad

Reg

P 6157-8.

Spec.—8-24-14—M. & T.—2000 Bks.

C99804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

110 C99804

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie R. Ball

Residence in Baltimore: No. 1839 W Baltimore St.; 19 yrs., 7 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX. female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

DATE OF BIRTH, Aug (Month) 30 (Day), 1897 (Year)

AGE, 19 yrs. 7 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). At Home

BIRTHPLACE, (State or Country), Baltimore Md

PARENTS:

10-NAME OF FATHER. John H Ball

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER. Rosetta Pillson

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Rosetta Ball

(Address) 1839 W. Baltimore St.

15- Filed NOV 21 1916, 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 16 191 6, to Nov 20 1916, that I saw h[illegible] alive on Nov 19 1916, and that death occurred, on the date stated above, at 1.30 a.m.

The CAUSE OF DEATH* was as follows:

Puerperal Shock

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(Duration) 2 yrs. mos. ds.

(Signed) H. Houston Sowers M. D.

Nov 20, 191 6 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State 16 yrs. 2 mos. 24 ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1839 W Baltimore St

19-PLACE OF BURIAL OR REMOVAL, Western Cem. DATE OF BURIAL, Nov 23, 191...

20-UNDERTAKER for P. Corse ADDRESS 1003 W. Baltimore

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99805

CERTIFICATE OF DEATH.

79 C99805

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 N. Fremont ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Snively Strickler Costaugh

(Residence in Baltimore: No. 116 N. Fremont St.; 15 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED, WIDOW(ER), OR DIVORCED~~ (Write the word.) Married

6-DATE OF BIRTH, June (Month) 27 (Day), 1857 (Year)

7-AGE, 59 yrs. 4 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Traveling Sales
(b) General nature of industry, business, or establishment in which employed (or employer): Dry Goods

9-BIRTHPLACE, (State or Country), Penna.

PARENTS.

10-NAME OF FATHER. Abraham Costaugh

11-BIRTHPLACE OF FATHER (State or Country). Penna.

12-MAIDEN NAME OF MOTHER. Eliza Dritbick

13-BIRTHPLACE OF MOTHER (State or Country). Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Mrs Mary Osborn

(Address). 116 N. Fremont.

15- Filed NOV 21 1916, 191.... ROBERT E. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 5 1916, to Nov 19 1916, that I saw h— alive on Nov 19 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Pulm. Oedema

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Valv. Heart Dis.

(Duration) yrs. 1 mos. ds.

(Signed) E. M. Lanier M. D.

191... (Address) 1236 N. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cem. DATE OF BURIAL. Nov. 22, 1916

20-UNDERTAKER Geo. B. Cook. ADDRESS 1003 W. Baltimore St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99806 — 175 — C99806

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital ST. 3 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hyman Stern

(Residence in Baltimore: No. 226 S. Exeter St.; yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	Married

6-DATE OF BIRTH. Unknown (Month), (Day), 1869 (Year)

7-AGE. 47 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cattle dealer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Romania Russia

PARENTS.

10-NAME OF FATHER. Morris Stern

11-BIRTHPLACE OF FATHER (State or Country). Romania.

12-MAIDEN NAME OF MOTHER Mary - unknown

13-BIRTHPLACE OF MOTHER (State or Country). Romania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Polina Greenberg

(Address) 2001 E. Pratt St.

15- NOV 21 1916, 191... ROBERT E. KRAUTER Registrar.

Burial Permit ... Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

From Shock caused by being hit by an automobile (Accident)

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Gilbert D. Driscoll M. D. (Coroner.)

Nov 21. 1916. (Address) 512 N. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Rosedale	11/24 1916
20-UNDERTAKER Jack Lewis	ADDRESS 1411 E. Pratt

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99807 | CERTIFICATE OF DEATH. | C99807

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 4 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julius Pellicot

(Residence in Baltimore: No. 707 S. 3rd St. Highlandtown Belt Ln. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, March 31, 1866 (Month) (Day) (Year)

7-AGE, 50 yrs. 7 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Leather Worker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Julius Pellicot

11-BIRTHPLACE OF FATHER (State or Country), Paris

12-MAIDEN NAME OF MOTHER, Mary Drissel.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louisa Pellicot.

(Address) 707 S. 3rd St.

15- Filed NOV 21 1916, 19.. ROBERT B. KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 20, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Dilation

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. F. Kelly M. D.

Nov 21, 191 6 (Coroner.) (Address) 1637 E. Lee

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn Cem	Nov. 23, 1916
20-UNDERTAKER Lilly and Zile	ADDRESS 403 S. Wolfe St.

pec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99808 C99808

CERTIFICATE OF DEATH.

79

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Penitentiary, ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Smith #1

Residence in Baltimore: No. ..... St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, October 20, 1880 (Month) (Day) (Year)

7-AGE, 36 yrs. ..... mos. 21 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Barber
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Pennsylvania.

10-NAME OF FATHER, Samuel Smith

11-BIRTHPLACE OF FATHER (State or Country). South Carolina

12-MAIDEN NAME OF MOTHER Sarah Winslow

13-BIRTHPLACE OF MOTHER (State or Country). Pennsylvania.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Thos. Penman

(Address) Maryland Penitentiary

15- NOV 21 1916 191.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 11, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 15 1916, to November 11 1916, that I saw him alive on November 10 1916, and that death occurred, on the date stated above, at 8 15 A. m.

The CAUSE OF DEATH* was as follows:

.....

Acute Cardiac Dilatation

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(Duration) ..... yrs. 1 mos. 26 ds.

(Signed) William H. Schwarz M. D.

Nov. 11, 1916 (Address) M.D. Penitentiary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death 1 yrs. 7 mos. 19 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 3 Potters alley, Salisbury, Md.

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL, ..., 191...

20-UNDERTAKER ADDRESS

Burial Permit Issued

THE MORGUE

Commissioner Health

Per Wm. E. WOODALL

pec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE — C99809

C99809 *

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C 115

CITY OF BALTIMORE: (No. 1426 N. Gilmor ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie N. Turner

Residence in Baltimore: No. 1426 N. Gilmor St.; 35 yrs., 1 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct. 19, 1881
(Month) (Day) (Year)

7-AGE, 35 yrs. 1 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, George W Eisel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Emma Wortmuller

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William E. Turner

(Address) 1426 N. Gilmor Street

15- NOV 21 1916 ROBERT B. KRAUTER
Filed....., 191.... Registrar.

Burial Permit Clerk's

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 20th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 3rd 1916, to Nov 20 1916, that I saw her alive on Nov. 19 1916, and that death occurred, on the date stated above, at 2 15 m.

The CAUSE OF DEATH* was as follows:

Chronic Indigestion Cholecystitis

Biliary Infection

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Gradual Weakness

(Duration) yrs. mos. ds.

(Signed) E. E. Smith M. D.

Nov. 20, 1916. (Address) 1605 N. Monk Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Nov. 13., 1916.

20-UNDERTAKER William Cook — ADDRESS Fay & North

Nr Smith North & Pennsylvania Ave

pec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99810

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

50 C99810

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 3152 Remington Ave ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca F. Wineglass

Residence in Baltimore: No. 3152 Remington Ave St.: 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Nov (Month) 13 (Day), 1834 (Year)

7-AGE, 82 yrs. 6 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

10-NAME OF FATHER, Don't know

11-BIRTHPLACE OF FATHER (State or Country), Don't know

12-MAIDEN NAME OF MOTHER Don't know

13-BIRTHPLACE OF MOTHER, (State or Country), Don't know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. W. Lynch

(Address) 3152 Remington Ave

15- NOV 21 1916

Filed....., 191.....

ROBERT B. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1915, to Nov. 19 1916, that I saw her alive on Nov 19 1916, and that death occurred, on the date stated above, at 7 1/2 p.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) Many yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteria-Sclerosis

(Duration) Several yrs. mos. ds.

(Signed) W. C. Sandrock M. D.

Nov 21 1916. (Address) 1242 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hickeysville Lodge Co Md. DATE OF BURIAL, Nov 22, 1916

20-UNDERTAKER Wm Cook ADDRESS 602 E Monument

BROKER-W. E. W. Lynch

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99811

CERTIFICATE OF DEATH.

40 C99811

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2337 Edmondson Av ST.; 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Wm. Fifer

Residence in Baltimore: No. 2337 Edmondson Ave

St.; 69 yrs., 2 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED.~~ (Write the word.) married

6-DATE OF BIRTH, Aug 27, 1847 (Month) (Day) (Year)

7-AGE 69 yrs. 2 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Retired Grocerman (b) General nature of industry, business, or establishment in which employed (or employer) Unknown

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Jacob Fifer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Scott.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Fifer

(Address) 120 W. 23rd St

15- NOV 21 1916 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 20, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1st 1916, to Nov 20 1916, that I saw him alive on Nov 14 1916, and that death occurred, on the date stated above, at 7.45 A m.

The CAUSE OF DEATH* was as follows:

Cancer Stomach

Chronic (Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) C. H. Duncan M. D.

Nov. 20, 1916. (Address) Govans Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge DATE OF BURIAL, Nov 22 1916

20-UNDERTAKER George J. Smith ADDRESS 52 Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99812 C99812

CERTIFICATE OF DEATH.

REGISTERED NO. C 18 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 N. Amity ST.: 18 WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morris Whitman

(Residence in Baltimore: No. 21 N. Amity St.: 13 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, November, 1 (Month) (Day) (Year)

7-AGE, 33 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor Steel
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Benny Whitman

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Fannie Massing

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. Whitman

(Address) 21 N. Amity st

15- Filed NOV 21 1916, 191.... ROBERT E. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1916, to Nov 21 1916, that I saw him alive on Nov 20 1916, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Compensatory failure

(Duration) yrs. 1 mos. ds.

(Signed) Harry Glassman M. D.

Nov 21, 1916. (Address) 2187 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 21 N. Amity St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale

DATE OF BURIAL, Nov 21, 1916

20-UNDERTAKER J. Levinson Bro

ADDRESS 1107 E Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

B99813

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99813

CERTIFICATE OF DEATH.

REGISTERED NO. C 99813

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 Edmondson ave ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Tubman

Residence in Baltimore: No. 1409 Edmondson ave St.; 12 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, November 21st, 1839 (Month) (Day) (Year)

7-AGE, 76 yrs. 11 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), St. Mary's Co. Md.

PARENTS.

10-NAME OF FATHER, Walter Beavans

11-BIRTHPLACE OF FATHER (State or Country), Charles Co. Md

12-MAIDEN NAME OF MOTHER Susan Ross

13-BIRTHPLACE OF MOTHER (State or Country), St. Mary's Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Kahn

(Address) No 1409 Edmondson Ave

15- NOV 21 1916 ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 21, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1st 1916, to Nov. 21 1916, that I saw h[illegible] alive on Nov. 20 1916, and that death occurred, on the date stated above, at 9-9 m.

The CAUSE OF DEATH* was as follows:

Impaired cardiac & General arterio sclerosis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

(Signed) J. T. Mason M. D.

Nov 21, 1916 (Address) 1409 Edmondson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Spenders Ward St Mary's Co Md. DATE OF BURIAL, Nov 23 1916.

20-UNDERTAKER Henry Hook Sons ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

C99814 HEALTH DEPARTMENT—CITY OF BALTIMORE C99814

CERTIFICATE OF DEATH.

74

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 E 25 ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Blanche DeCourcy Hartlove

Residence in Baltimore: No. 213 E 25th St. (Or Elsewhere) (.....yrs. .....mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Widowed

6-DATE OF BIRTH: Oct 29, (Month) (Day) 1841. (Year)

7-AGE, 75 yrs. ..... mos. 20 ds. If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS:

10-NAME OF FATHER: John S Marguette

11-BIRTHPLACE OF FATHER (State or Country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Mary Bosley

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Stewart

(Address) 213 E 25 St.

15- Filed NOV 21 1916 1916 HARRY C. ANDERSON, Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 19 (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 2 1916, to November 19 1916, that I saw h[illegible] alive on November 18 1916, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

1. Myocarditis

(Duration) yrs. 2 mos. 17 ds.

CONTRIBUTORY (Secondary) ..... (Duration) yrs. ..... mos. ..... ds.

(Signed) C. W. Hoffman M. D.

11/20, 1916. (Address) 2110 W. North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Nov 22 1916

20-UNDERTAKER: Robt. J Turner — ADDRESS: Broadway & Eliza

pec.—8-24-14—M. & T.—2000 Bks.

C99815 HEALTH DEPARTMENT—CITY OF BALTIMORE C99815

CERTIFICATE OF DEATH. 92

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 504 W Cross ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Pratt

Residence in Baltimore: No. 504 W Cross St.: 40 yrs., X mos. X ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 1st, 1876 (Month) (Day) (Year)

7-AGE, 40 yrs. 8 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Cook (b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Washington D C

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lurvia Pratt

(Address) 504 W. Cross

15- NOV 21 1916 Filed....., 191..... MARY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 20, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 19 1916, to Nov 20 1916, that I saw him alive on Nov 20 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Contagious)

..... (Duration) X yrs. X mos. 8 ds.

CONTRIBUTORY (Secondary) Carcinoma Jaw 12 mos

..... (Duration) yrs. mos.

(Signed) O. D. Ellis M. D.

11/25, 1916 (Address) Q.M.S. Fighters

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn ct

DATE OF BURIAL, Nov 23, 1916

20-UNDERTAKER J. L. Brumgard Son

ADDRESS 501 W Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

C99816 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 C99816

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 N. Hughes St. ST. 27 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Wiesel

(Residence in Baltimore: No. 105 N. Hughes St. St.; 80 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) widow

6-DATE OF BIRTH, ..., April 29, 1834
(Month) (Day) (Year)

7-AGE, 82 yrs. 7 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..housework..
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chester Wiesel

(Address) 105 N. Hughes St.

15- Filed NOV 21 1916, 191.....
MARY C. ANDERSON
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..., Nov. 20, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. — 1916, to Nov 20 1916, that I saw h.. alive on Nov 19 1916, and that death occurred, on the date stated above, at 6:30 a. m.

The CAUSE OF DEATH* was as follows:

.....
.....apoplexy.....
.....
..... (Duration).....yrs.....mos. 1/2 ds.

CONTRIBUTORY.....
(Secondary)
..... (Duration).....yrs.....mos. 5 ds.

(Signed) .....M. D.
Nov 21, 191.. (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn St — DATE OF BURIAL, Nov 22, 1916.

20-UNDERTAKER L. Brown & Son — ADDRESS 108 N. Montg St

Spec.—5-19-13—M. & T.—500 Bks.

C99817

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

94 C99817

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3705 North Charles Street St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Bernard

(Residence in Baltimore: No. 3705 North Charles Street, St.; 61 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widowed

6-DATE OF BIRTH: May 31, 1840 (Month) (Day) 1 (Year)

7-AGE: 76 yrs. 5 mos. 19 da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Attorney at Law
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: Mark Bernard

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Heaphy

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Theresa E. Bernard

(Address) 3705 North Charles St.

15-

Filed NOV 21 1916 191 MARY (illegible) Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 20, (Day) 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1 1916, to Jan 20 1916, that I saw h alive on Jan 20 1916, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia

(Hypostatic)

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Senile debility

(Duration) 1 yrs. — mos. ds.

(Signed) Henry B Bernard M.D.

Jan 21, 1916 (Address) 1007 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, 11/22, 191 6

20-UNDERTAKER Harry A. Maas & Son

ADDRESS 1025 Cathedral

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99818

CERTIFICATE OF DEATH.

64 C99818

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 Franklin Terrace ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis X J. Hartenstein

(Residence in Baltimore: No. 513 Franklin Terrace St.; 33 yrs., 2 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept 4, (Month) (Day) 1883 (Year)

7-AGE, 33 yrs. 2 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Ice Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Hartenstein

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Gunther

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Regina G. Hartenstein

(Address) 513 Franklin Terrace

15- NOV 21 1916 Filed....., 191..... MARY C. ... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 19th 1916, to Nov. 19 1916, that I saw h[illegible] alive on Nov. 19 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

[illegible] Pneumonia, Lobar Pneumonia

(Duration) yrs. one mos. 19 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 2 ds.

(Signed) Howard C. Silver M. D.

Nov. 21 1916. (Address) 1914 Bolton St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer Cemetery

DATE OF BURIAL, Nov. 23, 1916

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson St.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99819 or C99819

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2407 Edmondson ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda E Cromwell

Residence in Baltimore: No. 2407 Edmondson ave St.; — yrs., — mos. — da.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Widow

6-DATE OF BIRTH, Aug (Month) 6 (Day), 1837 (Year)

7-AGE, 79 yrs. 3 mos. 14 da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER, Chas Harman

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Richard Lilly

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John R Cromwell

(Address) 532 N Carey St

15-

Filed NOV 21 1916, 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 17 1916, to Nov 20 1916, that I saw h[er] alive on Nov 20 1916, and that death occurred, on the date stated above, at 2.36 P.M.

The CAUSE OF DEATH* was as follows:

1. Myocarditis

2.

3.

(Duration) ... yrs. ... mos. 4 da.

CONTRIBUTORY (Secondary) Senility

(Duration) ... yrs. ... mos. 1 da.

(Signed) William T Loyden M. D.

Nov 20, 191... (Address) 2300 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill DATE OF BURIAL: Nov 22 1916

20-UNDERTAKER: E M Mitchell & Co ADDRESS: 1201 N Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

C998:20 HEALTH DEPARTMENT—CITY OF BALTIMORE C998:20

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1146 Shields alley 17 WARD)

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Plowden

(Residence in Baltimore: No. 1146 Shields alley St.: —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widower

6-DATE OF BIRTH, Unknown (Month), 1 (Day) — (Year)

7-AGE, 83 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Thomas Plowden

11-BIRTHPLACE OF FATHER (State or Country), W. Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ulysses Plowden

(Address) 1146 Shields Alley

15- Filed NOV 21 1916 191. Burial Permit Given Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 4 1916, to Nov. 20 1916, that I saw h[im] alive on Nov. 18 1916, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

1. Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia - Pellagra

(Duration) 5 yrs. mos. ds.

(Signed) Jno. G. Thiesz M. D.

Nov. 21 1916 (Address) 206 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount — DATE OF BURIAL, Nov 22, 1916.

20-UNDERTAKER Samuel Housley — ADDRESS 578 W Balto.

Spec.—8-24-14—M. & T.—2000 Bks.

C99821 HEALTH DEPARTMENT—CITY OF BALTIMORE 9 C99821

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2636 Hearlem Ave St., 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Orilla Hensler

(Residence in Baltimore: No. 2636 Hearlem Ave S. Sefo yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word) Widowed

6-DATE OF BIRTH, ... July ..... 23 ....., 1849
(Month) (Day) (Year)

7-AGE, 67 yrs. 3 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... H. Hensler
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, Thos Hensler

11-BIRTHPLACE OF FATHER (State or Country) Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grafton T. Hensler

(Address) 2636 Hearlem Ave.

15. NOV 21 1916

Filed ....., 191.....

MARRY C. ANDREWS
Registrar.

Burial Permit No. 6014

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 16 1916, to Nov 21 1916, that I saw h alive on Nov 20 1916, and that death occurred, on the date stated above, at 9 00 A m.

The CAUSE OF DEATH* was as follows:

..... Bronchi: Pneumonia .....

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Arteri Sclerosis

..... (Duration) 3 yrs. ..... mos. ..... ds.

(Signed) E. H. Hensler M. D.

Nov 21, 1916 (Address) 2636 Hearlem

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem

DATE OF BURIAL, Nov 22, 1916

20-UNDERTAKER Howe Cook

ADDRESS 932 E Northern

C99822

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99822

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1111 Protestant ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Mann

(Residence in Baltimore: No. 2133 Herbert St. yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Oct 26, 1870 (1820)

7-AGE: 46 yrs. — mos. 24 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Washington, D.C.

PARENTS.

10-NAME OF FATHER: William Mann

11-BIRTHPLACE OF FATHER (State or Country): Washington D.C.

12-MAIDEN NAME OF MOTHER: Jennie Mann

13-BIRTHPLACE OF MOTHER (State or Country): Washington D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Wife

(Address): 2133 Herbert St

15- NOV 21 1916 191.... MARY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 21, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis
Gall Stones

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma

(Duration) yrs. mos. ds.

(Signed) W. Williamson M. D. (Coroner)

Nov 21, 1916 (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cem. DATE OF BURIAL, Nov 23 1916

20-UNDERTAKER: Wm Cook ADDRESS 502 E. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99823 C99823

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 S. Hanover ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ely A. Gill

(Residence in Baltimore: No. 316 S. Hanover St.; 78 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widower

6-DATE OF BIRTH, — (Month) — (Day) 1838 (Year)

7-AGE, 78 yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work. Dentist (b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Bryson Gill

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER dont know

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cyrille Sheahan

(Address) 316 Hanover st

15- Filed NOV 21 1916 MARY C. ANDERSON Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 19, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 5 1916, to Nov 19 1916, that I saw him alive on Nov 19 1916, and that death occurred, on the date stated above at 6 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Oct 1 6

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Medorcee Jones M. D.

Nov 21, 1916. (Address) 423 E. Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem DATE OF BURIAL, Nov 22 1916

20-UNDERTAKER F. A. Krause ADDRESS 703 Hanover

Spec—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99824 91 C99824

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1601 Park Place ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bishop Alpheus W. Wilson

(Residence in Baltimore: No. 1601 Park Place St.: 82 yrs., 9 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White.

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Write the word.) Widowed

6-DATE OF BIRTH, Feb 5th, 1834 (Month) (Day) (Year)

7-AGE, 82 yrs. 9 mos. 16 ds. If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Minister of Gospel
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Howard Wilson

11-BIRTHPLACE OF FATHER (State or Country), W. Va

12-MAIDEN NAME OF MOTHER Cornelia Copeland

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Nina Wilson

(Address) 1601 Park Place

15- NOV 21 1916 HARRY C. ANDREWS

Filed ..... 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 21st, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 15th 1916 that I saw h[illegible] alive on Nov 20th 1916, and that death occurred, on the date stated above, at 7.30 a m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Final shock

(Duration) 6 hrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Asthma

(Duration) 3 yrs. 1 mos. ds.

(Signed) W. F. Hill M. D.

Nov 21, 1916. (Address) 1001 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Nov 23 1916

20-UNDERTAKER Bittinger

ADDRESS 1723 N. Fayette St

C99825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C99825

1-PLACE OF DEATH

CITY OF BALTIMORE (No. ~~1111111/1111~~ St Josephs Hospital)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Bode

(Residence in Baltimore: No. ~~Govans Md.~~ St Josephs Hospital St.; yrs., mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE, 73 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION;
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... House Work

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Conrad Crendall

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W C Bode

(Address) 1900 Maryland ave

15- Filed NOV 21 1916, 191... SAMUEL C. ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 20 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns Accidental Clothes caught fire from stove

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. Winston Cullen (Coroner.) M. D.

Nov. 21 1916 (Address) N. E. Dist.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Govans Md

Former or usual residence Govans Md

18-PLACE OF BURIAL OR REMOVAL, Presbyterian Cem. DATE OF BURIAL, Nov. 22, 1916

20-UNDERTAKER Govans Wm Codkr ADDRESS 502 E Nath ave

C99826

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99826

CERTIFICATE OF DEATH.

175

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospital ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick S. Wolfe

(Residence in Baltimore: No. 2434 Francis St.: yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE	If LESS than 1 day,
53 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Conductor
(b) General nature of industry, business, or establishment in which employed (or employer): U Elec. R R.

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry Wolfe

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Amanda Downs

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Lennon

(Address) 2434 Francis St

15- NOV 21 1916 Filed ....., 191.... MARY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed Thigh Accidental

Caught between 2 cars of the U.E. Elec. R R (Duration) ..... yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Septicaemia

..... (Duration) ..... yrs. ..... mos. 6 ds.

(Signed) James M Denton M. D. (Coroner.)

Nov 24 1916 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 24 ds. In the State of Maryland yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Carroll Freight Yards U E R R

Former or usual residence 2434 Francis St

19-PLACE OF BURIAL OR REMOVAL, Woodlawn — DATE OF BURIAL, Nov 22 19..

20-UNDERTAKER Wm Cook — ADDRESS 502 E Nath

C99827 HEALTH DEPARTMENT—CITY OF BALTIMORE C99827

CERTIFICATE OF DEATH.

167

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital ST. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augusta Miller

(Residence in Baltimore: No. 4 Suburban ave St. yrs., mos ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, May 1 1842, 1
(Month) (Day) (Year)

7-AGE. 74 yrs. 6 mos. "20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), NY

PARENTS.

10-NAME OF FATHER, Stephen B Fuller

11-BIRTHPLACE OF FATHER (State or Country), N Y

12-MAIDEN NAME OF MOTHER Apphia Keeler

13-BIRTHPLACE OF MOTHER (State or Country), Con

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bert Miller

(Address) 4 Suburban ave

15- Filed NOV 21 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 20 1916, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns accidental while burning brush in alley

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

Nov. 21 1916. (Address) N E Dit

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 4 Suburban Ave

Former or usual residence 4 Suburban Ave

19-PLACE OF BURIAL OR REMOVAL, Baltimore Co. | DATE OF BURIAL, Nov 22, 19..

20-UNDERTAKER Wm Cook | ADDRESS 502 E Nath

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99828

CERTIFICATE OF DEATH.

151 C99828

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3020 Cedar Ave 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles W. Carlson

(Residence in Baltimore: No. 3020 Cedar Ave St.: ..yrs.. ..mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (~~Write the word.~~) Single

6-DATE OF BIRTH, Nov 11, 1916 (Month) (Day) (Year)

7-AGE, ..yrs. ..mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work..... Infant.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, A. W. Carlson

11-BIRTHPLACE OF FATHER (State or Country), Kansas

12-MAIDEN NAME OF MOTHER Myrtle Baldwin

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. W. Carlson

(Address) 3020 Cedar Ave

15-NOV 22 1916 Filed....., 191.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 21, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 11 1916, to Nov 21 1916, that I saw h.. alive on Nov 20 1916, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia — (Chest Involvement with 1½ months)

(Duration) ..yrs. ..mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ..yrs. ..mos. ..ds.

(Signed) C. D. Normentt M. D.

Nov .., 191.6 (Address) 3347 Chestnut Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Marys Hampden

DATE OF BURIAL, Nov 22 1916

20-UNDERTAKER Chenowith & Lee

ADDRESS 3347 Chestnut Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99829 64 C99829

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1039 N. Front ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Carey

(Residence in Baltimore: No. 1039 N. Front St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black a. a.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ...Unknown...., 1842
(Month) (Day) (Year)

7-AGE, 74 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, George Carey

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Annie Fisher

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Carey

(Address) 1039 N. Front St

15- Filed NOV 22 1916, 191.... ROBERT B. KRAUTER DEPUTY COMPTROLLER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 19, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1916, to Nov. 19, 1916, that I saw h[illegible] alive on Nov. 18, 1916, and that death occurred, on the date stated above, at 9.40 a m.

The CAUSE OF DEATH* was as follows:

Paraplegia

Cerebral Hemorrhage

(Duration) 2 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Indefinite age

(Duration) 2 yrs. ....mos. ....ds.

(Signed) M.D. M. D.

Nov. 19, 1916 (Address) 1520 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, National Cemetery — DATE OF BURIAL, Nov. 22 1916

20-UNDERTAKER Wm. B. A. Elliott — ADDRESS 507 East St.

C99830 HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

9r C99830
REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No 539 Brice St. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Vernon Elmer Shepherd,

(Residence in Baltimore: No. 539 Brice St.: yrs. 11 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Dec 9, 1904 (Month) (Day) (Year)

7 AGE: yrs. 11 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore city

PARENTS

10 NAME OF FATHER: Basal Shephard

11 BIRTHPLACE OF FATHER (State or country): md

12 MAIDEN NAME OF MOTHER: Lara Hoffman

13 BIRTHPLACE OF MOTHER (State or country): md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Basal Shephard

(Address) 539 Brice St

15.

NOV 22 1916

Filed ..... 191.

ROBERT P. KRAUTER
Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov 20, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1916 to Nov 20 1916 that I saw h~~im~~ alive on Nov 20, 1916 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 7 ds

Contributory (SECONDARY) Bronchitis

(Duration) yrs. mos. 4 ds.

(Signed) J. Edmund Cummins M. D.

Nov 20, 1916. (Address) 2109 Garrison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Dallow Cemetery

DATE OF BURIAL: Nov 22, 1916

20 UNDERTAKER: Josiah Lyon

ADDRESS: 1600 W. North ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 C99831

CERTIFICATE OF DEATH

1 PLACE OF DEATH — Registered No. C

City of Baltimore (No. 1121 Division St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Wm. Henry Brown Jr

(Residence in Baltimore: No. 1121 Division St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Oct. (Month) 14 (Day), 1916 (Year)

7 AGE: yrs. 1 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Md.

PARENTS

10 NAME OF FATHER: Wm. H. Brown Sr.

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Lida Hall

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm H Browne

(Address) 513 Carleton St

15

Filed NOV 22 1916 19[illegible] ROBERT B. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. (Month) 21 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 19, 1916, to Nov. 21 1916, that I saw him alive on Nov. 21, 1916, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) yrs. mos. 4 ds

Contributory (SECONDARY) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Frank E. Magruder M. D.

Nov 21, 1916 (Address) 606 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Saint Peters Cemetery — DATE OF BURIAL: Nov 23rd 1916

20 UNDERTAKER: Filip B. Pyle — ADDRESS: 102 E Mulberry

is very important. See instructions on back of certificate

C99832

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

C99832

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 320 Diamond ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. T. Peterson

(Residence in Baltimore: No. 320 Diamond St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Col

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Nov. (Month) 20 (Day), 1853 (Year)

7-AGE: 62 yrs. 11 mos. 21 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Rebecca Peterson.

(Address) 320 Diamond st.

15 NOV 22 1916

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 21 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1916, to Nov. 21 1916, that I saw him alive on Nov. 20, 1916, and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

— (Duration) — yrs. — mos. 4 ds

Contributory (SECONDARY) Arteriosclerosis

(Duration) — yrs. — mos. — ds.

(Signed) Frank Wagner M. D.

Nov 21, 1916 (Address) 1006 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Nov. 24 1916.

20-UNDERTAKER: Felix B. Pye

ADDRESS: 1026 E. Baltimore St.

19 Very important. See instructions

Spec.—8-24-14—M. & T.—2000 Bks.

C99833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C99833

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 553 W. Hoffman ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Robinson

(Residence in Baltimore: No. 553 W. Hoffman St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Unknown (Month) (Day), 1845 (Year)

7-AGE, 71 yrs. mos. ds.

If LESS than 1 day, hrs. or mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Steven Robinson

(Address) 553 Hoffman

15-

Filed NOV 22 1916, 191

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 19 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1916, to Nov 19 1916, that I saw her alive on Nov 18 1916, and that death occurred, on the date stated above, at 11:30 a. m.

The CAUSE OF DEATH* was as follows:

Paralysis Cerebral Hemorrhage

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) yrs. mos. 15 ds.

(Signed) C. K. Hinkel M. D.

Nov 22, 1916. (Address) 712 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn

DATE OF BURIAL, Nov 22, 191

20-UNDERTAKER John F. Frazier

ADDRESS 1412 Wilkens Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99834

CERTIFICATE OF DEATH.

28 C99834

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 St Marys ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida M Harrison

(Residence in Baltimore: No. 502 St Marys St.; 23 yrs., 4 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 8 (Day), 1893 (Year)

7-AGE, 23 yrs. 4 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Private Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): Hospital

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Robert L Harrison

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Amelia Chase

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Daisy Chaires

(Address) 502 St Marys St

15- Filed NOV 22 1916, 191.... ROBERT B. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 9th 1916, to November 19 1916, that I saw her alive on November 19 1916, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Influenza Sept & Oct Epidemic

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) ....yrs. 5 mos. 0 ds.

(Signed) A M E Cameron M. D.

Nov 21, 1916. (Address) 1369 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Nov 21 191 6

20-UNDERTAKER John A. Bishop

ADDRESS 17 Aisquith St

Spec.—8-24-14—M. & T.—2000 Bks.

Augdine Norwood

HEALTH DEPARTMENT—CITY OF BALTIMORE

C998:35

CERTIFICATE OF DEATH.

138 C998:35

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. University Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augdine Norwood

(Residence in Baltimore: No. Montana Ave & Belair Rd St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Sept (Month) (Day) 1882 (Year)

7-AGE, 34 yrs. 2 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Michael Gallan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Augdine Stoppel

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herbert Norwood

(Address) Montana Ave Rachelsburg

15- Filed NOV 22 1916, 191 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 21 1916, to Nov 22 1916, that I saw h[er] alive on Nov. 22 1916, and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Acute Peritonitis,

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Abortion

(Duration) yrs. mos. 7 ds.

(Signed) Harry M. Stein M. D.

11/22, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Montana Ave & Belair Rd

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, Nov. 23, 1916.

20-UNDERTAKER J. & W. E. Flynn — ADDRESS 1422 Light St.

(Over)

Spec.—8-24-14—M. & T.—2000 Bks.

C998:36

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 C998:36

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 850 N. 36th St. ST. 13 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret A. Beyer

(Residence in Baltimore: No. 850 N. 36th St. St.: 26 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, April (Month) 21 (Day), 1831 (Year)

7-AGE, 85 yrs. 7 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At Home
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Benj. S. Carter

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Rebecca McVey

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Sallie Proctor

(Address) 850 N. 36th St.

15- NOV 22 1916 ROBERT B. KRAUTER

Filed ..... 191.... Registrar.

(Burial Permit)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 21 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 16 1916, to Nov 21 1916, that I saw h[illegible] alive on Nov 24 1916, and that death occurred, on the date stated above, at 6 20 A m.

The CAUSE OF DEATH* was as follows:

Paralysis of the Heart

Cause Unknown (Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Infirmities of age (Duration) ....yrs. 6 mos. ....ds.

(Signed) [illegible] M. D.

Nov 21, 1916 (Address) 865 N. 36th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St. Mary's Hampden DATE OF BURIAL. Nov 23, 1916

20-UNDERTAKER Horace Burgee & Son ADDRESS 363 Park Rd.

Spec.—8-24-14—M. & T.—2000 Blks.

C99837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C99837

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 135 Lyzerne ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Heddinger

(Residence in Baltimore: No. 135 Lyzerne Ave St.; ... yrs., ... mos. ... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, October (Month) 28 (Day), 1869 (Year)

7-AGE, 47 yrs. ... mos. 23 da. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Clerk
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James H Heddinger

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary E Burger

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margrit Heddinger

(Address) 135 Lyzerne ave

15- Filed NOV 22 1916, 191... ROBERT R. KRAUTER Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 20 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Nov. 17 1916, to Nov 20 1916, that I saw h[illegible] alive on Nov. 20 191 6, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 3 da.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ... yrs. ... mos. 3 da.

(Signed) C. C. Rusk M. D.

N.Y. 22 191 6 (Address) 2000 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore	Nov 22, 191...
20-UNDERTAKER	ADDRESS
Marshall Oppenheimer	37 [illegible]

C99838

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 C99838

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH 2320

CITY OF BALTIMORE (No. 2320 Hunt St ST. 1 st WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Podustky

(Residence in Baltimore: No. 2320 Hunt St St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Nov 21, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. one ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William Podustky

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Eva Vasilus

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Podustky

(Address) 2320 Hunt St

15- FILED NOV 22 1916 191 ROBERT R. KRAUTER Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) and from the evidence obtained by said ..... and that said deceased came to h.... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital debilities

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Premature birth 7 mos

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thomas Leon Smith M. D.
(Coroner.)

Nov 22, 1916 (Address) 1611 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Stanislaus Cem	Nov 22nd, 1916.
20-UNDERTAKER	**ADDRESS**
Peter Nicolaus	2046 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 100 C99839

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME D. M. Fisher

(Residence in Baltimore: No. University Hospital St.; yrs., mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov (Month) 22 (Day) 1897 (Year)

7-AGE, 19 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Lottsburg Va

PARENTS.

10-NAME OF FATHER, Samuel Fisher

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Anna Edwards

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. D. M. Rooker

(Address) Lottsburg Va

15- NOV 22 1916 Filed, 191 Registrar.

16 d 7

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 13 1916, to Nov 22 1916, that I saw him alive on Nov 22 1916, and that death occurred, on the date stated above, at 12:45 A.m.

The CAUSE OF DEATH* was as follows:

Insanities

8

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Laryngeal Paralysis

(Duration) yrs. 2 mos. ds.

(Signed) D M Rooker M. D.

11/22, 1916. (Address) Insane Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 ds. In the State yrs. mos. 9 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Lottsburg Va

19-PLACE OF BURIAL OR REMOVAL, Lottsburg Va

DATE OF BURIAL, Nov 25, 1916

20-UNDERTAKER, Jas E Cook

ADDRESS 1003 W Balt

Spec.—8-24-14—M. & T.—2000 Blks.

C99840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 C99840

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank J. Gernershausen

(Residence in Baltimore: No. 2625 W. Franklin St. St.; 42 yrs., 5 mos. 23 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, May 27th, 1874 (Month) (Day) (Year)

7-AGE, 42 yrs. 5 mos. 23 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Bar Tender
(b) General nature of industry, business, or establishment in which employed (or employer): Restaurant

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Frank F Gernershausen

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Whitebrodt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Gernershausen

(Address) 2625 W. Franklin St.

15- Filed NOV 22 1916, 191.... Registrar.

Reed

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 21, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1916, to Nov. 21, 1916, that I saw him alive on Nov. 21, 1916, and that death occurred, on the date stated above, at 1.05 p.m.

The CAUSE OF DEATH* was as follows:

acute cardiac dilatation of one days duration

(Duration) ....yrs. ....mos. ....da.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ....yrs. ....mos. 6 da.

(Signed) Pierce Kintzing M. D.

Nov. 21, 1916. (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 da. In the State Life ....mos. ....da.

Where was disease contracted, if not at place of death? at home.

Former or usual residence 2625 W. Franklin St.

19-PLACE OF BURIAL, OR REMOVAL, Western Cemetery DATE OF BURIAL, Nov. 23rd, 1916

20-UNDERTAKER Mr & Mrs John H Teufel ADDRESS 80 W. Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

C99841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1916 C99841

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel E. Keller

(Residence in Baltimore: No. 814 George St. St.; 67 yrs., 4 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

6-DATE OF BIRTH: July 19, 1848 (Month) (Day) (Year)

7-AGE: 67 yrs. 4 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Veterinary Surgeon
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER: Andrew J Keller

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Margaret Retzer

13-BIRTHPLACE OF MOTHER (State or Country): Germany Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St

15- Filed NOV 22 1916, 191.... MARY C. MEEKINS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 2 1916, to Nov 22 1916, that I saw h[illegible] alive on Nov 22 1916, and that death occurred, on the date stated above, at 6.50 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis and Uraemia

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis Arteriosclerosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward Lenox M. D.

Nov 22, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 20 ds. In the State ..... yrs. 12 mos. ..... ds.

Where was disease contracted, if not at place of death? 814 George St

Former or usual residence 814 George St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount	Nov. 24 1916
20-UNDERTAKER Geo W Little	ADDRESS 531 N Fremont Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C99842 HEALTH DEPARTMENT—CITY OF BALTIMORE 170 C99842

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 N Patterson Park Ave ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward R. Berry

(Residence in Baltimore: No. 1638 N. Smallwood St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan 22nd, 1857 (Month) (Day) (Year)

7-AGE, 59 yrs. 9 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Stone
(b) General nature of industry, business, or establishment in which employed (or employer). Contractor

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Wm Berry

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Isabell Rae

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emelia C. Berry

(Address) 1638 N Smallwood St

15- NOV 22 1916 MARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 21st, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 25th 1916 to Nov 21st 1916, that I saw him alive on Nov 21st 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Uraemic Poison from Chronic Bright's disease

Contributory Hypostatic Pneumonia 1 day

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) H E Hall M. D.

Nov 22nd, 1916 (Address) 1301 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill

DATE OF BURIAL, Nov 24, 1916

20-UNDERTAKER G. F. Walker

ADDRESS 733 W Lafayette

C99843 HEALTH DEPARTMENT---CITY OF BALTIMORE C99843

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED NO. C 1879

CITY OF BALTIMORE: (No. 109 S Poppleton ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucian C. Crowder

(Residence in Baltimore: No. 109 S. Poppleton St.; 92 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: W

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: March (Month) 2nd (Day), 1824 (Year)

7-AGE: 92 yrs. 8 mos. 19 ds. — If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: John Crowder

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Lucia Crowder

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. W. Butterworth

(Address) 109 S Poppleton St

15- Filed NOV 22 1916, 191 — HARRY C. ANDREWS, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1, 1916, to, Nov 21 1916, that I saw h[illegible] alive on Nov 21 1916, and that death occurred, on the date stated above, at 6 3/4 p m.

The CAUSE OF DEATH* was as follows:

Arterial Hypertension

(Duration) yrs 2 mos. 3 ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed), Harry Boyd M. D.

Nov 22 1916 [Address] [illegible]

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem — DATE OF BURIAL: Nov 24th, 1916

20-UNDERTAKER: G. F. Walker — ADDRESS: 723 W Lafa[illegible]

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99844 C99844

CERTIFICATE OF DEATH.

REGISTERED NO. C 150

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Nelmar Apts. ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Betty Janice Fleischer

(Residence in Baltimore: No. Hilldale St & Brookfield Ave St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept (Month) 22nd (Day) 1916 (Year)

7-AGE, yrs. 2 mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Jesse S. Fleischer

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Gertie Blondheim

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jesse S. Fleischer

(Address) Nelmar Apts

15-NOV 22 1916 Filed, 191 HARRY C. ANDREWS Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 21st (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 16 1916, to Nov 21 1916, that I saw her alive on Nov 21 1916, and that death occurred, on the date stated above, at 7 p m.

The CAUSE OF DEATH* was as follows:

Congenital Heart Disease

(Duration) yrs. 2 mos. da.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) yrs. mos. da.

(Signed) D. Leo Hartman M. D.

Nov 22, 1916 (Address) 11 E. Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Hebrew

DATE OF BURIAL, Nov 23, 1916

20-UNDERTAKER David Londheim

ADDRESS 1820 Eutaw Pl

C99845

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH.

C99845

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Block 0 Mutual Element Co) ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Daniel Jones

(Residence in Baltimore: No. 1616 E Monument St.; yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1868 (Year)

7-AGE 48 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Utilizing Waste

9-BIRTHPLACE, (State or Country), Savannah Ga

PARENTS.

10-NAME OF FATHER, Isaac Jones

11-BIRTHPLACE OF FATHER (State or Country), Georgia

12-MAIDEN NAME OF MOTHER Mont Newbanks

13-BIRTHPLACE OF MOTHER (State or Country), Georgia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel Jones

(Address) 1616 E Monument St

15- Filed NOV 23 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 20, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Henry Lyon Bowles M. D. (Coroner.)

Nov 22, 1916. (Address) 1610 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery | DATE OF BURIAL, Nov 23, 1916

20-UNDERTAKER R A Gross | ADDRESS 1405 N Eden St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99846

CERTIFICATE OF DEATH.

170 C99846

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 N. 30th ST.; 17 WARD) REGISTERED No. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha E. Coulson

(Residence in Baltimore: No. 300 N. 30th St. St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Feb. (Month) 20 (Day), 1825 (Year)

7-AGE 91 yrs. 9 mos. 11 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... retired
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, George Coulson

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Margaret Sulocs

13-BIRTHPLACE OF MOTHER (State or Country). Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary N. Pemberton

(Address) 300 N. 30. St

15- Filed NOV 23 1916 ROBERT R. KRAUTER Registrar. Burial Permit issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10 1916, to Nov 21 1916, that I saw h[illegible] alive on Nov 21 1916, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Heart Failure & Arterio Sclerosis (Duration) 1 yrs. ... mos. ... ds.

(Signed) [illegible] M. D.

Nov. 21, 1916 (Address) 1017 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park. DATE OF BURIAL, Nov. 23, 1916

20-UNDERTAKER C. M. Mitchell No ADDRESS 1201 W. Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99847

CERTIFICATE OF DEATH.

79

C99847

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 Robery ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily Mahoney

(Residence in Baltimore: No. 1209 Robery St.; 25 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. Blk

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Wid

6-DATE OF BIRTH. Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE. 61 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cook
(b) General nature of industry, business, or establishment in which employed (or employer). Private Family

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). do

12-MAIDEN NAME OF MOTHER do

13-BIRTHPLACE OF MOTHER (State or Country). do

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lula Mahoney

(Address) 1209 Robery St

15-

Filed NOV 23 1916, 191.... ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 20 1916, to Nov 20 1916, that I saw h.. alive on Nov 20 1916, and that death occurred, on the date stated above, at 10 H m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. ..... mos. 2 ds.

(Signed) J. J. Norwood M. D.

Nov 21, 1916 (Address) 93 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Woodberry Cem

DATE OF BURIAL. Nov 23 1916

20-UNDERTAKER Samuel Stanley

ADDRESS 1500 Bath

C99848

HEALTH DEPARTMENT—CITY OF BALTIMORE

114

C99848

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 5749 Auburn St. Ward 17) REGISTERED NO. C

2-FULL NAME William Gordon

(Residence in Baltimore: No. 1001 Argyle Ave St.; yrs.. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, September (Month) (Day) 1880 (Year)

7-AGE, 36 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Steamer
(b) General nature of industry, business, or establishment in which employed (or employer). Fertilizing Works

9-BIRTHPLACE. (State or Country), N. C.

PARENTS.

10-NAME OF FATHER, Henry Gordon

11-BIRTHPLACE OF FATHER (State or Country). N. C.

12-MAIDEN NAME OF MOTHER Betsie Kilen

13-BIRTHPLACE OF MOTHER (State or Country). N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Celly Gordon

(Address) 1001 Argyle Ave

15-

FILED NOV 23 1916 191.

ROBERT R. KRAUTER
DEPUTY REGISTRAR

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 22 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure from
Neurasthenia Gall Stones

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gall Stones

(Duration) yrs. mos. ds.

(Signed) H. Wilkerson M. D.
(Coroner)

Nov. 22, 1916. (Address) 804 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem DATE OF BURIAL, Nov 23 1916

20-UNDERTAKER Samuel F Brady ADDRESS 5780 Bo

C99849

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 S C99849

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 920 Fonkenwood St. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Grant

(Residence in Baltimore: No. 920 Fonkenwood St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Single

6-DATE OF BIRTH, May (Month) 15 (Day), 1871 (Year)

7-AGE, 45 yrs. 5 mos. 27 ds. If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Coal Carrier
(b) General nature of industry, business, or establishment in which employed (or employer): Chesapeake Coal Co.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Grant

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Mary Boston

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister

(Address) 920 Fonkenwood Lane

15- NOV 23 1916 ROBERT R. KRAUTER
Burial Permit Issued ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

I Pulmonary Thrombosis
Pneumonia
Blow by Fist (Duration) ....yrs. ....mos. ....ds.
Acc. Contusion of Brain
CONTRIBUTORY (Secondary) Blow by Fist
(Duration) ....yrs. ....mos. ....ds.

(Signed) H. Wade Hazen M. D.
(Coroner)
Nov 22, 1916. (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem DATE OF BURIAL, Nov. 25, 1916.

20-UNDERTAKER Daniels Stanley & Co ADDRESS 518 N Bond

Spec.—8-24-14—M. & T.—2000 Blks.

C99850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C99850

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 678 Bradley St ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lorenz H. Reddick

(Residence in Baltimore: No. 678 Bradley St St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Blk

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) ..... (Day) 1 (Year)

7-AGE, 44 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Plasterer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Henry Reddick

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Hester White

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur Wilson

(Address) 875 W. Franklin

15- NOV 23 1916 191.....

ROBERT R. KRAUTER

Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 20th (Month) (Day) , 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 11th 1916, to Nov 20th 1916, that I saw him alive on Nov 19th 1916, and that death occurred, on the date stated above, at 9.55 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) ..... yrs. 4 mos. 10 ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Gustav Gobelmann M. D.

Nov 22, 1916 (Address) 655 W. Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Nov 24 1916

20-UNDERTAKER Edward B. Jones

ADDRESS 2358 Pine St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99851 C99851

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2422 E. Monument ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Noethen

(Residence in Baltimore: No. 2422 E. Monument St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, April 9th, 1834 (Month) (Day) (Year)

7-AGE, 82 yrs. 7 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 4 years

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country). Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mollie Bauer

(Address) 2422 E. Monument St

15 NOV 23 1916 ROBERT R. KRAUTER.

Filed....., 191.....

Burial Permit Clerk ~~Registrar~~

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 22nd, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 10 1916, to Nov. 22 1916, that I saw h[illegible] alive on Nov. 21 1916, and that death occurred, on the date stated above, at 1451 A. m.

The CAUSE OF DEATH* was as follows:

1. Chronic Interstitial Nephritis

(Duration) 3 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Enlarged prostate — uremic coma

(Duration) yrs. mos. ds.

(Signed) E. A. Midden M. D.

Nov. 23, 191.6 (Address) 1711 E Pratt St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Nov. 27 1916.

20-UNDERTAKER H. Sander & Sons

ADDRESS 1710 E. Pratt St

Spec.—8-24-14—M. & T.—2000 Blks.

C99852

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99852

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. H. Dodson

(Residence in Baltimore: No. Rossville Md. St.; ..... yrs., ... mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH: May (Month) 3 (Day) 1839 (Year)

7-AGE: 77 yrs. 6 mos. 18 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Warehouseman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto City Md.

PARENTS.

10-NAME OF FATHER: Robert J. Dodson

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Susan Lambdin

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Lawrence Dodson

(Address): 502 S. Potomac St.

15-

Filed NOV 23 1916 191... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 21 (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 13 191... to Nov 21 1916, that I saw h[illegible] alive on Nov 13 1916, and that death occurred, on the date stated above, at 8:00 p.m.

The CAUSE OF DEATH* was as follows:

General Peritonitis

(Duration) .... yrs. .... mos. 5 ds.

CONTRIBUTORY (Secondary) Pneumonia for

Enlarged Prostate (Duration) ? yrs. .... mos. .... ds.

(Signed) L. M. McCullough M. D.

11/24/16 191... (Address) St Joseph Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. 8 ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence Rossville Maryland

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery — DATE OF BURIAL, Nov. 24 191...

20-UNDERTAKER H. Sinder & Sons — ADDRESS 710 E. Lat St

C99853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175 C99853

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Bal. Gen. Hospital St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Morris.

(Residence in Baltimore: No. 1207 Argyle ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, Aug. 24, 1866 (Month) (Day) (Year)

7-AGE, 50 yrs. 3 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Pvt Family

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: James F. Butler

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Annie Carr

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Elizabeth Bent

(Address): 1207 Argyle ave

15- Filed NOV 23 1916 191.... ROBERT B. KRAUTER Registrar. Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 20, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of skull
by accidental blow by
Electric Car
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Hemorrhage of Brain
(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. Wilson M. D.
(Coroner)

Nov 20, 1916. (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State 9 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Madison Ave & Lanvale St

Former or usual residence 1207 Argyle Ave

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Nov 23, 1916

20-UNDERTAKER John H Todd — ADDRESS 142 Uhler st

Spec.—8-24-14—M. & T.—2000 Bks.

C99854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C99854

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2426 E. Madison St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Hugel

(Residence in Baltimore: No. 2426 E. Madison St.: 53 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dec. 19th, 1841. (Month) (Day) (Year)

7-AGE, 74 yrs. 11 mos. 1 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. John Silberzahn

(Address) 2426 E. Madison

15- Filed NOV 23 1916 191... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 20, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 17 1916, to Nov. 20 1916, that I saw h.. alive on Nov 20 1916 and that death occurred, on the date stated above, at 6 30 m.

The CAUSE OF DEATH* was as follows:

Pyelitis
Cerebral Hemorrhage

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(Duration) Indefinite yrs. mos. ds.

(Signed) Benj. D. Hollingsworth M. D.

Nov. 22, 1916. (Address) 1216 N. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto. Cem. DATE OF BURIAL, Nov 23 1916

20-UNDERTAKER Philip Herrig ADDRESS 2016 Adams

N+070

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99855

CERTIFICATE OF DEATH.

1 70 C99855

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1916 White ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rev. Daniel Collins

(Residence in Baltimore: No. 1916 White St.: yrs. 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. April 9, 1834. (Month) (Day) (Year)

7-AGE. 82 yrs. 7 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Minister
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country) A. A. Co Md.

PARENTS.

10-NAME OF FATHER. Seymour Collins

11-BIRTHPLACE OF FATHER (State or Country) Aa Co. Md.

12-MAIDEN NAME OF MOTHER Katherine Hopkins

13-BIRTHPLACE OF MOTHER (State or Country) Carroll Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Collins

(Address) 1916 White St

15- Filed NOV 23 1916 191.. ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov. 21, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 15 1916, to Nov 21 1916, that I saw h[illegible] alive on Nov 20 1916, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Sub Acute Bronchitis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial

Nephritis (Duration) yrs. 5 mos. ds.

(Signed) Wm H. Magee M. D.

Nov 21, 1916. (Address) 1209 Division St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Louise Balto Co

DATE OF BURIAL. Nov 23, 1916

20-UNDERTAKER Sam'l H. Case Son

ADDRESS 1100 Madison

C99856

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

104 C99856

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 714 Pierce ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Edward Martin

(Residence in Baltimore: No. 714 Pierce St

St.: 0 yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Sep. (Month) 22, (Day) 1916 (Year)

7-AGE: 0 yrs. 2 mos. 0 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION

(a) Trade, profession, or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore City

PARENTS

10-NAME OF FATHER: Scott Martin

11-BIRTHPLACE OF FATHER (State or country): N. Carolina

12-MAIDEN NAME OF MOTHER: Allie Menefee

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Amanda Oliver

(Address) 714 Pierce St

NOV 23 1916

Filed ....., 191.....

ROBERT R. KRAUTER

Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 22, (Day) 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1916, to Nov 22 1916, that I saw h[illegible] alive on Nov 22, 1916, and that death occurred, on the date stated above, at 4 P. m. The CAUSE OF DEATH* was as follows:

Diarrhoea & Enteritis

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) none

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R B Kempson M. D.

Nov 22, 1916 (Address) 422 S Greene

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Nov 23 2, 1916

20-UNDERTAKER: Sam W. Chase - son

ADDRESS: 1400 Mosher St

IS VERY IMPORTANT. See instructions on back of certificate.

C99857 HEALTH DEPARTMENT—CITY OF BALTIMORE C99857

CERTIFICATE OF DEATH.

1-PLACE OF DEATH (n) REGISTERED No. C 79

CITY OF BALTIMORE (No. 1414 Collington ave St.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Engelke

(Residence in Baltimore: No. 1414 Collington ave St.; yrs. 50 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, June 23 1836, 1 (Month) (Day) (Year)

7-AGE, 80 yrs. 5 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... House Work At Home

9-BIRTHPLACE. (State or Country), Germany

PARENTS.

10-NAME OF FATHER. August Bartones

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louise Anglke

(Address) 1414 collington

15- Filed NOV 23 1916, 191..... ROBERT R. KRAUTER Registrar. Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 22 1916, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] Coroner. M. D.

Nov 23 1916, 191... (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State yrs. 49 mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mount Carmel Cem	Nov 24, 1916
20-UNDERTAKER	ADDRESS
William Cook	502 E. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C99858

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C99858

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 19.)

2-FULL NAME Anna Beutler

(Residence in Baltimore: No. 7 E. Pleasant St. St.: yrs., 24 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Dont Know ....., 1 ..... (Month) (Day) (Year)

7-AGE About 63 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, J. Carr

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie Royeroft

(Address) 413 Park Avenue

15- Filed NOV 23 1916, 191.....

ROBERT R. KRAUTER Registrar.

Special Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 21, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 21 1916, to Nov. 21 1916, that I saw her alive on Nov. 21 1916 and that death occurred, on the date stated above, at 10:25 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) Few hours yrs. ..... mos. ..... ds.

(Signed) Edward E. Smith M. D.

Nov 21, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 1/2 yrs. ..... mos. ..... ds. In the State 55 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 7 E. Pleasant St.

Former or usual residence 7 E. Pleasant St.

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Mayford Rd — DATE OF BURIAL, Nov. 25, 1916.

20-UNDERTAKER William Cook — ADDRESS 507 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99859

CERTIFICATE OF DEATH.

91 C99859

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hennie Henderson

(Residence in Baltimore: No. 1532 E. Fayette, St.; 14 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Unknown, 1851 (Month) (Day) (Year)

7-AGE. 68 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). At Home

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Abraham Sandlar

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Henderson

(Address) 1532 E Fayette

15-

Filed NOV 23 1916 ROBERT B. KRAUTER 192.

Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. November 22, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1916, to Nov. 22 1916, that I saw her alive on Nov. 22, 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Myocardial Dilatation

(Duration) — yrs. — mos. 2 hrs

(Signed) M. Hirsch M. D.

11/22, 1916 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 1/2 hr. In the State ? yrs. mos. ds.

Where was disease contracted, if not at place of death? 1532 E. Fayette St

Former or usual residence 1532 E. Fayette St

19-PLACE OF BURIAL OR REMOVAL. Hebrew Rosedale

DATE OF BURIAL. Nov. 23, 191 6

20-UNDERTAKER H. Levinson & Bro

ADDRESS 1107 E Balto St

Spec.—5-19-13—M. & T.—500 Bks.

C99860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 C99860

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 W. See ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Smothers

(Residence in Baltimore: No. 520 W. See St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, — (Write the word.) Widowed

6-DATE OF BIRTH, ... (Month) ..... (Day) 1856 (Year)

7-AGE, 60 yrs. — mos. — ds.

If LESS than 1 day. ....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Saw dress
(b) General nature of industry, business, or establishment in which employed (or employer). At Home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Scott

(Address) 520 W. Lee St.

15-

Filed NOV 23 1916 191.. ROBERT E. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 20, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July, 20 1916, to Nov, 20, 1916, that I saw her alive on Nov, 17, 1916, and that death occurred, on the date stated above, at 6.30 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. Scarmelin M. D.

11/21, 191.6 (Address) 17 S. W Lee

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion

DATE OF BURIAL, Nov 23 191.6

20-UNDERTAKER Alfred J Freeland & Brother

ADDRESS 1147 W. Lee St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99861 × 109 C99861

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L. Shulman

(Residence in Baltimore: No. Emergency Ward St.; ..... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, February (Month) 7 (Day) 1916 (Year)

7-AGE, ... yrs. 9 mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Harford Harford Co Md.

PARENTS.

10-NAME OF FATHER, A. A. Shulman

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Eliz Haskell

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Information from mother at time of admission

(Address).....

15- Filed NOV 23 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11/22 191 6, to 11/22 191 6, that I saw h[illegible] alive on 11/22/1 191 6, and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Barry Boas, M. D.

11/23, 191 6 (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. 9 mos. ..... ds.

Where was disease contracted, if not at place of death? Former residence

Former or usual residence Harford Co Md.

19-PLACE OF BURIAL OR REMOVAL, Sewell Md. DATE OF BURIAL, Nov 23 191 6.

20-UNDERTAKER E. T. B. Hale ADDRESS 115 E Ns 18t.

Spec.—8-24-14—M. & T.—2000 Bks.

C99862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C99862

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 E. Barney St.; 24 WARD) REGISTERED NO. C 91

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Schweers

(Residence in Baltimore: No. 117 E. Barney St.; 8 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dont Know, ..., ... (Month) (Day) (Year)

7-AGE, 50 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) C. & P. Co.

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Novak

(Address) 117 E. Barney St.

15- Filed NOV 23 1916 ROBERT R. KRAUTER Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 20, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 6 1916, to Nov 20 1916, that I saw h[illegible] alive on Nov 20 1916, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Cause unknown (Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac arthritis

(Duration) yrs. mos. 1 ds.

(Signed) R. P. Campbell, M. D.

Nov 22, 1916 (Address) 164 S. Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery

DATE OF BURIAL, Nov. 23, 1916

20-UNDERTAKER P. J. McElligott

ADDRESS 1422 Light St.

Spec.—8-24-14—M. & T.—2000 Bks.

C99863

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99563

CERTIFICATE OF DEATH.

170

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 19 W. Preston St., 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alonzo Lilly

(Residence in Baltimore: No. 19 W. Preston St. St.; 21 yrs. ..... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, July 20th 1840, (Month) (Day) (Year)

7-AGE, 76 yrs. 4 mos. ..... da.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Druggist.

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Alonzo Lilly

11-BIRTHPLACE OF FATHER (State or Country), Massachusetts

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Lilly

(Address) Baltimore Thirty-ninth St

15-

Filed NOV 23 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 20th, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1 1916, to Nov 20th 1916, that I saw him alive on Nov 20 1916, and that death occurred, on the date stated above, at 9.30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary edema

(Duration) ..... yrs. ..... mos. 2 da.

CONTRIBUTORY (Secondary) Endocarditis 8

Chronic Nephritis (Duration) ..... yrs. ..... mos. Several Years da.

(Signed) Wm B Thomas M. D.

Nov 23, 1916 (Address) 1.A.M. Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, Nov 24th, 1916.

20-UNDERTAKER Henry Jenkins & Sons Co

Address 1 & 3 Orchard Sts.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99864 92 C99864

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Galloway

(Residence in Baltimore: No. 1445 N Caney St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June, 1878
(Month) (Day) (Year)

7-AGE, 38 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Louis Mitchell

11-BIRTHPLACE OF FATHER (State or Country) Virginia

12-MAIDEN NAME OF MOTHER Estee Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Johnson

(Address) 1445 N Caney

15- NOV 23 1916 ROBERT R. KRAUTER
Filed, 191. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 16 191 6, to Nov 22 191 6, that I saw h alive on Nov 22 191 6, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

ac. Cardiac dilatation

Lobar Pneumonia (Duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 3 ds.

(Signed) Ernest Edgar Rozzer M. D.

Nov 22, 1916 (Address) St Joseph Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State 36 yrs. mos. ds.

Where was disease contracted, if not at place of death? 1445 N Caney St

Former or usual residence 1445 N Caney St

19-PLACE OF BURIAL OR REMOVAL Greenmount Cem. DATE OF BURIAL Nov 24 1916

20-UNDERTAKER Harris & Wright ADDRESS 1364 N Caney

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99865

CERTIFICATE OF DEATH.

182 C99865

REGISTERED No. C

1. PLACE OF DEATH
CITY OF BALTIMORE (No. Hopkins Hospital Hopkins Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Dupee

(Residence in Baltimore: No. 1623 E Madison st St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Not Know, 1
(Month) (Day) (Year)

7-AGE, 35 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Steel Works

9-BIRTHPLACE, (State or Country), Not Known

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Wright

(Address) 934 Lanvale W

15. NOV 23 1916 ROBERT R. KRAUTER
Filed ..... 191 .....
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 17 1916, 191
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide. Shot in head with pistol

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Bunn Tinsley M. D.
(Coroner)

Nov 20 1916 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lakeview Cem — DATE OF BURIAL, Nov 23, 1916

20-UNDERTAKER, Harry S. Vodery — ADDRESS 1725 Orleans St

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99866 — 1 PLACE OF DEATH

CERTIFICATE OF DEATH

89 — REGISTERED No. C

C99866

CITY OF BALTIMORE (No. 2429 N. Calvert St. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles L'Allemand

(Residence in Baltimore: No. 2429 N. Calvert St. 44 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: January 6, 1828, 1 (Month) (Day) (Year)

7-AGE: 88 yrs. 10 mos. 15 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Benjamin L'Allemand

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: ~~Philapeana Gail~~

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Emilie L'Allemand

(Address) 2429 N. Calvert St.

15. Filed NOV 23 1916 19..

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH November 21, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1916, to Nov. 21 1916, that I saw ~~him~~ alive on Nov. 21 1916, and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis —

(Duration) — yrs. — mos. 10 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) A. F. Robinson M. D.

Nov. 22, 1916 (Address) 141 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: 11.23 1916

20-UNDERTAKER: Henry W. Means & Son — ADDRESS: 10 & 12 N. Calvert St.

is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99867. 79 C99867.

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1930 Mulberry St.: 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary F. Hummel

(Residence in Baltimore: No. 1930 Mulberry St.; 65 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 23, 1839. (Month) (Day) (Year)

7-AGE, 77 yrs. 8 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ellen C. Hummel

(Address) 1930 Mulberry

15- FILED NOV. 23. 1916 ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 21, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 18 1916, to Nov 21 1916, that I saw h[illegible] alive on Nov 21 1916, and that death occurred, on the date stated above, at 7 45 P. m.

The CAUSE OF DEATH* was as follows:

Cachexia of Senility

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Intestinal Stasis

(Duration) yrs. mos. ds.

(Signed) Walter A Eve M. D.

11.23., 1916. (Address) 3500 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Nov. 24, 1916

20-UNDERTAKER Geo. A. Gerber

ADDRESS Balto & Payson St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99868 C99868

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C 61

CITY OF BALTIMORE: (No. 16 ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bridget Silk

(Residence in Baltimore: No. Little Sisters of the Poor St.; 56 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Aug 20 — (Month) (Day), 1840 (Year)

7-AGE, 76 yrs. 3 mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Silk

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Winny Leonard

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- NOV 23 1916 PATRICK ANDREW
Filed ....., 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1916, to 191, that I saw h er alive on Nov 19 1916, and that death occurred, on the date stated above, at 7.40 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Debility

(Duration) yrs. mos. ds.

(Signed) Edward Dorsey M. D.

Nov 22, 1916 (Address) 1133 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 2 mos. — ds. In the State 56 yrs. mos. ds.

Where was disease contracted, if not at place of death? Little Sisters of the Poor

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL. Holy Cross

DATE OF BURIAL. Nov 24, 1916

20-UNDERTAKER H. C. Hudefeld

ADDRESS 84 Greene St

Spec.—8-24-14—M. & T.—2000 Bks.

C99869

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99869

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 S. Chester St.; W. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. Joseph Connolly

(Residence in Baltimore: No. 317 S. Chester St.; Ltk. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Feb. (Month) 17 (Day), 1896 (Year)

7-AGE: 20 yrs. 9 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Gen'l Merchandise

9-BIRTHPLACE, (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER: John Connolly

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Barbara Walsh

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Connolly

(Address) 317 S. Chester St.

15- Filed NOV 23 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Nov. (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1916, to Nov 21 1916, that I saw h alive on Nov 21 1916, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Nov 23, 191.. (Address) 131 W Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Nov. 24, 1916

20-UNDERTAKER: Jno. A. Moran

ADDRESS: Bambi Lane

547 Pulaski

HEALTH DEPARTMENT---CITY OF BALTIMORE

C99870 64 C99870

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED NO C.....

CITY OF BALTIMORE: (No 2312 Riggs Ave ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Gross

(Residence in Baltimore: No. 2312 Riggs Ave St., 65 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	white	widow

6-DATE OF BIRTH Unknown (Month) (Day), 1844 (Year)

7-AGE 72 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country) Ireland

PARENTS

10-NAME OF FATHER Maher

11-BIRTHPLACE OF FATHER (State or country) Ireland

12-MAIDEN NAME OF MOTHER Mahoney

13-BIRTHPLACE OF MOTHER (State or country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward Gross

(Address) 547 N Pulaski

NOV 23 1916 Filed ..... 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Nov 23rd, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 22nd, 1916, to, Nov 23rd 1916, that I saw her alive on Nov. 22nd, Nov 23rd 1916, and that death occurred, on the date stated above, at 6.45 p.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

about 20 hrs (Duration) ..... yrs ..... mos. ..... ds.

Contributory (SECONDARY) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Gilmant Evans M. D.

Nov. 23rd, 1916. [Address] 833 N Fulton Ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL St Peters Cem DATE OF BURIAL Nov 25, 1916

20-UNDERTAKER M Fahey & Son ADDRESS 606 Lafayette Ave

Spec.—5-19-13—M. & T.—500 Bks.

C99871

HEALTH DEPARTMENT—CITY OF BALTIMORE

120 C99871

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 N Calhoun ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Henry Owen

(Residence in Baltimore: No. 409 N Calhoun St.; 60 yrs. 7 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 27, 1856 (Month) (Day) (Year)

7-AGE, 60 yrs. 7 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer) (Journeyman)

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Wm. J. Owen

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Emily J. Snader

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Claudine Owen

(Address) 409 N. Calhoun

15- Filed NOV 23 1916, 191... HARRY C. APPLE Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 4 1916, to Nov 23 1916, that I saw h[illegible] alive on Nov. 22 1916, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

(Duration) ... yrs. ... mos. 15 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis, Suppurative

Hernia L. Incar. (Duration) ... yrs. 11 mos. ... ds.

(Signed) J. F. Shaw Jones M. D.

11-23, 1916. (Address) 1 E. Randall St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Washington D.C. DATE OF BURIAL, Nov 25, 1916

20-UNDERTAKER Jer. W. Steele ADDRESS 2316 Frankford Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9987?

CERTIFICATE OF DEATH.

79 C9987?

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 873 Boyd st ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Dixon

(Residence in Baltimore: No. 873 Boyd st St.; 25 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month), 1865 (Day) (Year)

7-AGE, 51 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). General

9-BIRTHPLACE, (State or Country), Cambridge Md

PARENTS.

10-NAME OF FATHER, Joseph Dixon

11-BIRTHPLACE OF FATHER (State or Country), Cambridge Md

12-MAIDEN NAME OF MOTHER Eliz Cooper

13-BIRTHPLACE OF MOTHER (State or Country), Cambridge Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henrietta E. Dixon

(Address) 873 Boyd st

15- NOV 24 1916 ROBERT R. KRAUTER Registrar.
Filed ....., 191.... Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 10 1916, to Nov 22 1916, that I saw h[illegible] alive on Nov 22 1916, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Pyaemia
Abscess of Liver
(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis
(Duration) 5 yrs. mos. ds.

(Signed) [illegible] M. D.
Nov 24, 191.. (Address) 1539 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. mos. ds. In the State ..... yrs. mos. ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Mount Auburn — DATE OF BURIAL, Nov 25, 1916.

20-UNDERTAKER John J Ehman & Son — ADDRESS 901 Hollins st

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99873

CERTIFICATE OF DEATH.

92 C99873

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 Otterbein ST.; 21 WARD).

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME William E. Woods

(Residence in Baltimore: No. 309 Otterbein St.; 32 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, July (Month) 7 (Day), 1884 (Year)

7-AGE, 32 yrs. 4 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Junk Dealer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER. William E. Woods

11-BIRTHPLACE OF FATHER (State or Country). Va.

12-MAIDEN NAME OF MOTHER. Emma Turner

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Woods

(Address) 309 Otterbein St.

15- NOV 24 1916 ROBERT R. KRAUTER

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 14 1916, to Nov 21 1916, that I saw h— alive on Nov 21 1916, and that death occurred, on the date stated above, at 8:30 p. m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia (Lobar)

.....

.....

..... (Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Heart

..... (Duration) ....yrs. ....mos. 7 ds.

(Signed) C. A. Foster M. D.

Nov 23, 1916 (Address) 742 S. Wash St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mount Auburn

DATE OF BURIAL. Nov 24 1916

20-UNDERTAKER John F. Lemon & Bro

ADDRESS 901 Collins

C99874

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 702 Bradley St. 17 Ward)

2 FULL NAME Mary Saunders

(Residence in Baltimore: No. 702 Bradley St.; yrs. mos. ds.)

REGISTERED No. C 1970 C99874

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Unknown (Month) (Day), 18[illegible] (Year)

7 AGE: 70 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Housekeeper

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary A. Saunders

(Address) 702 Bradley

15 Filed NOV 24 1916 191

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov (Month) 21 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1916, to Nov 21 1916, that I saw h[illegible] alive on Nov 21, 1916, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) [illegible] yrs. [illegible] mos. [illegible] ds

Contributory (SECONDARY) Nephritis Chronic

(Duration) [illegible] yrs. [illegible] mos. [illegible] ds.

(Signed) J. H. Hamburger M. D.

Nov 24, 1916. (Address) 1202 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death [illegible] yrs. [illegible] mos. [illegible] ds. In the State [illegible] yrs. [illegible] mos. [illegible] ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: National Cem

DATE OF BURIAL: Nov [illegible], 191[illegible]

20 UNDERTAKER: Samuel Bowley

ADDRESS: 3780 Bell

is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99875 C99875

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 Cleveland ST.: 21 WARD) REGISTERED NO. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida May Smith

(Residence in Baltimore: No. 1131 Cleveland St.: 13 yrs. — mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word): Married

6-DATE OF BIRTH, Feb (Month) 1 (Day) 1879 (Year)

7-AGE, 37 yrs. 9 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Housewife (b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Somerset Co. Md.

PARENTS.

10-NAME OF FATHER, Reinhart Hofnagle

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Martha Drank

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Theo Smith

(Address) 1131 Cleveland

15- Filed NOV 24 1916, 191.... ROBERT E. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 22 (Day), 1916 (Year).

17-I HEREBY CERTIFY, That I attended deceased from [redacted] 1916, to Nov. 22 1916, that I saw her alive on Nov 22 1916, and that death occurred, on the date stated above, at 4:30 m.

The CAUSE OF DEATH* was as follows:

[redacted] Bronchial Pneumonia

[redacted] (Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Aortic Regurg

(Duration) 2 yrs. mos. ds.

(Signed) John G. Schwemaburg M. D.

Nov 23, 1916 (Address) 1170 W. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Nov 25, 1916.

20-UNDERTAKER Wm Cook ADDRESS 502 E North

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99876 43 C99876

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 329 S. Durham St.; 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E. Crisp

(Residence in Baltimore: No. 329 S. Durham St.; 43 yrs. 10 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, December 27, 1873 (Month) (Day) (Year)

7-AGE, 43 yrs. 10 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Brougham

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Runnel

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Crisp

(Address) 329 S. Durham St.

15- NOV 24 1916 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 10th 1916, to Nov. 22nd 1916, that I saw h[illegible] alive on November 21st 1916, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

Clinical (Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Herman Di Suenna M. D.

Nov. 22nd, 1916. (Address) 1900 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, Nov. 25, 1916

20-UNDERTAKER Wm Cook — ADDRESS 502 E. Nath Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95877

CERTIFICATE OF DEATH.

81 C95877

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 245 Carlton St. 18 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas A. McCabe

(Residence in Baltimore: No. 245 Carlton St. 36 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, 6 Oct, 1846 (Month) (Day) (Year)

7-AGE, 70 yrs. 1 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer): Home Shops

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, John McCabe

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Elizabeth Simpson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliza McCabe

(Address) 245 Carlton St

15- NOV 24 1916 191.

ROBERT E. KRAUTER
BURIAL EXPERT

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardio Embolism

(Duration) 0 yrs. 2 mos. ds.

(Signed) James McKenton M. D. (Coroner.)

Nov 22 1916 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery DATE OF BURIAL, Nov 24 1916

20-UNDERTAKER Josiah Dyer ADDRESS 1610 N. Northern

Important. See Instructions on Back of Certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99878

CERTIFICATE OF DEATH.

96 C99878

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.) 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Levinson

(Residence in Baltimore: No. 309 S. Eden St.

St.: 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Unkown (Month) (Day), 1871 (Year)

7-AGE. 45 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Unkown

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Unkown

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Levis

(Address) 1411 E Balto St

15- NOV 24 1916 ROBERT R. KRAUTER

Filed ..... 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 24 1916, to Nov 24 1916, that I saw her alive on Nov 24 1916, and that death occurred, on the date stated above, at 5.15 A. m.

The CAUSE OF DEATH* was as follows:

Asthma

2

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

2

(Duration) yrs. 1 mos. ds.

(Signed) Bernard S. Jacobson M. D.

Nov 24, 1916. (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1/2 hr. In the State 20 yrs. mos. ds.

Where was disease contracted, if not at place of death? (?)

Former or usual residence 309 S. Eden St.

19-PLACE OF BURIAL OR REMOVAL. Hebrew Herrnhut

DATE OF BURIAL. 11/24/1916

20-UNDERTAKER Jack Levis

ADDRESS 1411 E Balto

Spec.—8-24-14—M. & T.—2000 Bks.

Dorothy Peace

HEALTH DEPARTMENT—CITY OF BALTIMORE

C95879

CERTIFICATE OF DEATH.

91 C95879

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1620 St Joseph ST.; 8 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Peace

(Residence in Baltimore: No. 1620 St Joseph St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, (Month) Aug. (Day) 2, (Year) 1916

7-AGE, ...yrs. 3 mos. 20 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): City

PARENTS.

10-NAME OF FATHER: Wm Peace

11-BIRTHPLACE OF FATHER (State or Country): Va.

12-MAIDEN NAME OF MOTHER: Lola Morgan

13-BIRTHPLACE OF MOTHER (State or Country): W Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lola Peace

(Address) 1620 St Joseph St

15-

Filed NOV 24 1916, 191.... ROBERT B. KRAUTER, Register.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) Nov (Day) 22, (Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from Nov-17 1916, to Nov-22 1916, that I saw h[illegible] alive on Nov-22 1916, and that death occurred, on the date stated above, at 1045 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Influenza

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) ....yrs. ....mos. 5 ds.

(Signed) L. C. Bernard M. D.

Nov 23, 1916. (Address) 708 Carson St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Nov. 24, 1916

20-UNDERTAKER: George H. Holland — ADDRESS 377 Robert St.

Spec.—5-19-13—M. & T.—500 Bks. Wm E. Joy.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99880 C99880

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

REGISTERED NO. C:

CITY OF BALTIMORE: (No. 1013 Carrollton Ave ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E Joy

(Residence in Baltimore: No. 1013 Carrollton Ave St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, (Month) (Day) 1864 (Year)

7-AGE. Years 52 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer) Sparrows Point

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Joy

(Address) 1013 Carrollton Ave

15-NOV 24 1916 ROBERT A. KRAUTER

Filed....., 191..... Registrar.

BURIAL PERMIT

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 21, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1916, to Nov 21 1916, that I saw h— alive on Nov 21 1916, and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 21 ds.

(Signed) A. K. Fletcher M. D.

Nov 23 1916 (Address) 712 S Ann St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, Nov 1 191 6

20-UNDERTAKER John Howard — ADDRESS 534 Dolphin St

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99631

CERTIFICATE OF DEATH.

167 C99631

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Magdalena C. Feick

(Residence in Baltimore: No. 102 N. Payson St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (If this the word.) Single

6-DATE OF BIRTH, August 9th, 1895
(Month) (Day) (Year)

7-AGE, 21 yrs. 3 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work (Student) Worked
(b) General nature of industry, business, or establishment in which employed (or employer) At Factory

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Henry Feick

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Lena Heilman

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Feick

(Address) 102 N Payson St

15- Filed NOV 24 1916 191. ROBERT E. KRAUTER Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 23, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns 2nd degree - accidentally received - due to gas explosion.

14 days (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia - Resultant

(Duration) yrs. mos. ds.

(Signed) H. S. Fuller (Coroner.) M. D.

Nov. 24, 1916 (Address) 1657 Division

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death about 14 days In the State 21 yrs. mos. ds.

Where was disease contracted if not at place of death? 102 N. Payson St.

Former or usual residence 102 N. Payson St.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Nov. 25 1916

20-UNDERTAKER Geo D Gerber — ADDRESS Balto & Payson Sts

Important. See instructions on back of certificate.

C9988:2

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

42

C9988:2

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 12 West 25th St. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary Virginia Scott.

(Residence in Baltimore: No. 12 West 25th St.; 64 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Oct (Month) 18 (Day), 1852 (Year)

7 AGE: 62 yrs. 1 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): None

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Saml. L. Patrick

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Julia [illegible]. Bull

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert T. Scott

(Address) 12 W. 25-1916

15 Filed NOV 24 1916, 19—

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November (Month) 24 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 5th, 1916, to November 24th 1916, that I saw her alive on 22nd November, 1916, and that death occurred, on the date stated above, at 12.30 A.m.

The CAUSE OF DEATH* was as follows:

Cancer Uteri & its sequelae

(Duration) 5 yrs. mos. ds

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) J. W. Brown. M. D.

Nov. 24, 1916. (Address) 1938 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Druid Ridge

DATE OF BURIAL: Nov 26, 1916

20 UNDERTAKER: Chas E. Franck

ADDRESS: 802 Madison av

is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 95583 — CERTIFICATE OF DEATH. — 23 C 95583

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Shaw

(Residence in Baltimore: No. Mercy Hospital St.; yrs., mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Single

6-DATE OF BIRTH: May 9, 1890 (Month) (Day) (Year)

7-AGE: 26 yrs. 6 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Electrician
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: James Shaw

11-BIRTHPLACE OF FATHER (State or Country): Barton Md.

12-MAIDEN NAME OF MOTHER: Sarah Maine

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hosp.

(Address) Calvert St

15- Filed NOV 24 1916, 191... ROBERT R. KRAUTER Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 15 1916, to Nov 23 1916, that I saw him alive on Nov 23 1916 and that death occurred, on the date stated above, at 9.00 p.m.

The CAUSE OF DEATH* was as follows:

Tbc Operative Caries Vertebrae

Chronic Endocarditis

(Duration) 3 yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Fibrin Deformans of Heart

Chronic interstitial Nephritis

(Duration) 2 yrs. mos. 7 ds.

(Signed) Edward P. Smith M. D.

Nov 23, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 8 ds. In the State Life yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Barton Md.

Former or usual residence Barton Md.

19-PLACE OF BURIAL OR REMOVAL: Barton Md DATE OF BURIAL: Nov 24 1916

20-UNDERTAKER: Chas. R. Rouse & Son ADDRESS 118 W. Mt. Royal Ave

C9388 1

HEALTH DEPARTMENT—CITY OF BALTIMORE

183 C9384

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hosp. ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ulysses Knight

(Residence in Baltimore: No. 1701 North Dallas St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sgle

6-DATE OF BIRTH, Dont Know (Month), (Day), 1 (Year)

7-AGE, about 21 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Robert Knight

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. J. Parker

(Address) 1701 N. Dallas

15- Filed NOV 24 1916, 191.. ROBERT R. KRAUTER Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 21 (Day) 1916, 191 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquest find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide Fork stuck in left arm causing hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) (Coroner.) M. D.

Nov 23 1916 (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State 1 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1701 N. Dallas St.

19-PLACE OF BURIAL OR REMOVAL, Ft Tolbert Mt Auburn — DATE OF BURIAL, Nov 24th 1916

20-UNDERTAKER Williams Cook — ADDRESS 509 N Pratt

Ft Tolbert 2400 E. Balto

Bur. 0/6 J. J. Parker

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C96883 — C96883

CERTIFICATE OF DEATH.

REGISTERED NO. C 17

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Franklin Square Hospital ST.: 9 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis D. King

(Residence in Baltimore: No. 1437 East North Avenue Life St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 7 (Day), 1874 (Year)

7-AGE 42 yrs. mos. ds.
If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Electrician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Edward King

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Maryland

12-MAIDEN NAME OF MOTHER Ellen Murphy

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha King

(Address) 1237 E. North Avenue

15- Filed NOV 24 1916, 191.. ROBERT R. KRAUTER Registrar.

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Ent death on the day stated above.

The CAUSE OF DEATH* was as follows: fell down Hatch was found Head of boat Accidental

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Traumatic Pneumonia

(Duration) yrs. mos. 2 ds.

(Signed) James McKenton M. D. (Coroner.)

Nov 24 1916. (Address) 700 E Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State of Maryland 42 yrs. mos. ds.

Where was disease contracted, if not at place of death? Balto Drydock Co

Former or usual residence 1232 E North Ave

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Nov 25, 1916

20-UNDERTAKER William Cook — ADDRESS 507 E North Ave

Dr Fenton Belmont - Chase

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9588 — CERTIFICATE OF DEATH. — x104 C9588

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. (Ward) 4

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

REGISTERED No. C

2-FULL NAME Stanley Brooks.

(Residence in Baltimore: No.) (Street) Millington, Md. (St.; ... yrs., ... mos. ... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single.

6-DATE OF BIRTH, Unknown, 1916
(Month) (Day) (Year)

7-AGE, 3 yrs. ... mos. ... da.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Brooks

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Rosie Blair

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Cleveland Brooks

(Address) Millington Balto Co Md.

15- Filed NOV 24 1916, 191... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10/24 1916, to 11/24 1916, that I saw h[illegible] alive on 11/24 1916, and that death occurred, on the date stated above, at 5 9 m.

The CAUSE OF DEATH* was as follows:

Malnutrition.

(Duration) ... yrs. 2 mos. ... da.

CONTRIBUTORY (Secondary) Cer. Tuberculosis Pott's Disease

(Duration) ... yrs. 2 mos. 15 da.

(Signed) Harry Lee Stein M. D.

11/24, 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 1 mos. ... da. In the State ... yrs. 6 mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence Millington, Md.

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet — DATE OF BURIAL, Nov 26, 1916

20-UNDERTAKER Easton Sons — ADDRESS Elliott City

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9887 C9887

CERTIFICATE OF DEATH. 120

1-PLACE OF DEATH REGISTERED NO. C

CITY OF BALTIMORE: (No. 1016 East Biddle St ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Brazier

(Residence in Baltimore: No. 1016 East Biddle St. St.; 45 yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 66 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), County Waterford, Ireland

PARENTS.

10-NAME OF FATHER, -------- Holloran

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Catherine----------

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)....Mrs. John Donnelly.....

(Address).....1016 East Biddle Street

15- NOV 24 1916 Filed....., 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 16 1916, to Nov. 22 1916, that I saw h er alive on Nov. 22. 1916, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Nov. 24, 1916 (Address) 100 N. Kenwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, 11-25-16 191...

20-UNDERTAKER Henry W. Mears & Son

ADDRESS 805 N. Calvert St

Spec.—8-24-14—M. & T.—2000 Bks.

095088

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

095088

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 938 N. Broadway ST.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Russo

(Residence in Baltimore: No. 938 N. Broadway St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH. Nov. (Month) 22 (Day), 1916 (Year)

7-AGE, ...yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Philip Russo

11-BIRTHPLACE OF FATHER (State or Country) Italy

12-MAIDEN NAME OF MOTHER Rose Papoli

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Russo

(Address) 938 N. Broadway

15- NOV 24 1916 Filed....., 191.... HARRY C. ARDEN Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 22 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Nov 22 1916, to Nov 22 1916, that I saw h.....alive on.....191....., and that death occurred, on the date stated above, at 11.45 m.

The CAUSE OF DEATH* was as follows:

Premature Birth
4 mos. gestation

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. L. Deardale M. D.

Nov 23, 1916. (Address) 1038 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St. Vincents Cem.

DATE OF BURIAL, Nov. 24th, 1916.

20-UNDERTAKER Lilly and Zeiler

ADDRESS 403 S. Wolfe St.

Spec.—8-24-14—M. & T.—2000 Bks.

C99889

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99889

CERTIFICATE OF DEATH.

x 113

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Johns Hopkins Hospital St. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter B. Allen.

(Residence in Baltimore: No. Johns Hopkins Hospital St.; ....yrs.,.... mos. 6 wks.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	married

6-DATE OF BIRTH, March (Month) 12 (Day), 1885 (Year)

7-AGE, 31 yrs. 8 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), W. Va.

PARENTS.

10-NAME OF FATHER, Dixie Norris

11-BIRTHPLACE OF FATHER (State or Country), W. Va.

12-MAIDEN NAME OF MOTHER Bessie Mumma

13-BIRTHPLACE OF MOTHER (State or Country), W. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Mumma

(Address) 1804 Monument St.

15- NOV 25 1916 HARRY C. ANDREWS 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 23rd (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 19th 1916, to Nov 23rd 1916, that I saw h[illegible] alive on Nov [illegible] 1916, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Hypertrophic Cirrhosis

Several (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Operation for Hepatic Insufficiency

(Duration) yrs. mos. ds.

(Signed) E. E. Hand, M. D.

....., 191... (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 Weeks In the State ....yrs. 6 Weeks

Where was disease contracted, if not at place of death? —

Former or usual residence Canton Ohio

19-PLACE OF BURIAL OR REMOVAL, Canton Ohio — DATE OF BURIAL, Nov 25, 1916

20-UNDERTAKER Wm. J. Schaefer & Son — ADDRESS 1816 Monument

C99890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 C99890

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2118 E Monument st ST. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily D Hamilton

(Residence in Baltimore: No. 2118 E Monument st St.)

(59 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Dec 28 (Month) 1858 (Day) , 1 (Year)

7-AGE, 57 yrs. 10 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country), MD

PARENTS.

10-NAME OF FATHER, John Edward

11-BIRTHPLACE OF FATHER (State or Country). MD

12-MAIDEN NAME OF MOTHER Susan Brown

13-BIRTHPLACE OF MOTHER (State or Country), MD

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L Hamilton

(Address) 2118 Monument st

15- Filed NOV 25 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 23 (Month) 1916 (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D. Ford Fowler M. D. (Coroner.)

Nov 23 1916, 191... (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 25 ds. In the State 59 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore County

DATE OF BURIAL, Nov 26 1916

20-UNDERTAKER Zirkler & Zirkler

ADDRESS 1739 Eager st

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99891

C99891

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1133 Poplar Grove Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adolph Schaefer

(Residence in Baltimore: No. 1133 Poplar Grove Ave St.: 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov (Month) 4 (Day), 1841 (Year)

7-AGE, 75 yrs. mos. 19 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): Journeyman

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Casper Schaefer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Geo Laucht

(Address) 1133 Poplar Grove Ave

15- Filed NOV 25 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 17 1916, to Nov 23 1916, that I saw him alive on Nov 22 1916, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. 2 ds.

(Signed) [signature] M. D.

Nov 24, 1916. (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Glen Fern - Cem.	11/25, 191.6
20-UNDERTAKER	ADDRESS
J. Fran McConlly	130 E. Fort Ave

Spec.—8-24-14—M. & T.—2000 Bks.

C99892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

C99892

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2518 E Oliver St.; 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie L Murray

(Residence in Baltimore: No. 2518 E Oliver St.; 50 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH. Feb 22 (Month), (Day), 1846 (Year)

7-AGE.	If LESS than 1 day,
70 yrs. 9 mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer). at Home

9-BIRTHPLACE. (State or Country). Va.

PARENTS.

10-NAME OF FATHER. Adam Roeshes

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER. Mary L Davis

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Flora Randall

(Address) 2518 E. Oliver St.

15- Filed NOV 25 1916, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov 22 (Month), (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from MAY 23 1916 191.... to NOV 22 1916 that I saw h e r alive on NOV 22 1916 191.... and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Uremia

(Duration) X yrs. X mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 1 yrs. 5 mos. X ds.

(Signed) NOV 23 1916 W. H. Dunker M. D.

191.... (Address) 928 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Western Cemetery | DATE OF BURIAL. Nov 24 1916

20-UNDERTAKER Robt J Turner | ADDRESS 1442 Broadway

C99893

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

89

C99893

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2123 Oak ST. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph H. Burch

(Residence in Baltimore: No. 2123 Oak St.: 12 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single.

6-DATE OF BIRTH: January 8, 1904 (Month) (Day) (Year)

7-AGE: 12 yrs. 10 mos. 15 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland.

PARENTS

10-NAME OF FATHER: Joseph H. Burch.

11-BIRTHPLACE OF FATHER (State or country): Maryland.

12-MAIDEN NAME OF MOTHER: Emma J. Thompson.

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph H Burch

(Address) 2132 Oak St

15 Filed NOV 25 1916 ..., 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: November 23, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1916, to Nov 23 1916, that I saw him alive on Nov 23, 1916, and that death occurred, on the date stated above, at 5-20 P. m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm Conrad Bodey, M. D.

Nov, 24th, 1916. (Address) 1900 Maryland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Nov 25, 1916

20-UNDERTAKER: Edith Thomas — ADDRESS: 1142 W Baltimore

State CAUSE OF DEATH in plain terms. No abbreviations may be used. This item is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99894

CERTIFICATE OF DEATH

170 C99894

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 811 N Monroe ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emily E Hardesty

(Residence in Baltimore: No. 811 N Monroe St.; 15 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: unknown (Month) ..... (Day) 1 (Year)

7-AGE: 83 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Home duties
(b) General nature of industry, business, or establishment in which employed (or employer): Housekeeping

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Smith Sink

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Miss Gordon

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W F Hardesty

(Address) 811 N Monroe St

15- NOV 25 1916 Filed ....., 191.....

EMILY E. HARDESTY
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: November 22 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 25, 1916, to, Nov 22, 1916, that I saw h-er alive on Nov 22, 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis + Uremic

to my Knowledge

(Duration) yrs 1 mos ..... ds.

Contributory (SECONDARY) Senile Dementia

(Duration) ..... yrs ..... mos. 3 ds.

(Signed) Elmer Downs M. D.

Nov 24, 1916 [Address] 9 E N Avenue

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Nov 26, 1916

20-UNDERTAKER: Joseph B Cook

ADDRESS: Vine & Mulberry

THIS is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99895 +17 C99895

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO. C

CITY OF BALTIMORE: (No.) ... St.; 19 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel R. Carey

(Residence in Baltimore: No. Franklin Square Hosp St.; ... yrs., 1 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH Sept. (Month) 28 (Day), 1886 (Year)

7-AGE, 30 yrs. 1 mos. 27 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Elkridge Md.

PARENTS.

10-NAME OF FATHER, Thomas P. Hill

11-BIRTHPLACE OF FATHER (State or Country) Laurel Md

12-MAIDEN NAME OF MOTHER Anna M. Gray

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Norman R. Carey

(Address) Lansdowne Md.

15-

Filed NOV 25 1916 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 24 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 13 1916, to Nov. 24 1916, that I saw her alive on Nov 24 1916, and that death occurred, on the date stated above, at 6.20 a.m.

The CAUSE OF DEATH* was as follows:

Oedema of lungs with effusion in pleural cavity

Autopsy

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Hemorrhagic nephritis

(Duration) ... yrs. ... mos. ... ds.

(Signed) Pearce Hartzog M. D.
per W. T. Ferguson Asst

Nov. 24, 1916. (Address) 1321 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 1 mos. 10 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence Lansdowne Md

19-PLACE OF BURIAL OR REMOVAL, Elkridge Md. DATE OF BURIAL, Nov. ..., 1916

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 N. Bolton St

Md 3020

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99896

CERTIFICATE OF DEATH.

91 C99896

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 229 Pearl ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George P. Jones

(Residence in Baltimore: No. 229 Pearl st ST.; 47 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, (Month) Unknown, (Day) 1, (Year)

7-AGE, 47 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer) Treas Apts Stone

9-BIRTHPLACE, (State or Country), Wicomico Co. Md

PARENTS.

10-NAME OF FATHER, Ennis Jones

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ellen Conway

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernest Jones

(Address) Cherry Heights

15-

Filed NOV 25 1916, 191 ROBERT B. KRAUTH

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) Nov (Day) 24, (Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from Nov 18 1916, to Nov 24 1916, that I saw h in alive on Nov 23 1916, and that death occurred, on the date stated above, at 1230 m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 4 ds.

(Signed) Frank M Gunon M. D.

Nov 24, 1916 (Address) 3 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, Nov 27 1916

20-UNDERTAKER Samuel L Awley

ADDRESS 578 Pine

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99897

CERTIFICATE OF DEATH.

172

C99897

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Orleans St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm E. Hornsby

(Residence in Baltimore: No. 1621 Orleans St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 16 (Day) 1849 (Year)

7-AGE, 67 yrs. 4 mos. 6 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Col. Purdy

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Florence White

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frances Hornsby

(Address) 1621 Orleans

15- NOV 25 1916 Filed ..... 191.....

ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 29 1916, to Nov 22 1916, that I saw h im alive on Nov 21 1916, and that death occurred, on the date stated above, at 5A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Injury while at work Accidental fall down last while at work

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) William E. Kurlow M. D.

Nov. 24, 1916 (Address) 762 Dolphin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn (DATE OF BURIAL, Nov 27, 1916)

20-UNDERTAKER Samuel Stanley ADDRESS 5 S. Eutaw

Spec.—8-24-14—M. & T.—2000 Bks. Minnie E. M. Williamson

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99898

CERTIFICATE OF DEATH.

108 C99898

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hahnemann General Hospital ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie E. M. Williamson

(Residence in Baltimore: No. 1912 W. Franklin St. St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: March 20, 1907 (Month) (Day) (Year)

7-AGE: 9 yrs. 8 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: Edgar P Williamson

11-BIRTHPLACE OF FATHER (State or Country): Jamaica.

12-MAIDEN NAME OF MOTHER: Florence Mckee

13-BIRTHPLACE OF MOTHER (State or Country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edgar P Williamson

(Address) 1912 W Franklin

15- NOV 25 1916 Filed....., 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 22 .1916, to Nov 23 1916, that I saw h[illegible] alive on Nov 23 1916, and that death occurred, on the date stated above, at 8 30 p.m.

The CAUSE OF DEATH* was as follows:

Stomach Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Septic Sore throat

(Duration) yrs. mos. 2 ds.

(Signed) M Brennan Hood M. D.

Nov 23, 1916 (Address) 426 N Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 12 hrs. ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? 1912 W Franklin St

Former or usual residence 1912 W. Franklin St.

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Nov. 26 1916.

20-UNDERTAKER Geo A Gerber

ADDRESS Balto Md

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99899

CERTIFICATE OF DEATH.

28 C99899

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 Chapel ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antony Knutsen

(Residence in Baltimore: No. 619 Chapel St

St.; 47 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Married

6-DATE OF BIRTH, Nov. (Month) 21 (Day), 1852 (Year)

7-AGE, 64 yrs. 10 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Germany

PARENTS.

10-NAME OF FATHER, Knutsen

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Cora

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Knutsen

(Address) 619 Chapel

15- Filed NOV 25 1916, 191... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 17 1916, to Nov 24 1916, that I saw him alive on Nov 20 1916, and that death occurred, on the date stated above, at 5A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) 1 yrs. or more mos. ds.

CONTRIBUTORY (Secondary) Enteritis

(Duration) 11 yrs. mos. 12 ds.

(Signed) C. N. Bluett M. D.

Nov. 24, 1916 (Address) 100 S. Paca St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, W. F. Carnes — DATE OF BURIAL, Nov. 27, 1916.

20-UNDERTAKER Jno Cook — ADDRESS 502 E North Ave

HEALTH DEPARTMENT---CITY OF BALTIMORE

C99900 81 C99900

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1300 E. Baltimore St. 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Thorington

(Residence in Baltimore: No. 1300 E. Baltimore St.; 71 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Oct (Month) 22 (Day), 1845 (Year)

7-AGE: 71 yrs. 1 mos. 6 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Mariner
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Indiana

PARENTS

10-NAME OF FATHER: Not Known

11-BIRTHPLACE OF FATHER (State or country): Not Known

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alice Thorington

(Address) 1300 E. Balto St

15- Filed NOV 25 1916, 191... ROBERT R. KRAUTET REGISTRAR

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 11 (Month) - 22 (Day) -, 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April, 1916, to, November 1916, that I saw him alive on 11 - 22 - 1916, and that death occurred, on the date stated above, at 4 10 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Senility
Indefinite (Duration) ..... yrs ..... mos. ..... ds.

Contributory (SECONDARY) Exhaustion
Indefinite (Duration) ..... yrs ..... mos. ..... ds.

(Signed) J. albert Miller M. D.

11/23/1916 [Address] 2739 Eastern Ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn Cem. DATE OF BURIAL: Nov. 23rd, 1916

20-UNDERTAKER: A. Sander Sons ADDRESS: 1710 Pleasant St

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99901

CERTIFICATE OF DEATH.

104 C99901

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 728 S. Ellwood Ave ST.; 1 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milton R. Boyer

(Residence in Baltimore: No. 728 S. Ellwood Ave St. L yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. (Month) 23 (Day), 1915 (Year)

7-AGE, yrs. 11 mos. 22 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

PARENTS.

9-BIRTHPLACE, (State or Country), Balto City Md.

10-NAME OF FATHER, J. Le Roy Boyer

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Cora E. Lodges

13-BIRTHPLACE OF MOTHER (State or Country), Balto City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Le Roy Boyer

(Address) 728 S. Ellwood Ave

15- Filed NOV 25 1916 191 ROBERT E. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 20 1916, to Nov 22 1916, that I saw h[illegible] alive on Nov 22 1916, and that death occurred, on the date stated above, at 11 45 A m.

The CAUSE OF DEATH* was as follows:

1 Broncho Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(Duration) yrs. 1 mos. ds.

(Signed) W. L. Bunker M. D.

Nov. 24, 1916 (Address) 2142 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem.

DATE OF BURIAL, Nov 25 1916

20-UNDERTAKER J. Sander Sons

ADDRESS 1210 Fleet St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99902

CERTIFICATE OF DEATH.

6 4 C99902

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1904 McElderry St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen A. Habbersett

(Residence in Baltimore: No. 1904 McElderry St.; Yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widowed

6-DATE OF BIRTH, Oct 28, 1833 (Month) (Day) (Year)

7-AGE, 83 yrs. — mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: nurse
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER Uchsah Connor

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Nellie A Holzer

(Address) 1904 McElderry

15- Filed NOV 25 1916 191.... ROBERT B. KRAUTER DEPUTY [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 24 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 2 1916, to Nov 24 — 1916, that I saw h— alive on Nov 23 1916, and that death occurred, on the date stated above, at 5.55 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage —

(Duration) yrs. mos. 22 ds.

CONTRIBUTORY (Secondary) Coma —

(Duration) yrs. mos. 1 ds.

(Signed) [illegible] M. D.

Nov 25, 1916 (Address) 125 E [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, Nov 26 1916.

20-UNDERTAKER H. Sander & Sons — ADDRESS 1210 E [illegible] St

Spec.—8-24-14—M. & T.—2000 Blks.

C99903 HEALTH DEPARTMENT—CITY OF BALTIMORE 6 / C99903

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 926 Woodyear ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Harris

(Residence in Baltimore: No. 926 Woodyear St.; whole life 48 yrs., 5 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH, June (Month) 1st. (Day), 1868 (Year)

7-AGE, 48 yrs. 5 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) Private family

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt Miller

(Address) 926 Woodyear Ave.

15-

Filed NOV 25 1916 ROBERT R. KRAUTER Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 22 - 1916, to Nov. 23 - 1916, that I saw her alive on Nov. 22 - 1916, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. L. McCarthy M. D.

Nov. 24, 1916. (Address) 906 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn	Nov. 26, 1916
20-UNDERTAKER	ADDRESS
Sam'l. Oland Sons	100 Mosher

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99904

CERTIFICATE OF DEATH.

170 C99904

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 Argyle ave St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bettie Summerville

(Residence in Baltimore: No. 913 Argyle ave St.; 12 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Fem

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Sngl

6-DATE OF BIRTH, June 20, 1899 (Month) (Day) (Year)

7-AGE, 17 yrs. 5 mos. 3 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): N. C.

PARENTS.

10-NAME OF FATHER, Jas M. Summerville

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Estella Stamper

13-BIRTHPLACE OF MOTHER (State or Country), N. C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Estella Summerville

(Address) 913 Argyle Ave

15-

Filed NOV 25 1916 191

ROBERT R. KRAUTER
EDITH POPE
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 22, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 21 1916, to Nov 22, 1916, that I saw h alive on Nov 22 1916, and that death occurred, on the date stated above, at 8.15 P m.

The CAUSE OF DEATH* was as follows:

(a) Bright's Disease

(b) Uraemia

(c) Fits

(Duration) 8 yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Brights

(Duration) yrs. 1 mos. 5 ds.

(Signed) Dr. J. W. Kemmerer M. D.

Nov. 24 1916 (Address) 708 Ensor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mt Auburn	Nov 26 1916
20-UNDERTAKER	ADDRESS
Wm. H. Case & Son	1400 Madison

C99905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 175 C99905

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital ST. V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Allison

(Residence in Baltimore: No. Aberdeen Md St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) Unknown, 1 (Day) ..... (Year)

7-AGE, about 28 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Samuel Allison

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Allison

(Address) Aberdeen Md

15- Filed NOV 25 1916 —191.... ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Shock following fracture of skull & arms caused by being struck by Railroad Engine
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert D. Doncel M. D.
(Coroner.)
Nov 25 1916 (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place University Hospital in the of death ..... yrs. ..... mos. 6 ds. State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Aberdeen Md.

19-PLACE OF BURIAL OR REMOVAL, Aberdeen Md — DATE OF BURIAL, Nov. 25, 1916

20-UNDERTAKER Wm J. Tickner & Sons — ADDRESS Carroll & Pacca

important. See instructions on back of certificate.

C99906

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C99906

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 3563 Cedar Ave. St.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary F. Fisher

(Residence in Baltimore: No. 3565 Cedar Ave. St.; 9 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: April (Month) 8th. (Day) 1890 (Year)

7-AGE: 26 yrs. 7 mos. 16 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer): House Wife

9-BIRTHPLACE (State or country): Va.

PARENTS

10-NAME OF FATHER: Marshall Arnold

11-BIRTHPLACE OF FATHER (State or country): Va.

12-MAIDEN NAME OF MOTHER: Asked & not Known

13-BIRTHPLACE OF MOTHER (State or country): Asked & not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wallice F Fisher

(Address) 3563 Cedar Ave.

15- Filed NOV 25 1916, 191 ROBERT R. KRAUTER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug., 191 5, to, Nov 24 1916, that I saw h[illegible] alive on Nov 23 1916, and that death occurred, on the date stated above, at 12-30 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) yrs. mos. ds.

Contributory (SECONDARY) Edema of Lungs.

(Duration) yrs. mos. 2 ds.

(Signed), Herbert M Foster M. D.

Nov. 24 1916 [Address] 863 W. 36th St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: StMary,s Hmpden

DATE OF BURIAL: Nov.27 1916, 191

20-UNDERTAKER: A.S.Marshall

ADDRESS: 3539 Falls Road

TION is very important. See instructions on back of certificate.

C99907

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

C99907

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2018 Plymouth Ave. ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E. Warner

(Residence in Baltimore: No. 2018 Plymouth Ave. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH: Jan (Month) 5th (Day) 1857 (Year)

7-AGE: 59 yrs. 10 mos. 19 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework.

9-BIRTHPLACE (State or country): Baltimore Co. Md.

PARENTS

10-NAME OF FATHER: Geo. R. Russel

11-BIRTHPLACE OF FATHER (State or country): Asked & not Known

12-MAIDEN NAME OF MOTHER: Elizabeth Klinetch

13-BIRTHPLACE OF MOTHER (State or country): Asked & not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter Warner

(Address) 3018 Plymouth Ave

15-

Filed NOV 25 1916, 191

ROBERT R. KRAUTER

Burial Permit

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 15, 1916, to, Nov 24 1916, that I saw h.r alive on Nov 24 1916, and that death occurred, on the date stated above, at 1.15 m.

The CAUSE OF DEATH* was as follows:

Dilatation of Heart
Uremia

(Duration) ..... yrs ..... mos. 1 ds.

Contributory (SECONDARY) Chronic Int. Nephritis & Pulmonary Tuberculosis

(Duration) 2 yrs ..... mos. ..... ds.

(Signed), Vernon F. Kelly M.D.

Nov 24, 1916 [Address] 3705 Falls Road

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Mary,s Hampden — DATE OF BURIAL: Nov.26 1916

20-UNDERTAKER: A.S.Marshall — ADDRESS: 3539 Falls Road

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C99908

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 C99908

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leroy F Malcolm

(Residence in Baltimore: No. 1305 W North Ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept 14 (Month) 22, (Day) 1916 (Year)

7-AGE, 2 yrs. 9 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Leroy F Malcolm

11-BIRTHPLACE OF FATHER (State or Country), Tennessee

12-MAIDEN NAME OF MOTHER Emma Massieu

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Cora Menard

(Address) 2726 Madison Ave

15- Filed NOV 25 1916 ROBERT R. KRAUTER Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 23 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Sept 14 1916, to Nov. 23 1916, that I saw him alive on Nov. 22 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) yrs. 2 mos. 9 ds.

CONTRIBUTORY (Secondary) Acute Intestinal Intoxication (Duration) yrs. mos. 14 ds.

(Signed) K. C. Metcalf M. D.

Nov. 23, 1916. (Address) 1803 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 5 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1305 W. North Ave

Former or usual residence 1305 W. North Ave.

19-PLACE OF BURIAL OR REMOVAL, Catholic Cemetery

DATE OF BURIAL, 11/25/1916

20-UNDERTAKER C A Fitzpatrick

ADDRESS 2433 W North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99909
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

91 C99909
REGISTERED NO. C.

CITY OF BALTIMORE: (No. Maryland Penitentiary, ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Green #1

(Residence in Baltimore: No. Maryland Penitentiary St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Married.

6-DATE OF BIRTH, January (Month) 2 (Day), 1852 (Year)

7-AGE, 64 yrs. 10 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... General
(b) General nature of industry, business, or establishment in which employed (or employer)..... Laborer

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Frederick Green

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mathilda Nelson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Sherwood

(Address) Md Penitentiary

15-
Filed NOV 25 1916, 191.... ROBERT R. KRAUTER
Registrar.

Burial Permit Otd

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 30 1916, to November 23 1916, that I saw him alive on November 23 1916, and that death occurred, on the date stated above, at 1.25 P. m.

The CAUSE OF DEATH* was as follows:

.....
.....
..... Edema of Lungs
..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia
..... (Duration) ..... yrs. ..... mos. 23 ds.

(Signed) William F. Schnurer M. D.
Nov. 23, 1916 (Address) Md. Penitentiary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death	In the State
6 yrs. 1 mos. 2 ds.	yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Prince Georges County Md.

19-PLACE OF BURIAL OR REMOVAL, Washington DATE OF BURIAL Nov 20. 191

20-UNDERTAKER Barnes & Enright ADDRESS 1364 Mary

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99910

CERTIFICATE OF DEATH.

64

C99910

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Catharine Meder

(Residence in Baltimore: No. St Joseph Hospital St.; 1 yrs., \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Oct (Month) 18 (Day), 1842 (Year)

7-AGE, 74 yrs. 1 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Co Md

PARENTS.

10-NAME OF FATHER, Joseph Kraffel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Josephs. P. Hecker

(Address) Fullerton Md.

15-

Filed NOV 25 1916 ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 24 1916, to Nov 25 1916, that I saw h[illegible] alive on Nov 25 1916, and that death occurred, on the date stated above, at 12.45 A.M.

The CAUSE OF DEATH* was as follows:

Apoplexy

16 hrs.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. A. Martin M.D.

Nov. 25, 1916 (Address) St. Jo. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. mos. ds. State yrs. mos. ds.

Was inmate of St. Joseph's Hospital

Where was disease contracted, if not at place of death? Old Lady's Home Don't Know

Former or usual residence St. Joseph's Hosp

19-PLACE OF BURIAL OR REMOVAL, St Joseph's Cemetery Balto. Co Md

DATE OF BURIAL, Nov. 27, 1916

20-UNDERTAKER Henry Storck Son

ADDRESS 1301 E. Eager St

Spec.—8-24-14—M. & T.—2000 Blks.

C99911

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C99911

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Brentwood Ave St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary S. Metz

(Residence in Baltimore: No. 1011 Brentwood Ave St.; 24 yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, July (Month) 20 (Day), 1837 (Year)

7-AGE, 79 yrs. 4 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Frederick Co. Md

PARENTS.

10-NAME OF FATHER, Jesse Morningstar

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Keziah Stevens

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Harvey T. Fullerton

(Address) 1011 Brentwood Ave

15- NOV 25 1916 Filed....., 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1st 1916, to Nov 23 1916, that I saw h[illegible] alive on Nov 23 1916 and that death occurred, on the date stated above, at 12 00 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 4 yrs. mos. ds.

(Signed) W. W. Peaco M. D.

Nov 23 191.6 (Address) 1 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Old Side Methodist Church Cemetery Reisterstown Md. DATE OF BURIAL. November 26th 191.6

20-UNDERTAKER Henry Hoch & Son ADDRESS 1301 E Eager St

Spec.—5-19-13—M. & T.—500 Bks.

C99912

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99912

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2420 Frances ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannah Von Minchaw

(Residence in Baltimore: No. 2420 Frances St.)

48 yrs. 11 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Dec. (Month) 12 (Day), 1867 (Year)

7-AGE, 48 yrs. 11 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER, Edw Luckman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna Koezer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Emma Allen

(Address) 649 Greenmount Ave

15-

Filed NOV 25 1916 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 12 1916, to Nov 24 1916, that I saw h[illegible] alive on Nov 23 1916, and that death occurred, on the date stated above, at 2.30 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) Several yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremic Poison

(Duration) yrs. mos. 3 ds.

(Signed) Leonard E Beach M. D.

Nov 25, 1916. (Address) 1 E 21st St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cemetery

DATE OF BURIAL. Nov 26, 1916

20-UNDERTAKER Chas. S. Black

ADDRESS 120 W. Mulberry St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99913

CERTIFICATE OF DEATH.

× 6

C99913

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Paramski,

(Residence in Baltimore: No. Colgate, Md. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. February 5, 1903.
(Month) (Day) (Year)

7-AGE, 13 yrs. 7 mos. 19 ds.

If LESS than 1 day, ... hrs. or 6 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Paramski

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Jakofsky

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter C. Snyder

(Address) Johns Hopkins Hosp.

15-
Filed NOV 25 1916, 191.....
Burial Permit ..... Registrar. ROBERT R. KRAUTER

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 24, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 8 1916, to November 24 1916, that I saw him alive on November 24 1916, and that death occurred, on the date stated above, at 3 45 p.m.

The CAUSE OF DEATH* was as follows:

Meningitis (Streptococcus)
2 yrs ago brain abscess

(Duration) ..... yrs. ..... mos. 2 1 ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W E Snyder M. D.

Nov 25, 191.. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 16 ds. In the State ✓ yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Colgate, Md.

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Nov 27, 1916.

20-UNDERTAKER M F. Sudowski. ADDRESS 705 S. Ann

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99914

CERTIFICATE OF DEATH.

64

C99914

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 St Paul St. ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F. Steinbach

(Residence in Baltimore: No. 1816 St Paul st. St.; ..... yrs., 3 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, May (Month) 16 (Day), 1845 (Year)

7-AGE, 71 yrs. 6 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Thomas H. Burns

(Address) 1816 St. Paul St.

15-

NOV 25 1916 191 ROBERT R. KRAUTER

Burial Permit Given. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 17 1916, to Nov. 25 1916, that I saw him alive on Nov. 24 1916, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) J. N. Lemmon M. D.

Nov 25, 1916 (Address) 127 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 3 mos. ..... ds. In the State ..... yrs. 3 mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2776 Kensington Ave. Philadelphia Pa.

19-PLACE OF BURIAL OR REMOVAL, Philada Pa

DATE OF BURIAL, Nov. 25 1916

20-UNDERTAKER Wm Cook

ADDRESS 502 E North

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

C99915

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99915

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1147 Sargeant ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna L Stebbins

(Residence in Baltimore: No. 1147 Sargeant St.; 33 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widowed

6-DATE OF BIRTH: March 20, 1857 (Month) (Day) (Year)

7-AGE: 59 yrs. 8 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Casper Wolf

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Marie Gerlach

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. L. Stebbins

(Address) 1147 Sargeant

15-

NOV 26 1916 ROBERT E. KRAUTER

Filed....., 191.... Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Nov. 23 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 17 1916, to Nov. 23 1916, that I saw h.. alive on Nov. 22 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Robt. L. Hall M. D.

Nov. 24 1916 (Address) 1524 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem. DATE OF BURIAL: Nov. 26, 1916

20-UNDERTAKER: Hall Cook ADDRESS: 1026 North Ave.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99916 C99916

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2450 Fruitbrook ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E Waterworth

(Residence in Baltimore: No. 2450 Fruitbrook St.; Sept yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug (Month) 20 (Day) 1847 (Year)

7-AGE, 69 yrs. 3 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James Jones

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Short

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Boger

(Address) 2450 Fruitbrook

15- NOV 26 1916 Filed, 191. ROBERT B. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1915 to Nov 23 1916, that I saw h[illegible] alive on Nov 23 1916, and that death occurred, on the date stated above, at 2.10 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Lung

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) yrs. [illegible] mos. ds.

(Signed) Walter A Cop M. D.

11-24, 191.6 (Address) Forrest & Walbrook

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, Nov 24, 1916

20-UNDERTAKER Wm Cook

ADDRESS 502 E North

IMPORTANT.—See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9917 — 104

CERTIFICATE OF DEATH.

REGISTERED NO. C 9917

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clinton Grimm

(Residence in Baltimore: No. 724 Stockholm St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June 4, 1916
(Month) (Day) (Year)

7-AGE, 0 yrs. 5 mos. 21 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) ?

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jesse Grimm

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elizabeth Heidle

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Record Mercy Hosp.
(Address) Calvert & Lt.

15- Filed NOV 26 1916, 191.... ROBERT R. KRAUTER Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 16 1916, to Nov 25 1916, that I saw him alive on Nov 25 1916 and that death occurred, on the date stated above, at 10:15 a. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

about (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward L. Smith M. D.

Nov. 25, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. 15 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? 724 Stockholm St
Former or usual residence 724 Stockholm St

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, Nov 27, 1916

20-UNDERTAKER Wm Cook — ADDRESS 601 E North

Important. See instructions for date of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99918 C99918

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Hebrew Hospital St.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Lachs

(Residence in Baltimore: No. 2442 McCulloh St.: 14 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1867 (Year)

7-AGE, 49 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Lewis

(Address) 1411 E Balto St

15 NOV 26 1916 Filed....., 191.....

ROBERT B. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 24 (Day), 1916. (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 14 1916, to Nov. 24, 1916, that I saw her alive on Nov. 24 1916, and that death occurred, on the date stated above, at 9.45 a.m.

The CAUSE OF DEATH* was as follows:

Ulcer of Stomach (Carcinomatous?) No operation nor postmortem permitted

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) yrs. mos. 10 ds.

(Signed) M B Lewis M. D.

Nov 24 191.6 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 10 ds. In the State 15 yrs. mos. ds.

Where was disease contracted, if not at place of death? 2442 McCulloh St

Former or usual residence 2442 McCulloh St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale

DATE OF BURIAL, 11.27. 191.6

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E. Balto St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C99919

HEALTH DEPARTMENT—CITY OF BALTIMORE

115

CERTIFICATE OF DEATH.

C99919 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Rosebro

(Residence in Baltimore: No. 2017 E. Fayette St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, June (Month) 15 (Day), 1864 (Year)

7-AGE, 52 yrs. 10 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) "

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Jorl Fishbein

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Rebecca Mandel

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hosp.

(Address) Mercy Hosp.

15-NOV 26 1916 Filed 191 ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 24 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Nov 22 1916, to Nov 24 1916, that I saw her alive on Nov. 24 1916, and that death occurred, on the date stated above, at 1159 m.

The CAUSE OF DEATH* was as follows:

Pneumonia & Fall Broken Wrist

(Duration) yrs. 3 mos. 1 ds.

CONTRIBUTORY (Secondary) Senile Decay

(Duration) yrs. 1 mos. 1 ds.

(Signed) Edward P. Smith M. D.

Nov. 24, 191.. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State 7 yrs. mos. ds.

Where was disease contracted, if not at place of death? 2017 E. Fayette St.

Former or usual residence 2017 E Fayette St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale

DATE OF BURIAL, Nov. 26, 1916

20-UNDERTAKER Jack Levis

ADDRESS 1411 Bath St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C99920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 C99920

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 Battery Ave ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME Ida Kellum Franklin

(Residence in Baltimore: No. 1509 Battery Ave St.: ..yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Nov 25th (Month) (Day), 1916 (Year)

7-AGE, 3 ..yrs. 12 hours ..mos. ..ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ——
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Wm Franklin

11-BIRTHPLACE OF FATHER (State or Country), Carroll Co Md

12-MAIDEN NAME OF MOTHER Bertha M Humphries

13-BIRTHPLACE OF MOTHER (State or Country), Phila Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Franklin

(Address) 1509 Battery Ave

15-

Filed NOV 26 1916 191.. ROBERT B. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 25th 1916, to Nov 25th 1916, that I saw h[illegible] alive on Nov 25th 1916, and that death occurred, on the date stated above, at 2P m.

The CAUSE OF DEATH* was as follows:

Premature birth

7½ months

(Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary) ....

(Duration) ..yrs. ..mos. ..ds.

(Signed) J. J. O'Connor M. D.

Nov 25th, 191.. (Address) 1617 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cem DATE OF BURIAL, Nov 27th, 1916

20-UNDERTAKER Edw F Fanning ADDRESS 1480 Battery Ave

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99921 — 79 — C99921

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1027 Booth St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E. Watts

(Residence in Baltimore: No. 1027 Booth St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) October (Day) 1 (Year) .....

7-AGE, 56 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Pd. Occupation

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Watson

(Address) 1027 Booth St

15- NOV 26 1916 ROBERT R. KRAUTER

Filed ....., 191.. BURIAL PERMIT ISSUED Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 22, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1 1916, to Nov 22 1916, that I saw her alive on Nov 21 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows: Carcinoma Breast Exhaustion

..... (Duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (Secondary) Heart Failure

..... (Duration) ..... yrs. ..... mos. 21 ds.

(Signed) C. B. Hunter M. D.

Nov 21, 1916 (Address) 1125 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Nov 25, 1916

20-UNDERTAKER Alfred J. Freeland — ADDRESS 1140 W. Pratt St

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99922

CERTIFICATE OF DEATH.

151 C99922

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 W. Saratoga St. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Teresa Papa

(Residence in Baltimore: No. 625 W. Saratoga St.; yrs., mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female; 4-COLOR OR RACE, white; 5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, Nov (Month) Seventh (Day) 1916 (Year)

7-AGE, ...yrs. ....mos. 15 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Vincent Papa

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER Concetta Romano

13-BIRTHPLACE OF MOTHER (State or Country). Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John D'Alessandro

(Address) 226 S. Howard St.

15- NOV 26 1916 ROBERT R. KRAUTER

Filed ....; ID.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 7 1916, to Nov 26 1916, that I saw her alive on Nov 26 1916, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Congenital debility

(Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas. Testa M. D.

Nov. 26, 1916 (Address) 210 Pearl St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Vincent Cemetery DATE OF BURIAL, Nov. 26, 1916.

20-UNDERTAKER John D'Alessandro ADDRESS 1318 Light St.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99923 — CERTIFICATE OF DEATH. — 104 — C99923

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Angelo Sciegeka

(Residence in Baltimore: No. 244 So. Exeter St. St.: ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Married

6-DATE OF BIRTH: ....., ... (Month) ..... (Day) 1853 (Year)

7-AGE: 63 yrs. .... mos. .... ds. — If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Dry

9-BIRTHPLACE, (State or Country): Italy

PARENTS.

10-NAME OF FATHER: Vincent Sciegeka

11-BIRTHPLACE OF FATHER (State or Country): Italy

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Octavio Di Matteo

(Address) 633 E. Third St.

15- NOV 26 1916 Filed....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Nov. (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 23 1916, to Nov 24 1916, that I saw h[illegible]m alive on Nov 24 1916 and that death occurred, on the date stated above, at 9.50 a. m.

The CAUSE OF DEATH* was as follows:

Strangulated Femoral Hernia

..... (Duration) .... yrs. .... mos. 4 ds.

CONTRIBUTORY (Secondary) Toxaemia

..... (Duration) .... yrs. .... mos. .... ds.

(Signed) Edward J. Smith M. D.

Nov 25, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. 1 ds. In the State 25 yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? 244 So Exeter St

Former or usual residence 244 So Exeter St

19-PLACE OF BURIAL OR REMOVAL: St. Vincents Cem. — DATE OF BURIAL: Nov. 27, 1916

20-UNDERTAKER: Tilly & Jule — ADDRESS: 403 S. Broadway

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99924

CERTIFICATE OF DEATH.

6 82 C99924

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE: (No. 2229 Orleans ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Steindle

(Residence in Baltimore: No. 2229 Orleans St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widower

6-DATE OF BIRTH: November 4th, 1847. (Month) (Day) (Year)

7-AGE: 69 yrs. — mos. 10 da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Policeman

9-BIRTHPLACE, (State or Country): Germany.

PARENTS.

10-NAME OF FATHER: Joseph Steindle

11-BIRTHPLACE OF FATHER (State or Country): Germany.

12-MAIDEN NAME OF MOTHER: Mary A. Voit

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Gertrude Steindle

(Address): 2229 Orleans St.

15- Filed NOV 26 1916, 191.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: November 24th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from NOV 14, 1916, to NOV 24 1916, that I saw him alive on NOV 24 1916, and that death occurred, on the date stated above, at 3.55 p. m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia and Cerebral Hemorrhage

(Duration) yrs. mos. 10 da.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 4 da.

(Signed) Wm. Lee Eisenhart M. D.

NOV. 25, 1916 (Address) 2201 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: Nov. 27th, 1916

20-UNDERTAKER: Lilly & Zeiler ADDRESS: 403 S. Wolfe St.

important. See instructions on back of certificate.

C99925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 C99925

REGISTERED NO. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 1122 William St. ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl J. Erickson.

(Residence in Baltimore: No. 1182 William St. St.: yrs., 5 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single.

6-DATE OF BIRTH: June 10th. 1916. (Month) (Day) (Year)

7-AGE: ——yrs. 5 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER: Carroll Erickson.

11-BIRTHPLACE OF FATHER (State or Country): Norway.

12-MAIDEN NAME OF MOTHER: Hedrick Holland.

13-BIRTHPLACE OF MOTHER (State or Country): Norway.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carroll Erickson. (father)

(Address) 1122 William St.

15- Filed NOV 26 1916, 191... ROBERT P. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: November 24th. 1916, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia.

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Eclampsia.

(Duration) ...yrs. ...mos. ...ds.

(Signed) Otto H. Reinhardt M. D. (Coroner.)

Nov 24 1916, 191... (Address) 1017 S. Charles.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, Nov 26, 1916

20-UNDERTAKER Mrs. L. Evans & Son ADDRESS 1428 Lee St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C99926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 C99926

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 637 Pin Alley St.: 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Lloyd Carter

(Residence in Baltimore: No. 637 Pin Alley St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... January ....., 1 .....
(Month) (Day) (Year)

7-AGE, 35 yrs. ..... mos. ..... ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... White Washer

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Milton Carter.

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Louisa Walker.

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS GIVEN TO THE BEST OF MY KNOWLEDGE.
(Informant) Thos. Carter.
(Address) 1362 Fremont Ave

15- Filed NOV 26 1916 191 ROBERT B. KRAUTER Burial Permit Clerk.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 23, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Chronic Valvular Heart Disease
..... (Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Alfred D. Driscoll M. D.
(Coroner.)
Nov 24 1916. (Address) 3127 Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Nov 26 1916

20-UNDERTAKER James H. Dennis — ADDRESS 1303 Pulton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99927

CERTIFICATE OF DEATH.

10 C99927

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 W. Cross. ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leon L. Paull

(Residence in Baltimore: No. 709 W. Cross. St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan 24, 1895
(Month) (Day) (Year)

7-AGE, 21 yrs. 10 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Labor.
(b) General nature of industry, business, or establishment in which employed (or employer) At works

9-BIRTHPLACE, (State or Country), Penna.

PARENTS.

10-NAME OF FATHER, Nicholas Paull.

11-BIRTHPLACE OF FATHER (State or Country), America

12-MAIDEN NAME OF MOTHER Carrie Berger

13-BIRTHPLACE OF MOTHER (State or Country), America

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Goldie Noll

(Address) 709 W Cross.

15- NOV 26 1916 ROBERT R. KRAUTER Filed ..... 191.. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 23, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 11 1916, to Nov 23 1916; that I saw h[illegible] alive on Nov 23 1916, and that death occurred, on the date stated above, at 11:50 p.m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) yrs. mos. 15 ds.

(Signed) W. C. Bullington M. D.

11:24, 1916 (Address) 662 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Nov 26 1916

20-UNDERTAKER R. F. Schnepf & Son — ADDRESS Homewood

important. See instructions on back of certificate.

One

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99928 C99928

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2646 N. Calvert St.; 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Thompson Gunto,

(Residence in Baltimore: No. 2646 N Calvert St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fmale

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... (Month) Jan (Day) 1 (Year)

7-AGE, ...yrs. 77 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, John Thompson

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Mc Knew

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Holmes

(Address) 2646 N Calvert St

15-

Filed NOV 26 1916, 191.... ROBERT R. KRAUTER Clerk

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 24th (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Oct 1st 1916, to Nov 24 1916, that I saw h/ alive on Nov 23rd 1916, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. T. Fee M. D.

Nov 24th 1916 (Address) 711 E. 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge — DATE OF BURIAL, Nov 27, 1916

20-UNDERTAKER T. H. Gelbach & Son — ADDRESS Pimlico 1211

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C99929 HEALTH DEPARTMENT—CITY OF BALTIMORE C99929

151

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 E. Hill St. WARD)

2-FULL NAME Infant of Morris Sadie Kaesch

(Residence in Baltimore: No. 3 E Hill St

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.: 36 hours yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, ~~MARRIED, WIDOWED~~ OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Nov 24 (Month) (Day), 1916 (Year)

7-AGE. ... yrs. ... mos. 1 ds. If LESS than 1 day, 12 hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. June
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), 3 E Hill St Balto Md.

PARENTS.

10-NAME OF FATHER. Morris Kirsch

11-BIRTHPLACE OF FATHER (State or Country). 703 South Charles

12-MAIDEN NAME OF MOTHER. Sadie Carmel

13-BIRTHPLACE OF MOTHER (State or Country). 1128 E Lombard St

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Z. H. Hyatt MD

(Address) 35 E Montgomery St

15- Filed NOV 26 1916 191... ROBERT P. KRAUTER Registrar.

Burial Permit ... Work

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov. (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 24 1916, to Nov 26 1916, that I saw h[er] alive on Nov 25 1916, and that death occurred, on the date stated above, at 5a. m.

The CAUSE OF DEATH* was as follows:

Ex haustion
(6 mo child)
Premature Birth
(Duration) ... yrs. 36 hr. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) Z. H. Hyatt MD M. D.

Nov 26 1916 (Address) 35 E Montgomery St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Hebrew Mt Carmel

DATE OF BURIAL. 11/28 ..., 1916

20-UNDERTAKER. Jack Lewis

ADDRESS 1411 E Baltimore

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99930 **CERTIFICATE OF DEATH.** × 45 C99930

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED No. C

CITY OF BALTIMORE: (No. 1514 Division St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr. Robert Ahnemader

(Residence in Baltimore: No. Union Protestant Inf. St.; yrs., 7 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Widowed

6-DATE OF BIRTH, January (Month) 25 (Day), 1861 (Year)

7-AGE, 55 yrs. 10 mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Night watchman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Bernard Ahnemader

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Josephine Drokeman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Union Protestant Inf. Records.

(Address) 1214 Division St

15- Filed NOV 26 1916, 191.... ROBERT P. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 14 1916, to Nov 25 1916, that I saw h m alive on Nov 25 1916, and that death occurred, on the date stated above, at 3³⁰ P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of bladder

Operation cystotomy Sept 16

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) R. F. Kreuter M. D.

Nov 25, 191.6 (Address) 1514 Division St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 11 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Herndon, W. Va

Former or usual residence Herndon W. Va.

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Nov. 26, 191.6

20-UNDERTAKER Joseph B. Cook ADDRESS No 3 W Balto St

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99931

CERTIFICATE OF DEATH.

6 4 C99931

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2109 Mc Elderry ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Herron

(Residence in Baltimore: No. 2109 Mc Elderry St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Married

6-DATE OF BIRTH: January 10th, 1848 (Month) (Day) (Year)

7-AGE: 68 yrs. 10 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Stone Mason

9-BIRTHPLACE, (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: James Herron

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Gorman

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank M. Kirkland

(Address) Hamilton Md

15- Filed NOV 26 1916 191 ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Nov. 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 22 1916, to Nov. 23 1916, that I saw h[illegible] alive on Nov. 22 1916, and that death occurred, on the date stated above, at 8.20 p m.

The CAUSE OF DEATH* was as follows:

Apoplexy (Cerebral)

(Duration) yrs. mos. 1½ ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) yrs. mos. 4½ ds.

(Signed) Con J Chmitz M. D.

Nov 25, 1916 (Address) 701 N. Linwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: Nov. 27, 1916.

20-UNDERTAKER: Wm J. Schaffer & Son

ADDRESS: 1816 Monument

important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C99932

1 PLACE OF DEATH

CERTIFICATE OF DEATH

120 C99932

REGISTERED No. C

CITY OF BALTIMORE (No 2070 Woodberry Ave ST.: 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Annie Maria Wann

(Residence in Baltimore: No. 2070 Woodberry Ave St.: Life yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Oct (Month) 23 (Day), 1869 (Year)

7-AGE: 47 yrs. 1 mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Packer.
(b) General nature of industry, business, or establishment in which employed (or employer): Cotton duck mills

9-BIRTHPLACE (State or country): Balto Co. Md.

PARENTS

10-NAME OF FATHER: Thos. C. Bamber

11-BIRTHPLACE OF FATHER (State or country): Balto Co.

12-MAIDEN NAME OF MOTHER: Mary A. Disney

13-BIRTHPLACE OF MOTHER (State or country): Balto Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thos. R. K. Bamber

(Address) 2070 Woodberry Ave.

15-

Filed NOV 26 1916 ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 24 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from ....., 191 5, to Nov 24 1916, that I saw her alive on Nov 23, 1916, and that death occurred, on the date stated above, at 11 30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Diffuse Nephritis

(Duration) several yrs. mos. ds

Contributory (SECONDARY) Dilated heart.

(Duration) yrs. mos. 6 ds.

(Signed) Geo W. Dorsett M. D.

Nov 25, 1916 (Address) 2020 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Mary's Hampden | DATE OF BURIAL: Nov 27, 1916

20-UNDERTAKER: Horace Burgess & Son | ADDRESS: 1363 Hollins

Spec.—8-24-14—M. & T.—2000 Bks.

C99933

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99933

CERTIFICATE OF DEATH.

41

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME - Elizabeth Roche

(Residence in Baltimore: No. - St Josephs Hosp. St.; ..... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Nov. 24, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 1 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore, Md St Josephs Hosp

PARENTS.

10-NAME OF FATHER, Wm F Roche.

11-BIRTHPLACE OF FATHER (State or Country). Phila Penna.

12-MAIDEN NAME OF MOTHER Mary Camilla Flynn

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs F. Roche

(Address) 513 Harlem ave

15- NOV 27 1916 Filed ..... 191.....

MARY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 24 1916, to Nov. 25 1916, that I saw h[illegible] alive on Nov 25 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

..... Bronchial Pneumonia .....

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) [illegible]

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. J. Mitchell M. D.

Nov 25, 1916. (Address) 1279 Williams St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Nov. 27, 1916.

20-UNDERTAKER D. F. M. L. Flynn

ADDRESS 1402 Light

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C99934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 C99934

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 759 St. Peter St.; 21 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew W. Gillespie

(Residence in Baltimore: No. 759 St. Peter St.; 19 yrs. 4 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. July (Month) 2 (Day), 1897 (Year)

7-AGE, 19 yrs. 4 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Bakery Store

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, William A. Gillespie

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Josephine Simmons

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Josephine Gillespie

(Address) 759 St. Peter St.

15- Filed NOV 27 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 10 1916, to Nov 24 1916, that I saw him alive on Nov 23 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. Riley Sto a M. D.

Nov 24 1916 (Address) 729 Gilmor

*State the DISEASE CAUSING DEATH; or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel Md. DATE OF BURIAL, Nov. 27., 1916

20-UNDERTAKER, W. J. Flynn ADDRESS, 1422 Light St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C99935

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99935

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2901 Matthews Pl. ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Mary Warnick

(Residence in Baltimore: No. 2901 Matthews Pl. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July 17th, 1880 (Month) (Day) (Year)

7-AGE, 36 yrs. 4 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Connolly.

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Margaret Jane Collough

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard Warnick

(Address) 2901 Matthews St

15-

Filed NOV 27 1916 191 HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 24th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 15th 1916, to Nov 24th 1916, that I saw her alive on Nov 24th 1916, and that death occurred, on the date stated above, at 2.45 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo. H. Thurgate M.D.

Nov 24th 1916 (Address) 2327 Greenmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Nov. 27, 1916.

20-UNDERTAKER Wm Cook — ADDRESS 502 E Pratt

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99936 C99936

CERTIFICATE OF DEATH.

137

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 833 Leadenhall ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Noah Bordley

(Residence in Baltimore: No. 833 Leadenhall St.; 15 yrs., 4 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 7 (Day), 1898 (Year)

7-AGE, 15 yrs. 4 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: General housework
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Noah Bordley

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Cooper

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Cooper

(Address) 411 E China St

15- Filed NOV 27 1916 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 23 1916, to Nov 24 1916, that I saw her alive on Nov 24 1916, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis Convulsions

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Septic Pneumonia Puerperal

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Chas. W. Thomas M. D.

Nov 24, 1916. (Address) 712 E Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, Nov 27, 1916

20-UNDERTAKER C. W. Brown & Son

ADDRESS 118 N. Front St

important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

C99937 64 C99937

CERTIFICATE OF DEATH

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 900 Ramsay ST. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Cooper

(Residence in Baltimore: No. 900 Ramsay St.: 4 yrs. — mos. — ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Jan (Month) 9 (Day), 1851 (Year)

7-AGE: 65 yrs. 10 mos. 14 ds. (If LESS than 1 day, ... hrs. or ..... min.?)

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: M Sponsella

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Mary Prince

13-BIRTHPLACE OF MOTHER (State or country): U. S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Cooper

(Address) 900 Ramsay

15. Filed NOV 27 1916 19..

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 25 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1916, to Nov 25 1916, that I saw her alive on Nov 25, 1916, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J Murray Scott M. D.

Nov 26, 1916. (Address) 1729 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Frederick Md.

DATE OF BURIAL: Nov 29, 1916

20-UNDERTAKER: Jas B Cook

ADDRESS: 1003 N Ballo

Spec.—8-24-14—M. & T.—2000 Blks.

C99938

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99938

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 Calvin Ave St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Louise Mahan.

(Residence in Baltimore: No. 423 Calvin Ave St.: 15 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Oct 21, 1850 (Month) (Day) (Year)

7-AGE: 66 yrs. 1 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md

PARENTS.

10-NAME OF FATHER: Wm Coplin

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Emily Bailey

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. E. Mahan

(Address) 423 Calvin ave

15- NOV 27 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Nov 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 26 1916, to Nov 26 1916, that I saw her alive on Nov 26 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation.

1/2 hour (Duration) Hrs. Mos. Ds.

CONTRIBUTORY (Secondary) Acute dilatation

1/2 hr. (Duration) 6 yrs. mos. ds.

(Signed) John Evans M. D.

Nov 26, 1916. (Address) 502 Franklin Terrace

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Smith Chapel DATE OF BURIAL: Nov 29, 1916.

20-UNDERTAKER: Ballo & Co Md ADDRESS: 502 E Fayette

William Cook

important. See instructions on back of certificate.

099039 HEALTH DEPARTMENT—CITY OF BALTIMORE 099039

CERTIFICATE OF DEATH.

REGISTERED No. C 167

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital ST.: 24 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary G. Brink

(Residence in Baltimore: No. 1341 Richardson St.: 3 yrs., 2 mos. 17 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Sept (Month) 8 (Day), 1913 (Year)

7-AGE: 3 yrs. 2 mos. 17 da.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Collis M. Brink
11-BIRTHPLACE OF FATHER (State or Country): Ky
12-MAIDEN NAME OF MOTHER: Mary Hart
13-BIRTHPLACE OF MOTHER (State or Country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Collis M Brink
(Address) 1341 Richardson St

15- NOV 27 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Burns general,
Matches accidental
(Duration) ....yrs. ....mos. ....da.

CONTRIBUTORY (Secondary) Insanity
(Duration) about 24 hrs
(Duration) ....yrs. ....mos. ....da.

(Signed) A. J. Riley M. D.
(Coroner)
June 26, 1916 (Address) 1637 Bunday

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.
Where was disease contracted, if not at place of death? 1341 Richardson St
Former or usual residence 1341 Richardson St

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, Nov 28 1916.
20-UNDERTAKER William Cook ADDRESS 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B C99940

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 C99940

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2841 Remington Ave St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Hopkins

(Residence in Baltimore: No. 2841 Remington Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day) 1856 (Year)

7-AGE, 60 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Betsy Mitchell

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kate Jackson

(Address) 2841 Remington Ave

15- NOV 27 1916 Filed ..... 191.. HARRY [illegible] Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 24, 1916 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 24 1916, to Nov 24 1916, that I saw her alive on Nov 24 1916, and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Paralysis, Cerebral hemorrhage - Secondary

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Bright's disease

(Duration) yrs. mos. ds.

(Signed) R. G. Elliott M. D.

Nov 25, 1916 (Address) 1534 E. Ha[illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Nov. 27, 1916

20-UNDERTAKER Mrs. R. A. Elliott — ADDRESS 506 East St.

CAUSE OF DEATH to be plain terms, of course, as possible. Omit words not necessary to be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C99941

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99941

CERTIFICATE OF DEATH.

64

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 Hanover ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Bank

(Residence in Baltimore: No. 610 Hanover St.; 30 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Unknown (Month) (Day) 1846 (Year)

7-AGE. 70 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Clothing Mfg.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Yudelya Bank

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Reva +

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Lewis

(Address) 1411 E. Baltimore St.

15- Filed NOV 27 1916, 191.. HARRY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1916, to Oct 26 1916, that I saw h— alive on Nov 26 1916, and that death occurred, on the date stated above, at 1.40 a.m.

The CAUSE OF DEATH* was as follows:

Hypertension

Arteriosclerosis

(Hemiplegia 5 years ago)

(Duration) several yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 4 ds.

(Signed) Frank T. Smith M. D.

191... (Address) 1126 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Wash. Road

DATE OF BURIAL, 11/27, 1916

20-UNDERTAKER Jack Lewis 1411

ADDRESS E. Baltimore St.

CAUSE OF DEATH to be given in plain terms, so that it may be properly classified. Name of disease alone insufficient and often misleading. Do not use abbreviations or initials. If from violence, state the MEANS and whether ACCIDENTAL, SUICIDAL or HOMICIDAL. If from disease of an organ, state the organ affected. If from childbirth, state whether the woman was single, married or widowed. If from accident, state where it occurred and whether at work or not. If from typhoid fever, state whether a specific diagnosis was made. If from tuberculosis, state the organ affected. If from cancer, state the organ affected. If from heart disease, state whether valvular or muscular. If from kidney disease, state whether acute or chronic. If from old age, state principal diseases and contributory causes. If from infancy, state whether premature birth, congenital debility, malformation, marasmus, inanition, overlying, starvation, or diseases of infancy, and the principal contributory causes. If from any other cause, state the principal cause and the contributory causes. If from any other cause, state the principal cause and the contributory causes. If from any other cause, state the principal cause and the

Spec.—8-24-14—M. & T.—2000 Blks.

C99942

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99942

CERTIFICATE OF DEATH.

1916

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3018 Roslyn Place (ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hilda May Fear

(Residence in Baltimore: No. 3018 Roslyn Place St.; ....yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. November (Month) 24 (Day), 1916 (Year)

7-AGE. ....yrs. ....mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE. (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Fredrick Rice Fear

11-BIRTHPLACE OF FATHER (State or Country). Baltimore, Md

12-MAIDEN NAME OF MOTHER Hilda May Stonesifer

13-BIRTHPLACE OF MOTHER (State or Country). Hanover, Penna.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hilda May Fear

(Address) 3018 Roslyn Place

15- NOV 27 1916 HARRY C. ANDREAE

Filed....., 191..... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. November (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 24 1916, to Nov 26 1916, that I saw h[illegible] alive on Nov. 24 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Unknown
(Died Suddenly)

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Unknown.

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Milton J. Hill M. D.

Nov 26, 1916. (Address) Wyllie Ave & Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cemetery DATE OF BURIAL. 27 Nov., 1916

20-UNDERTAKER Isaiah Syfer ADDRESS 600 W Northern

CAUSE OF DEATH to be plainly written, so that it may be properly classified. All items important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

C 99943 — 91 C 99943

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1914 E. Fairmount Ave. St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Esther Misaker (Musaker)

(Residence in Baltimore: No. 1914 E. Fairmount Ave St.; ..... yrs., 11 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Sing'l

6-DATE OF BIRTH, December (Month) ..... (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
..... yrs. 11 mos. ..... ds.	.... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. —
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto md

PARENTS.

10-NAME OF FATHER, Asoe Musaker

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sarah Wolf

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Levis

(Address) 1411 E. Balto St

15- Filed NOV 27 1916, 191.... HARRY C. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 25 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 24 191 6, to Nov 26 1916, that I saw h[er] alive on Nov 26 191 6, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) unknown

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Valentine M. D.

Nov 27, 191.. (Address) 1411 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Mt Carmel	11-27, 191..
20-UNDERTAKER Jack Levis	ADDRESS 1411 E Balto St

(Ora)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each question is important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

C99944

92 C99944

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 831 Columbia Ave - St. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Moffett

(Residence in Baltimore: No. 831 Columbia Ave St.; Life yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Unknown (Month), 1 (Day), ... (Year)

7-AGE: 48 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): City

PARENTS

10-NAME OF FATHER: James Buckey

11-BIRTHPLACE OF FATHER (State or country): City

12-MAIDEN NAME OF MOTHER: Martha Howe

13-BIRTHPLACE OF MOTHER (State or country): City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Luther Buckey

(Address) 831 Columbia Ave

15. Filed NOV 27 1916, 19.. HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 24 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1916, to Nov 24 1916, that I saw h.. alive on Nov 24, 1916, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 14 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

Nov 27, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Nov 28, 1916

20-UNDERTAKER: [illegible] | ADDRESS: Penna Ave

Spec.—8-24-14—M. & T.—2000 Bks.

B 806

C99945

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99945

CERTIFICATE OF DEATH.

119

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3004 St. Paul ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William A Wheatley

(Residence in Baltimore: No. 3005 St Paul st. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, March (Month) 24 (Day), 1863 (Year)

7-AGE, 53 yrs. 8 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Nicholas D Wheatley

11-BIRTHPLACE OF FATHER (State or Country), Balt md

12-MAIDEN NAME OF MOTHER Hannah Greenwood Wheatley

13-BIRTHPLACE OF MOTHER (State or Country), Balt

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs W A Wheatley

(Address) 3005 St Paul

15- Filed NOV 27 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 16 1916, to Nov 24 1916, that I saw h in alive on Nov 23 1916, and that death occurred, on the date stated above, at 1210A m.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Bright's cause unknown

(Duration) yrs. mos. 9 ds.

(Signed) John A Cavanaugh M. D.

Nov. 24 1916 (Address) 10 E. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore City

DATE OF BURIAL, Nov. 27, 191.

20-UNDERTAKER W E Lankford Jr

ADDRESS Norwood

CAUSE OF DEATH in plain terms, so that it may be properly classified, is important. See instructions on back of certificate.

C99946

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 20

C99946

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 243 N. Payson St.: 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Fischer.

(Residence in Baltimore: No. 243 N. Payson. St.: 40 yrs. \ mos. \ ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married.

6-DATE OF BIRTH: Jan. (Month) 16 (Day), 1853 (Year)

7-AGE: 63 yrs. 10 mos. 10 ds. If LESS than 1 day, \ hrs. or \ min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Bartender.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany.

PARENTS

10-NAME OF FATHER: John Fischer

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Katherine Fischer

(Address) 243 N. Payson St

15-NOV 27 1916 Filed, 19

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 26 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 10. 1916. to. Nov. 26, 1916. that I saw h my alive on Nov. 26. 1916. and that death occurred, on the date stated above, at 4.15 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(Duration) Unknown yrs. mos. ds

Contributory (SECONDARY) Pulmonary Oedema

(Duration) yrs. mos. 2 ds.

(Signed) Albert J. Chambers, M. D.

Nov. 27. 1916 (Address) 1012 N. Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Nov 29. 1916

20-UNDERTAKER: Geo A Gerber

ADDRESS: Balto & Payson

B

C99947

HEALTH DEPARTMENT--CITY OF BALTIMORE

1 PLACE OF DEATH

CERTIFICATE OF DEATH

51

C99947

REGISTERED No. C .....

CITY OF BALTIMORE (No. 311 N. Payson St. St.: 20 Ward)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Louise F. Sinclair

(Residence in Baltimore: No. 311 N Payson St. St.: Life time yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widowed

6 DATE OF BIRTH: July (Month) 24 (Day), 1857 (Year)

7 AGE: 59 yrs. 4 mos. — ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Geo. Hoag

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Frances Foster

13 BIRTHPLACE OF MOTHER (State or country): Germany.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Fred K Marks.

(Address) 311 N Payson St

15 NOV 27 1916 Filed ....., 191.... HARRY T. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November (Month) 24th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1916, to Nov 24th 1916, that I saw h.. alive on Nov. 24th, 1916, and that death occurred, on the date stated above, at 11:30 m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus -

(Duration) — yrs. 6 mos. — ds

Contributory (SECONDARY) Uraemia

(Duration) — yrs. — mos. 6 ds.

(Signed) Hilbert F. Fuehrmann M. D.

Nov. 25, 1916 (Address) 122 W. Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Nov 27, 1916

20 UNDERTAKER: Geo A Gerby

ADDRESS: Balto & Payson

Spec.—5-19-13—M. & T.—500 Bks.

C99948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1720 C99948

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1731 N. Washington ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane C. Richardson

(Residence in Baltimore: No. 1731 N. Washington St.; 56 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: July 30 - 1839, (Month) (Day) 1 (Year)

7-AGE: 77 yrs. 3 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Albany N.Y.

PARENTS.

10-NAME OF FATHER: John Caine

11-BIRTHPLACE OF FATHER (State or Country): Isle of Man

12-MAIDEN NAME OF MOTHER: Jane Cowley

13-BIRTHPLACE OF MOTHER (State or Country): Isle of Man

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edrod Richardson

(Address) 1904 E. Federal St.

15-

Filed NOV. 7 1916, 191.... HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 24, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 12 - 1916, to Nov. 24 - 1916, that I saw her alive on Nov. 24 - 1916, and that death occurred, on the date stated above, at 4 30 P.m.

The CAUSE OF DEATH* was as follows:

Amyloid disease of the Kidneys

(Duration) 2 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Uraemia coma

(Duration) — yrs. — mos. 2 ds.

(Signed) Edwin B. Fenby M. D.

Nov. 24, 1916 (Address) 1223 N. Broadway St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cem.

DATE OF BURIAL: Nov 27 1916

20-UNDERTAKER: Zirkler & Zirkler

ADDRESS 1739 Eager st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Every question must be answered, as it is important. See instructions on back of certificate.

C99949

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

C99949

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1042 E. North Ave. St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret M. Abrahams

(Residence in Baltimore: No. 1042 E. North Ave. St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) (Day), 1860 (Year)

7-AGE: 56 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: Thomas Carrington

11-BIRTHPLACE OF FATHER (State or country): England

12-MAIDEN NAME OF MOTHER: Mary Hughes

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. H. G. Abrahams

(Address) 1042 N. North Ave

15- Filed NOV 27 1916 191

EMILY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. 26. (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1916, to, Nov. 26, 1916, that I saw h[illegible] alive on " 25 1916, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis ?
(Duration) Do not know yrs. mos. ds.

Contributory (SECONDARY) Bronchial pneumonia
(Duration) yrs. 5 mos. ds.

(Signed) Geo. A. Hartman M. D.

Nov. 27, 1916 [Address] 1121 N. Caroline St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Green Mount

DATE OF BURIAL: Nov 29, 1916

20-UNDERTAKER: C. M. Mitchell & Co.

ADDRESS: 1201 W. Fayette St.

N. B.—Every item of information should be carefully applied for. Be sure to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B C99950 HEALTH DEPARTMENT—CITY OF BALTIMORE 42 C99950

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 177 Green St ST. 23 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E. Simon

(Residence in Baltimore: No. 177 Green St

St.; 25 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, January (Month) 11th (Day) 1868 (Year)

7-AGE, 48 yrs. 4 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wesley Taylor

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Barbara Rodgers

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Simon

(Address) 177 Green St

15-

Filed NOV 27 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1916, to Nov 25 1916, that I saw h[illegible] alive on Nov 25 1916, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Nov 27, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Nov 27, 1916

20-UNDERTAKER John F. Norman & Son

ADDRESS 901 Harlem Ave

CAUSE OF DEATH must be given in plain terms, so that it may be properly classified. Each statement is important. See instructions on back of certificate.

C99951

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99951

CERTIFICATE OF DEATH

REGISTERED NO. C 151

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 Tuxedo St.; 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph A. Love

(Residence in Baltimore: No. 424 Tuxedo St.; yrs. mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	Colored	Single

6-DATE OF BIRTH: Nov. (Month) 9th (Day) 1916 (Year)

7-AGE: 0 yrs. 0 mos. 17 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Baby.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Benj. F. Love

11-BIRTHPLACE OF FATHER (State or country): Not known

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or country): Not known

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant) Kate Lennon

(Address) 424 Tuxedo St.

15- NOV 27 1916 Filed 191

HARRY C. ANDREW
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 26 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10.30 a.m. Nov 26 1916, to, 11 a.m. Nov 26, 1916, that I saw h[illegible] alive on Nov 26, 1916, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity (was a 7 mos infant)

(Duration) yrs mos. ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed) C. D. Steenken M. D.

Nov 26, 1916 [Address] 4005 Greenmount Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Mary's Cemetery Govans DATE OF BURIAL: Nov. 1916

20-UNDERTAKER: E. A. Hardefeld Jr. ADDRESS: 213 Belmont

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B C9952

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9952

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2401 E Chase st St. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry G Kordlender

(Residence in Baltimore: No. 2401 E Chase St (in city 1 day) St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.): Widower

6-DATE OF BIRTH: June 13 1860, (Month) (Day) / (Year)

7-AGE: 56 yrs. 5n mos. I2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): N C.

PARENTS.

10-NAME OF FATHER: William Kordlender

11-BIRTHPLACE OF FATHER (State or Country): N C

12-MAIDEN NAME OF MOTHER: Louise Henezer

13-BIRTHPLACE OF MOTHER (State or Country): NC

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Henry Kordlender

(Address): Chester town MD

15- Filed NOV 27 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Nov 25 1916, (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] (Coroner.) M. D.

Nov 25 1916 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. I ds. In the State 30 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence (Chesterton) Md

19-PLACE OF BURIAL OR REMOVAL: Schwartz's lane

DATE OF BURIAL: Nov 27 16

20-UNDERTAKER: Philip Herm

ADDRESS 2016 Orleans

099953

HEALTH DEPARTMENT—CITY OF BALTIMORE

099953

CERTIFICATE OF DEATH.

REGISTERED No. C 79 099953

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Court House - City St.; WARD) 8

2-FULL NAME Catherine Sudbrink (Mrs. Sudbrink)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1614 N Bradford St St. ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Widow

6-DATE OF BIRTH, April 11, 1862
(Month) (Day) (Year)

7-AGE, 54 yrs. 7 mos. 13 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Char woman
(b) General nature of industry, business, or establishment in which employed (or employer): Court House

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country). Not known

12-MAIDEN NAME OF MOTHER Mary Emig

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Sudbrink

(Address) 1614 N. Bradford St.

15- HARRY V. ANDREWS

Filed NOV 27 1916, 191... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valv. Cardiac Heart

Died Suddenly

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Dem Pneu

(Duration) ... yrs. ... mos. ... ds.

(Signed) W. T. Kirby M. D.
(Coroner.)

Nov. 25, 1916 (Address) 1627 Bruning

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Nov. 27 1916

20-UNDERTAKER Robt. J. Turner ADDRESS 12 Woodbury St Elmer

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99954 10 C99954

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 Oxford St.; WARD) 17

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. Johnson

(Residence in Baltimore: No. 531 Oxford St.; yrs., 3 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August (Month) 6 (Day), 1916 (Year)

7-AGE, yrs. 3 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto md.

PARENTS.

10-NAME OF FATHER, Eddie Johnson

11-BIRTHPLACE OF FATHER (State or Country). Balto. md.

12-MAIDEN NAME OF MOTHER Lilly Salsbury

13-BIRTHPLACE OF MOTHER (State or Country). Balto. md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lilly Salsbury

(Address) 531 Oxford St.

15-

Filed NOV 27 1916, 191.... HARRY C. ARTHUR Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 25 1916, to Nov. 26 1916, that I saw her alive on Nov 26 1916, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

(a) General debility

Duration 3 days

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) 1/2 hour yrs. mos. ds.

(Signed) Jno. H. Johnson M. D.

Nov. 26, 1916 (Address) 1019 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt Zion

DATE OF BURIAL, Nov 27, 191..

20-UNDERTAKER James H. Dennis

ADDRESS 1303 Preston

W. H. 176

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement is of equal importance. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

B C99955 103 C99955

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 W Lanvale ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel E. Keller

(Residence in Baltimore: No. 1421 W Lanvale St.; 72 yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Case statement of doctor necessary. important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan 27, 1844 (Month) (Day) (Year)

7-AGE, 72 yrs. 10 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Ward Principal
(b) General nature of industry, business, or establishment in which employed (or employer). Public Schools

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. John Keller

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Eliz Meconer

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Sam'l E. Keller

(Address) 1421 W. Lanvale St.

15- NOV 27 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 26, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 22, 1916, to November 26, 1916, that I saw him alive on November 25, 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Acute Gastritis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic interstitial Nephritis

(Duration) yrs. mos. ds.

(Signed) John C. Hood M. D.

Nov. 26, 1916. (Address) 630 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Nov 28, 1916

20-UNDERTAKER H. M. Lawlor — ADDRESS 624 N Mt

Dr. John C Hood - 630 N. Gilmor St. Regalle

C99956

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99956

CERTIFICATE OF DEATH.

151

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2418 Hudson ST.: 1 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Adam Szymborski

(Residence in Baltimore: No. 2418 Hudson St

St.; yrs., mos. 1/24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, May 26, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 1/2 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore MD

PARENTS.

10-NAME OF FATHER, John Szymborski

11-BIRTHPLACE OF FATHER (State or Country). Russia Poland

12-MAIDEN NAME OF MOTHER Mary Pechalopski

13-BIRTHPLACE OF MOTHER (State or Country), Russia Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Szymborski

(Address) 2418 Hudson St

15- Filed NOV 27 1916, 191..... MARY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital debility

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Premature birth, Marasmus

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thomas Ryan Jones M. D.
(Coroner.)

May 27, 1916 (Address) 1610 E. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St Stanislaus Cem	Nov 27, 1916
20-UNDERTAKER	ADDRESS
Stephen J Peachowski	1017 Hanover

N. B.—Every item of information should be carefully supplied. AGE should be stated in YEARS, MONTHS and DAYS. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99957

C99957

113

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 305 S Bentalou ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William T. Leach

(Residence in Baltimore: No. 305 S Bentalou St. 24 yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (Write the word.): Married

6-DATE OF BIRTH: Sept 30th (Month) (Day), 1847 (Year)

7-AGE: 69 yrs. 1 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mail
(b) General nature of industry, business, or establishment in which employed (or employer): Worker

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Wm T. Leach

11-BIRTHPLACE OF FATHER (State or Country): Baltimore-Md

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore-Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie L. Leach

(Address) 305 S. Bentalou St

15- Filed NOV 27 1916, 191.. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 24 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 5 1916, to Nov 24 1916, that I saw ~~him~~ alive on Nov 24 1916, and that death occurred, on the date stated above, at 4 20 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Coronary Sclerosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cystitis, Retention

(Duration) yrs. mos. ds.

(Signed) Robert Oliver M. D.

Nov 26, 1916. (Address) 2349 Nelson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. Is the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery DATE OF BURIAL, Nov 27, 1916

20-UNDERTAKER P. B. Kaufmann & Zeuch ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

C99958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 C99958

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 N. Hamburg ST.; 21 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Oehse

(Residence in Baltimore: No. 514 N. Hamburg St.; 53 yrs., 5 mos. 15 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 10th (Day), 1863 (Year)

7-AGE, 53 yrs. 5 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Philip Oehse

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Ruhland

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline L. Oehse

(Address) 514 N. Hamburg St.

15-

Filed NOV 27 1916, 191.... HARRY C. [illegible]

Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 25th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 20 1916, to Nov. 25 1916, that I saw him alive on Nov. 23, 1916, and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. M. Deterville M. D.

Nov. 26, 1916 (Address) 621 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery | DATE OF BURIAL, Nov. 28th, 1916

20-UNDERTAKER Mrs. Mrs. John F. Tuffel | ADDRESS 80 Fayette St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99959 C99959

CERTIFICATE OF DEATH.

152

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. West End Maternity - Fayette & Calhoun ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace Parks.

(Residence in Baltimore: No. West End Maternity - Fayette & Calhoun St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, Nov (Month) 25 (Day), 1916. (Year)

7-AGE, [redacted] yrs. mos. ds.

If LESS than 1 day, 19 hrs. 15 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Benjamin Lepton Parks.

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md

12-MAIDEN NAME OF MOTHER Augusta Dolores Benner

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chester Ruland, M.D.

(Address) 2532 Edmondson Ave

15-

Filed NOV 27 1916, 191... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 25 1916, to Nov 25 1916, that I saw her alive on Nov 25 1916, and that death occurred, on the date stated above, at 11:55 a m.

The CAUSE OF DEATH* was as follows:

Internal hemorrhage

2½ hours (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

(Signed) Chester Ruland., M. D.

Nov 26, 1916. (Address) 2532 Edmondson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, ..., 191...

20-UNDERTAKER | ADDRESS

HOPKINS HOSPITAL NOV 27 1916 Commissioner Health.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C99960 HEALTH DEPARTMENT—CITY OF BALTIMORE

9-27 C99960

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Warwick Av St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert E. Morris

(Residence in Baltimore: No. Warwick Av St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Sept. (Month) 6 (Day), 1916 (Year)

7-AGE, yrs. 2 mos. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Robt E. Morris

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Nov 27

12-MAIDEN NAME OF MOTHER Nellie Blythe

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible]

(Address) Warwick Av & Kane

15- Filed NOV 27 1916, 191... ROBERT E. KRAUTER Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 26 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cord

(Duration) yrs. mos. ds.

(Signed) C. McElhenny M. D. (Coroner)

..., 1916 (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet E. Branch — DATE OF BURIAL, Nov. 28, 1916

UNDERTAKER Loudon Park Cem. — ADDRESS 802 Madison Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99961 C99961

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Glascoe

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female.

4-COLOR OR RACE, Bl.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, Nov 25, 1916. (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Walter Sterrell

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Fannie Glascoe

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fannie Glascoe

(Address) 318 E. 22½ nd St.

15- Filed NOV 27 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 26, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 25 1916, to Nov 26 1916, that I saw him alive on Nov 26 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

(a) Premature birth

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward P. Smith M. D.

Nov. 26, 1916. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. mos. 1 ds. In the State ..... yrs. ..... mos. 1 ds.

Where was disease contracted if not at place of death? 318 E 22½ St

Former or usual residence 318 E 22½ St

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, Nov 27, 1916.

20-UNDERTAKER Edw. J. Weidefeld Jr. — ADDRESS Eden St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C99962

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99962

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 W Lombard ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby. Lebeda

(Residence in Baltimore: No. 631 W Lombard St St.: ..yrs., ..mos. ..da)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov (Month) 27 (Day), 1916 (Year)

7-AGE, ..yrs..mos..da.

If LESS than 1 day, ..hrs. or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..
(b) General nature of industry, business, or establishment in which employed (or employer) None.

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Constantine Lebeda

11-BIRTHPLACE OF FATHER (State or Country), Lithuania Russia

12-MAIDEN NAME OF MOTHER Petrona Petus

13-BIRTHPLACE OF MOTHER (State or Country), Lithuania Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Constantine Lebeda

(Address) 631 W. Lombard St.

15- NOV 27 1916 ROBERT B. KRAUTER

Filed ..., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 27 (Day); 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 27 1916, to Nov 27 1916; that I saw h.. alive on Nov 27. 1916., and that death occurred, on the date stated above, at 9 AM m.

The CAUSE OF DEATH* was as follows:

Premature birth about 4½ mos intrauterine

(Duration) ..yrs. ..mos. ..da.

CONTRIBUTORY (Secondary) Abortion

(Duration) ..yrs. ..mos. ..da.

(Signed) M C Finlinger MD M. D.

11-27-, 1916. (Address) 631 Columbus Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..da. In the State ..yrs. ..mos. ..da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Stanislowas

DATE OF BURIAL, Nov 28 1916

20-UNDERTAKER John Gebliunas

ADDRESS 500 S. Pac. St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99963

CERTIFICATE OF DEATH.

64 C99963

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE; No. 3028. Gilmor ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Richard Hogan

(Residence in Baltimore: No. 3028. Gilmor St ST.; ... yrs., ... mos., ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Sept (Month) 2 (Day), 1869 (Year)

7-AGE, 47 yrs. 2 mos. 22 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Occupation Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): BAKER

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Patrick Hogan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Hogan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs M. Hogan

(Address) 3028. Gilmor St

15- NOV 27 1916 ROBERT R. KRAUTER

Filed ..., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 24th 1916, to Nov 24 1916, that I saw him alive on Nov 24 1916, and that death occurred, on the date stated above, at 9.15 P m.

The CAUSE OF DEATH* was as follows:

Coma

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 1 ds.

(Signed) Jno J. F. Blayney M. D.

Nov 24, 1916 (Address) 1103. Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, Nov 28, 1916

20-UNDERTAKER John F. Fields

ADDRESS 1201 N. Broadway St

C99964 HEALTH DEPARTMENT--CITY OF BALTIMORE 40 C99964

CERTIFICATE OF DEATH

1-PLACE OF DEATH — Registered No. C.....

CITY OF BALTIMORE (No. 470 E Clement St. 24 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James L. Burns

(Residence in Baltimore: No. 470 E Clement St. 45 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH ——, 1861
(Month) (Day) (Year)

7-AGE 45 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer): B. & O.

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Mich Burns

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Bridget ——

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Cath Burns
(Address): 470 E Clement

15. Filed NOV 27 1916 ROBERT B. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH November 25th, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 1st, 1916, to, Nov 25th, 1916, that I saw h-m alive on Nov 25th, 1916, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach
Operation
(Duration) yrs. 6 mos. ds

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) J. C. Donnell M. D.
Nov 27th 1916. (Address) 1072 West St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Edmondson Ave — DATE OF BURIAL: Nov 28, 1916

20-UNDERTAKER: Jno F Eddy & Sons — ADDRESS: 1318 Light St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

C99965

HEALTH DEPARTMENT—CITY OF BALTIMORE

139 C99965

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 Brooks Lane 13 WARD)

REGISTERED NO. C

2-FULL NAME Merle H. Hertzler

(If death occurred in a hospital or Institution, give its NAME instead of street and number and add out No. 18.)

(Residence in Baltimore: No. 927 Brooks Lane St.; yrs., 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, June (Month) 24 (Day), 1882 (Year)

7-AGE, 34 yrs. 5 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Danville, Va.

PARENTS.

10-NAME OF FATHER, Mathias Hershberger

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Letha Rose

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. R. Hershberger

(Address) 937 Brooks Lane

15- Filed NOV 27 1916, 191 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1 1916 to Nov. 26 1916, that I saw h[illegible] alive on Nov. 26 1916, and that death occurred, on the date stated above, at 7 30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism
following Chronic Endocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 6 mos. 1 ds.

(Signed) Wm. L. Hirst M. D.

Nov 26 1916 (Address) 230 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Richmond Va. DATE OF BURIAL. Nov 28, 1916

20-UNDERTAKER David Londheim ADDRESS 18 W. Mt. Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C99966

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99966

CERTIFICATE OF DEATH.

REGISTERED No. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 705 Gorsuch St.; 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Odessa Shofton

(Residence in Baltimore: No. 705 Gorsuch St.; ... yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, ... (Month) ... (Day) 1892 (Year)

7-AGE, 24 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stone
(b) General nature of industry, business, or establishment in which employed (or employer): Yard

9-BIRTHPLACE, (State or Country), Louisiana

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Louisiana

12-MAIDEN NAME OF MOTHER Mary Bee

13-BIRTHPLACE OF MOTHER (State or Country), Louisiana

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel Eastman

(Address) 916 Penna Ave

15- NOV 28 1916 Filed ..., 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 25, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

[illegible] Tuberculosis of the Brain (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) [illegible] (Duration) ... yrs. ... mos. ... ds.

(Signed) [illegible] M. D. (Coroner.)

Nov. 27, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). Hospital

At place of death ... yrs. ... mos. 14 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Memphis, Tennessee

DATE OF BURIAL, Nov. 28 1916

20-UNDERTAKER Daniel Eastman

ADDRESS 916 Penna ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.

C99967

HEALTH DEPARTMENT—CITY OF BALTIMORE

169

C99967

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Clinton St 3rd Ave ST. 1 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Wiese

(Residence in Baltimore: No. 513 S Collington Ave St.; yrs., 7 mos. da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Not Known (Month), 1 (Day) (Year)

7-AGE, 37 yrs. mos. da.
If LESS than 1 day, hrs. or mins.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). General

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Anna V. Wiese
(Address) 513 S. Collington

15-
Filed NOV 28 1916, 191
HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Edward Grant Linthicum M. D. (Coroner.)

Nov 27, 191 6 (Address) 1610 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. da. In the State yrs. mos. da.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity Church — DATE OF BURIAL, Nov 28, 1916

20-UNDERTAKER Wendell Leppel & Son — ADDRESS 330 S. Bond St

C99968 HEALTH DEPARTMENT—CITY OF BALTIMORE C99968

B

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH.

REGISTERED NO. C 99968

1-PLACE OF DEATH

CITY OF BALTIMORE (No. City Jail ST. 24 WARD) 79

(If death occurred in a hospital or institution, give Its NAME Instead of street and number and fill out No. 18.)

2-FULL NAME Charles Shepard

(Residence in Baltimore: No. 1400 Linden Av. St. —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Not Known (Month), 1 (Day), (Year)

7-AGE, 38 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), N. H.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) City Jail

(Address)

15- NOV 28 1916 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h— death on the day stated above.

The CAUSE OF DEATH* was as follows:

Val. disease heart

Contributory (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. J. Riley (Coroner.) M. D.

Nov 26 1916 (Address) 1637 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death about 12 hrs. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1400 Linden Av

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, Nov 28 1916

20-UNDERTAKER Kendall & Hyde & Son — ADDRESS 320 E. Bond St.

Spec.—8-24-14—M. & T.—2000 Blks.

C99969 HEALTH DEPARTMENT—CITY OF BALTIMORE C99969

CERTIFICATE OF DEATH. x 50

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John G. Hare

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs. ..... mos. 17 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb (Month) 5 (Day) 1863 (Year)

7-AGE, 53 yrs. 9 mos. 21 da. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Railroad.
(b) General nature of industry, business, or establishment in which employed (or employer) Engineer

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Abraham Hare

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Henneretta Millinder

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard B. Hare

(Address) Mercy Hospital

15- Filed NOV 28 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 30 1916, to Nov. 26 1916, that I saw h[illegible] alive on Nov. 26 1916, and that death occurred, on the date stated above, at 8 30 m.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitus

(Duration) 2 yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Infection of L. forearm

(Duration) ..... yrs. 1 mos. 27 da.

(Signed) Chas. F. Garbutt M. D.

Nov 26 191 6 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 27 da. In the State ..... yrs. Life mos. ..... da.

Where was disease contracted, if not at place of death? 2

Former or usual residence 27 N Eutaw Balto

19-PLACE OF BURIAL OR REMOVAL, Oaklawn Cem. DATE OF BURIAL, Nov. 30 1916

20-UNDERTAKER Leo. G. Cook ADDRESS Northern Parkway & Harford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B C99970

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99970

CERTIFICATE OF DEATH.

120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1037 Hillen ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Leuthold

(Residence in Baltimore: No. 1037 Hillen St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 64 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: Andrew Leuthold

11-BIRTHPLACE OF FATHER (State or Country): Balto.

12-MAIDEN NAME OF MOTHER: ~~Unknown~~ Unknown

13-BIRTHPLACE OF MOTHER (State or Country): ~~Unknown~~ Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) D. H. Meyer

(Address) 1133 Carlton Ave.

15- Filed NOV 28 1916, 191.... HARRY C. ANDREWS Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to... death on the day stated above.

The CAUSE OF DEATH was as follows*:

Nephritis (Chronic)

Duration - Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. H. Kiernan M. D. (Coroner.)

Nov. 27 1916 (Address) 1037 Hillen

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Nov 28 1916

20-UNDERTAKER: Wm Cook — ADDRESS: 252 E. 7th St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

B

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99971 C99971

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2406 E Hoffman St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry F Condance

(Residence in Baltimore: No. 2406 E Hoffman St.; 40 yrs., — mos. 1 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov 24, 1876 (Month) (Day) (Year)

7-AGE, 40 yrs. — mos. 1 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER, Herman Condance

11-BIRTHPLACE OF FATHER (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER Elizabeth Kirch

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Edna Condance

(Address) 2406 E Hoffman

15- Filed NOV 28 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 25, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 2 1916, to Nov 25 1916, that I saw him alive on Nov 25 1916, and that death occurred, on the date stated above, at 12.30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 8 mos. ... da.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) yrs. ... mos. ... da.

(Signed) B F Herzog M.D.

Nov 28, 1916 (Address) 1305 N Patterson Pk Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetery — DATE OF BURIAL, Nov 28, 1916

20-UNDERTAKER Tom Cook — ADDRESS 507 E Hoffman

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 99972 — 142 — 99972

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Taylor Neal.

(Residence in Baltimore: No. 1024 N. Durham St. St.; 5 yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ....., 1... (Day) (Year)

7-AGE, 60 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, William Neal

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Martha Neal

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter C. Snyder,

(Address) Johns Hopkins Hosp.

15- Filed NOV 28 1916, —191... HARRY C. ATKINSON Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 26, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 19 1916, to Nov. 26 1916, that I saw him alive on Nov. 26 1916, and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

10 Seconds (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Amputation Leg for gangrene of foot (Arteriosclerotic) (Duration) ... yrs. ... mos. ... ds.

(Signed) E. E. Dandy M. D.

..., 191... (Address) J.H.H.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 1 mos. 1 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1024 N. Durham St

19-PLACE OF BURIAL OR REMOVAL, Mt. Herrin Va. DATE OF BURIAL, Nov. 28, 1916.

20-UNDERTAKER Mrs. R. A. Elliott ADDRESS 506 East St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B 099973 HEALTH DEPARTMENT—CITY OF BALTIMORE 099973

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Cloverdale Farm ST.; V3 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Arrington

(Residence in Baltimore: No. Cloverdale Farm, Falls Road St.; ..... yrs., 10 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... Jan. 27 ....., 1916.
(Month) (Day) (Year)

7-AGE, ... yrs. 10 mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Thomas Arrington

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Mary A Bailey

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. Arrington

(Address) Cloverdale Farm

15- NOV 28 1916 Filed ....., 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 27, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 26 1916, to Nov 27 1916, that I saw h[illegible] alive on Nov 27 1916, and that death occurred, on the date stated above, at 10 20 A.m.

The CAUSE OF DEATH* was as follows:

Exhaustion
Food Poisoning 3 ds.
Stomach

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Indigestion

(Duration) ... yrs. ... mos. ... ds.

(Signed) Wm F Kelly M. D.

Nov 27 1916 (Address) 3101 Falls Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Mary's Hampden

DATE OF BURIAL. Nov. 28., 1916.

20-UNDERTAKER Horace Burgee & Son

ADDRESS 363 Falls Road

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C99974

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99974

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 135 W. Hamburg St. St.; 23 WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Reason. (Col'd)

(Residence in Baltimore: No. 135 W. Hamburg St. St.; 9 yrs. 11 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female.	Colored.	Married.

6-DATE OF BIRTH. Do not know. (Month) (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
55 yrs. -- mos. -- ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Kent Co, Md.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER (State or Country) Kent Co, Md.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country), Kent Co, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dora Hyson (Col'd) daughter.

(Address) 135 W. Hamburg St.

15- NOV 28 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 24th. 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry. (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

Nov. 26, 1916. (Address) 1017 S. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, ag alms

DATE OF BURIAL, Nov 28, 1916

20-UNDERTAKER R F Packam

ADDRESS 31 N Fremont

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99975 C99975

CERTIFICATE OF DEATH.

REGISTERED NO. C 13

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 926 N. Patterson Park Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Ellen Clautice

(Residence in Baltimore: No. 926 N. Patterson Park Ave St.; 24 yrs., 1 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, November 8, 1892 (Month) (Day) (Year)

7-AGE, 24 yrs. 1 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Book keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore - Md.

PARENTS.

10-NAME OF FATHER, Frances P. Clautice

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Mary E. Purnell

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Frances P. Clautice

(Address) 926 N. Patterson Park Ave

15-

NOV 28 1916 191 HARRY C. ANDREWS Burial Permit Clerk

Filed Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 28 1916, to Nov 27 1916, that I saw h[illegible] alive on Nov 27 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Puerperal Septicaemia

(Duration) yrs. 1 mos. dys.

CONTRIBUTORY, (Secondary) Septic Pneumonia

(Duration) yrs. mos. 12 dys.

(Signed) Charles H. Hunter M.D.

Nov 28, 1916 (Address) 401 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Nov 30, 1916

20-UNDERTAKER Henry Hoeck Son — ADDRESS 130 E Eager

N. B.—Every item of information should be carefully supplied. AGE, months of infants. PLACE, Streets and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99976 150 C99976

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3437 Ash St. (St.) 13 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte R. Taylor.

(Residence in Baltimore: No. 3437 Ash St. St.; ....yrs. ....mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. (Month) 25 (Day), 1916 (Year)

7-AGE, ...yrs. ....mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Charles H. Taylor

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Annie Belle Parks

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles H. Taylor

(Address) 3437 Ash St.

15- Filed NOV 28 1916, 191.... HARRY C. ARNOLD Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 25 1916, to Nov. 28 1916, that I saw h.. alive on Nov. 27 1916, and that death occurred, on the date stated above, at 3.30 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation of Heart

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. M. Foster M. D.

Nov. 28, 1916. (Address) 843 W. 36th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St. Marys Hampden

DATE OF BURIAL. Nov. 29. 1916.

20-UNDERTAKER Horace Burgee & Son

ADDRESS 1231 Falls Road

N. B.—Every item of information should be carefully supplied. AGE should be stated in YEARS. Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

099977. HEALTH DEPARTMENT—CITY OF BALTIMORE 156 099977.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH. CITY OF BALTIMORE (No. Professional Building) (12 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kennon Whiting Egerton

(Residence in Baltimore: No. Homewood Apartments N. Charles St. (Use) (No. St., Ave., etc.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Apr. 23, 1874 (Month) (Day) (Year)

7-AGE, 42 yrs. 7 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work. Dentist (b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Samuel Egerton Sr.

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Elizabeth M. ?

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Agnes Egerton

(Address) Homewood Apts.

15- NOV 28 1916 Filed....., -191... RALPH C. ADELSEN Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Found Dead Nov. 26, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxia due to Illuminating Gas - Suicide

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) C. S. Riley (Coroner) M. D.

Nov 28 1916 (Address) 1639 E. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death about 11 hours In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cem. DATE OF BURIAL, Nov. 28, 1916

20-UNDERTAKER Stewart & Mowen Co. ADDRESS 108 W. North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

C99978

HEALTH DEPARTMENT—CITY OF BALTIMORE

150 C99978

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 W. Lombard ST. 18 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F. Rawlins

(Residence in Baltimore: No. 1116 Lombard St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. 27, 1916 (Month) (Day) (Year)

7-AGE, ..yrs..mos..ds.

If LESS than 1 day, 4 hrs. or ..min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Rawlins

11-BIRTHPLACE OF FATHER (State or Country), Washington D.C.

12-MAIDEN NAME OF MOTHER Fannie Cloyd.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Rawlins

(Address) 1116 W Lombard

15- NOV 28 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH, Nov. 28, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 27 1916, to Nov 28 1916, that I saw him alive on Nov. 28 1916, and that death occurred, on the date stated above, at 2 H m.

The CAUSE OF DEATH* was as follows:

Congenital Cardiac Malformation

..... (Duration) ..yrs. ..mos. ..da.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..yrs. ..mos. ..da.

(Signed) Albert L. Doiscau M. D.

Nov 27 1916 (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery — DATE OF BURIAL, Nov. 30, 1916.

20-UNDERTAKER John J. Tuohy — ADDRESS

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If under one day, or one year, or CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 lks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99979

CERTIFICATE OF DEATH.

79 C99979

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 539 N Bond St.; 6 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gerhard Renz

(Residence in Baltimore: No. 539 N Bond St.; 42 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 9, 1838 (Month) (Day) (Year)

7-AGE, 58 yrs. 1 mos. 17 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Restaurant
(b) General nature of industry, business, or establishment in which employed (or employer). Self

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Gerhard Renz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Gerhard Renz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Emma Renz

(Address) 539 N. Bond

15- NOV 28 1916 Filed ... 191... ROBERT R. KRAUTER Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 1916, to Nov 27 1916, that I saw h[illegible] alive on Nov 27 1916, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows: Chronic Endocarditis

Acute Dilatation

16

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Debility

(Duration) yrs. mos. 8 ds.

(Signed) Chas. J. Pelletier M. D.

Nov 28, 1916. (Address) 1 W. 16 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, Nov 30, 1916

20-UNDERTAKER John Herring & Co — ADDRESS 200 Cathedral

N.B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99980

CERTIFICATE OF DEATH.

172

C99980

1-PLACE OF DEATH Md General Hosp 8 REGISTERED NO. C

CITY OF BALTIMORE: (No. ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Feldpusch

(Residence in Baltimore: No. 2313 E. Preston St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, DIVORCED (Write the word.) Married

6-DATE OF BIRTH, (Month) January (Day) , 1844 (Year)

7-AGE, 72 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer) Grocery Store

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Geo Feldpusch

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dora Klein

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Feldpusch

(Address) 2313 E Preston St

Filed NOV 28 1916 191 ROBERT E. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 24 1916, to Nov 26, 1916, that I saw h[illegible] alive on Nov 26 1916, and that death occurred, on the date stated above, at 10:10 A.M.

The CAUSE OF DEATH* was as follows:

Accidental Fall ~~while~~ resulting in Fracture Right Femur

Diabetes Mycarditis

Contributory (Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

Hypostatic Pneumonia (Duration) yrs. mos. 1 ds.

(Signed) Elmer Messemer M. D.

11-26, 191 6 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2313 E Preston St

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Nov 29, 1916

20-UNDERTAKER J. Herring & Co

ADDRESS 2108 Orleans

N. B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. Fractions of months and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99981 C99981

CERTIFICATE OF DEATH.

REGISTERED NO. C 24 29

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1206 William St. ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Braun.

(Residence in Baltimore: No. 1206 William St.

69 yrs., 8 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female.	White.	Widow.

6-DATE OF BIRTH. March 20th. 1847. (Month) (Day) (Year)

7-AGE, 69 yrs. 8 mos. 6 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Frank Schmidt.

11-BIRTHPLACE OF FATHER (State or Country). Germany.

12-MAIDEN NAME OF MOTHER Catherine Raum.

13-BIRTHPLACE OF MOTHER (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Catherine Hasselberger. (daughter

(Address) 402 Folsom St.

15- Filed NOV 28 1916 191 ROBERT R. KRAUTER Serial Perm Register Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 26th. 1916. (Month) (Day) (Year) 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart.

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) (Duration) ...yrs. ...mos. ...ds.

(Signed) Otto M. Rumhardt M. D. (Coroner)

Nov. 26. 1916. (Address) 1017 S. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross A A C — DATE OF BURIAL, Nov 29 1916

20-UNDERTAKER E. B. Harle — ADDRESS 115 E. Lexington

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C9998?

CERTIFICATE OF DEATH.

104 C9998?

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thelma Rinehardt

(Residence in Baltimore: No. 1603 Clarkson St St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.): Single

6-DATE OF BIRTH: Mar 9, 1916 (Month) (Day) (Year)

7-AGE: 0 yrs. 8 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): -

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: William Rinehardt

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Elizabeth Tempfer

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hosp.

(Address) Calvert St

15- Filed NOV 28 1916, 191.. ROBERT R. KRAUTER Registrar. Burial Permit 0107

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Nov 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 12 1916, to Nov 26 1916, that I saw her alive on Nov 26 1916 and that death occurred, on the date stated above, at 9.00 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Decomposition

about 4 days (Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward H. Smith M. D.

Nov 27, 191.6 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 14 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1603 Clarkson St

Former or usual residence 1603 Clarkson St

19-PLACE OF BURIAL OR REMOVAL: Holy Cross Cemetery DATE OF BURIAL: Nov 27, 191.6

20-UNDERTAKER: Wm J. E. Evans Sons ADDRESS: 1725 E Monument

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN making the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99983 104 C99983

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 E Heath St. 23 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H Smith

(Residence in Baltimore: No. 20 E Heath St.; 1 yrs., 10 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan 21, 1915 (Month) (Day) (Year)

7-AGE, 1 yrs. 10 mos. 5 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John H Smith

11-BIRTHPLACE OF FATHER (State or Country), Winchester Va

12-MAIDEN NAME OF MOTHER Lora M Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Wilmington Del

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H Smith

(Address) 20 E Heath St

15- NOV 28 1916 Filed ..... 191.... ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 27th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 26 1916, to Nov 27 1916, that I saw h[illegible] alive on Nov. 27th 1916, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Convulsions

Diarrhoea & Enteritis (Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Debilitation

.....(Duration) ....yrs. 1 mos. ....ds.

(Signed) H H Burk M. D.

Nov 27, 1916. (Address) 1228 St Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem — DATE OF BURIAL, Nov 29, 1916

20-UNDERTAKER, Mrs. J. E. Evans & Son — ADDRESS 428 N Charles

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99984 C99984

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Humphreys

(Residence in Baltimore: No. 2707 N. Calvert St St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, February (Month) ..... (Day), 1845 (Year)

7-AGE, 71 yrs. 9 mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Upholsterer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Richard M. Humphreys

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co Md

12-MAIDEN NAME OF MOTHER Jane Miller

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary C. Townsend

(Address) 2707 N. Calvert st

15- NOV 28 1916 Filed....., 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 27 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 16 1916, to Nov 27 1916, that I saw h~~im~~ alive on Nov 27 1916, and that death occurred, on the date stated above, at 6.20P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Oedema

(Duration) ..... yrs. mos. 1 ds.

(Signed) William F. O'Malley M. D.

Nov. 27, 1916. (Address) St. Jos. Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. mos. 11 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? don't Know

Former or usual residence 2707 N Calvert St

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Nov. 29th, 1916.

20-UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C99985

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99985

169

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. East of Work St.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME not known

(Residence in Baltimore: No. not known St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) not known

6-DATE OF BIRTH, not known, 1 (Month) (Day) (Year)

7-AGE. not known 35 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work not known
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), not known

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country). not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country). not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eastern Police Station

(Address)

15- NOV 28 1916 ROBERT P. KRAUTER

Filed ....., 191.... Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 30, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ~~Pneumonia~~

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner.)

Nov 17, 191.6 (Address) 16 E 4th Street

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, PUBLIC CEMETERY

DATE OF BURIAL, NOV 30 1916, 19....

20-UNDERTAKER

ADDRESS

Commissioner Health.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99986 — CERTIFICATE OF DEATH. — 157 — C99986

1-PLACE OF DEATH — Found on St. — REGISTERED No. C

CITY OF BALTIMORE (No. 1731 Calvert St.) — ST.: 13 — WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Unknown

(Residence in Baltimore: No. Unknown St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	

6-DATE OF BIRTH, Nov. (Month) 12 (Day), 1916 (Year)

7-AGE, about 1 yrs. mos. ds. — If LESS than 1 day, 6 hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Police Capt.

(Address)

15- Filed NOV 28 1916, 191 — ROBERT R. BRAUER, Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature Birth.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] (Coroner.) M. D.

Nov 14 1916 (Address) 36 [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. — In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

PUBLIC CEMETERY NOV 28 1916 Commissioner Health

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

4

C99987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152 C99987

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Unknown - Found) 16 East St. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown

(Residence in Baltimore: No. Unknown St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Probably white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ..., (Month) 1 (Day) ..... (Year)

7-AGE, Probably four months ....yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ~
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- NOV 28 1916

Filed....., 191.....

MEYER B. FRAUTER
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, From Nov. (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest & autopsy (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Unknown

Probably injuries produced by birth (Duration) ....yrs. ....mos. ....ds.

(Cord about 6 inches long not severed)

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) W. T. Ruby (Coroner) M. D.

Nov 27, 191 4 (Address) 163 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, ..., 19....

20-UNDERTAKER Petry Pharmacy | ADDRESS

per Wm. E. Woodall

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99988 C99988

CERTIFICATE OF DEATH.

185

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. John Hadley or Halsey

(Residence in Baltimore: No. Unknown St.; yrs., mos. Dr. Charles Bentz ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Unknown

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, Unknown ..... yrs. about 50 mos. ..... ds. | If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Unknown
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Unknown
Near Chesapeake Beach - Kent Co. Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- Filed ..... NOV 28 1916 ....., 191.. ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull
Cause of which sustained by Blunt Injury.
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. F. Kelly (Coroner) M. D.
Nov. 12, 1916 (Address) 1437 Bowley

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place 3 days In the
of death ..... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL, ..., 19....
PUBLIC CEMETERY	NOV 29 1916
20-UNDERTAKER	ADDRESS

Commissioner of Health.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C99989

CERTIFICATE OF DEATH.

92 C99989
REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 S. Luzerne ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josefa Giza

(Residence in Baltimore: No. 808 S. Luzerne St. 14 yrs., 6 mos. 28 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH: May 1, 1902 (Month) (Day) (Year)

7-AGE: 14 yrs. 6 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): School girl

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Marcin Giza

11-BIRTHPLACE OF FATHER (State or Country): Austria

12-MAIDEN NAME OF MOTHER: Antonina Krzyskowska

13-BIRTHPLACE OF MOTHER (State or Country): Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marcus Giza

(Address) 808 S Luzerne

15-

Filed NOV 28 1916, 191.... ROBERT R. KRAUTER Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Nov. 28, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Nov. 27 1916, to Nov 28 1916, that I saw h[illegible] alive on Nov 28 1916, and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) ....yrs. ....mos. 1 ds.

(Signed) M. J. McGowan M. D.

Nov 28, 1916 (Address) 1200 E Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Holy Rosary — DATE OF BURIAL: Nov 30, 1916

20-UNDERTAKER: Wm Fallon & Co — ADDRESS: 1611 Eastern Ave

Spec.—5-19-13—M. & T.—500 Bks. Benedict Blaszak.

C99990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

84 C99990

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 2306 Cambridge ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benedict Blaszak

(Residence in Baltimore: No. 2306 Cambridge St.: yrs. 10 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, January 18, 1916.
(Month) (Day) (Year)

7-AGE, yrs. 10 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Benedict Blaszak

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Maria Ortowska

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benedict Blaszak

(Address) 2306 Cambridge St.

15- Filed NOV 28 1916, A. D., 191.... ROBERT B. KRAUTER Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 27, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 4 1916, to November 25 1916, that I saw him in alive on November 25 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) yrs. mos. 22 ds.

CONTRIBUTORY (Secondary) Dis. to Exhaustion

(Duration) yrs. mos. 22 ds.

(Signed) [illegible] M. D.

November 27 1916 (Address) 722 S. Ann St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Rosary.	Nov. 29, 1916.
20-UNDERTAKER Wm Fraczkowski	ADDRESS 1618 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 0025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

157 D 0025

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hosp. St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Monroe

(Residence in Baltimore: No. 508 Bruce St.; ....yrs.,....mos.....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Nov. (Month) 13 (Day), 1916 (Year)

7-AGE, ...yrs. ....mos. 15 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER Raymond Monroe

11-BIRTHPLACE OF FATHER (State or Country) Md

12-MAIDEN NAME OF MOTHER Laura Marney

13-BIRTHPLACE OF MOTHER (State or Country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Raymond Monroe

(Address) 508 Bruce St.

15- Filed NOV 29 1916 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 27 1916, to Nov 28 1916, that I saw h... alive on Nov 28 1916, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Congenital Hemophilia

(Duration) ....yrs. ....mos. 15 ds.

CONTRIBUTORY (Secondary).....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Elmer Hancock M. D.

Nov 28, 191 6 (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 508 Bruce

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Nov 29 1916

20-UNDERTAKER Hamel Earlam — ADDRESS 916 Penna ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 0026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 D 0026

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Holland Chapman

(Residence in Baltimore: No. 713 County St St.: 74 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. April 5 1889 (Month) (Day) (Year) 1889

7-AGE. 27 yrs. 7 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. housework
(b) General nature of industry, business, or establishment in which employed (or employer). At Home

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Evelyn Talbot

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Adelina Axtell

13-BIRTHPLACE OF MOTHER (State or Country), N C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) Calvert & E

15- NOV 29 1916 ROBERT R. KRAUTER

Filed ....., 191..... Burial Permit Given

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 24 1916, to Nov 27 1916, that I saw her alive on Nov 27 1916, and that death occurred, on the date stated above, at 7.50 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chr. Parenchymatous Nephritis

(Duration) 1 yrs. mos. ds.

(Signed) Edward T. Smith M. D.

11/27, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. ds. In the State 18 yrs. mos. ds.

Where was disease contracted, if not at place of death? 713 County St

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cemetery DATE OF BURIAL. Nov 30 1916

20-UNDERTAKER Alfred J Freeland ADDRESS 1142 N Schroeder

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0027

92 D 0027

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 764 E Fort Ave ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Fitzpatrick

(Residence in Baltimore: No. 764 Fort Ave St.; 77 yrs., 2 mos. 10 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS CERTIFICATE, WHEN COMPLETED, IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Sept. (Month) 17 (Day), 1839 (Year)

7-AGE, 77 yrs. 2 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Jas. Ball

11-BIRTHPLACE OF FATHER (State or Country), Ayres Hill, Ind

12-MAIDEN NAME OF MOTHER Nancy Hurtland

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Jos. Fitzpatrick

(Address) 764 E. Fort Ave

15- NOV 29 1916 Filed....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 24 1916, to Nov 27 1916, that I saw h[illegible] alive on Nov 27 1916, and that death occurred, on the date stated above, at 2.40 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) about 4 yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. T. Seabury M. D.

Nov 29, 1916 (Address) 632 Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem.

DATE OF BURIAL, 1, 3. 0. 1916

20-UNDERTAKER J. Frew McCully

ADDRESS 130 E. Fort Ave

D 0028

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 0028

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1719 Rutland Ave ST.: 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John Edward Traff.

(Residence in Baltimore: No. 1719 Rutland Ave St.: yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: August (Month) 16 (Day), 1867 (Year)

7 AGE: 49 yrs. 3 mos. 11 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: marine engineer
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: James H. Traff

11 BIRTHPLACE OF FATHER (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Emma E Edwards

13 BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary A. Traff (wife)

(Address) 1719 Rutland Ave

15. NOV 29 1916

ROBERT B. KRAUTH
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. (Month) 27 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1916, to Nov. 27 1916, that I saw h[illegible] alive on Nov. 27, 1916, and that death occurred, on the date stated above, at 12:00 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 15 ds

Contributory (SECONDARY) Arteriosclerosis

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Geo. C. McKim M. D.

Nov. 27, 1916 (Address) 6 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Dec. 1, 1916

20 UNDERTAKER: H E Hughes

ADDRESS: 17 N Broadway

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 0029 — 1PLACE OF DEATH

CERTIFICATE OF DEATH

92 D 0029 — REGISTERED NO. C

CITY OF BALTIMORE (No. Hoffman St.: 4 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas P. Nolan

(Residence in Baltimore: No. Hoffman St.: — yrs. — mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: Nov. (Month) 19 (Day), 1871 (Year)

7-AGE: 45 yrs. mos. 10 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Ry. Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Freder Union

9-BIRTHPLACE (State or country): Clairmont New Hampshire

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Donahue

(Address) 413 E. 162 St. N.Y. City

16- NOV 29 1916 19L

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 29 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1916, to Nov. 29 1916, that I saw h~~im~~ alive on Nov. 29, 1916, and that death occurred, on the date stated above, at 3 P. m. The CAUSE OF DEATH* was as follows:

Tetan Pneumonia 3
Entire Rt Side

(Duration) ... yrs. ... mos. 6 ds

Contributory (SECONDARY) Pulmonary Oedema.

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. T. Nolan M. D.

Nov 29, 1916 (Address) 1042 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence: New York City N Y

19-PLACE OF BURIAL OR REMOVAL: New York city — DATE OF BURIAL: Nov 30, 1916

20-UNDERTAKER: H. C. Brenning Son — ADDRESS: 1888 W Fayette St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0030

CERTIFICATE OF DEATH.

29 D 0030

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 Lamont Av ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel H Miller

(Residence in Baltimore: No. 1609 Lamont Av St.; ... yrs., ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Mrd

6-DATE OF BIRTH, July (Month) 1 (Day), 1859 (Year)

7-AGE. 57 yrs. 4 mos. 28 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Contractor
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Saml H Miller

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Florence C. Hoss

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence C Miller

(Address) 1606 Collenburg Av

15- NOV 29 1916 ROBERT R. KRAUTER ... 191...

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 29 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 20 1916, to Nov 29 1916, that I saw h alive on Nov 28 1916, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

Asthma

(Duration) ... yrs. ... mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) D. Ellen Anderson M. D.

11/30, 1916. (Address) 914 E Biddle

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem

DATE OF BURIAL, Dec 2, 1916

20-UNDERTAKER E A Wudfield Jr

ADDRESS 213 Greenmount Av

D 00:31 HEALTH DEPARTMENT—CITY OF BALTIMORE D 00:31

28

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2910 N. Monroe ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Medinger

(Residence in Baltimore: No. 2910 N. Monroe ave. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Feb 26, 1853
(Month) (Day) (Year)

7-AGE, 33 yrs. 9 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Harness Store

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Charles H. Medinger

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md

12-MAIDEN NAME OF MOTHER Elizabeth Lowrie

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Medinger

(Address) 2910 N. Monroe ave

15- NOV 29 1916 ROBERT P. KRAUTER
Filed ....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Acute 2 days
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Exhaustion & Old Age
(Duration) yrs. mos. ds.

(Signed) C. P. Wallenhorst M. D.
(Coroner.)
Nov 29, 1916. (Address) 1917 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 6 Weeks in State Sanitarium

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	12/1, 19..
20-UNDERTAKER Henry W. Keas & Son	ADDRESS 845 N. Calvert

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0032

CERTIFICATE OF DEATH.

33 D 0032

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 E. Eyrmont ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Tyler

(Residence in Baltimore: No. 1121 E Eyrmont St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 8 (Month) (Day), 1895 (Year)

7-AGE, 21 yrs. 7 mos. 20 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Chambermaid
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, James Tyler

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER [redacted] Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Tyler

(Address) 1121 E. Eyrmont St.

15-

NOV 29 1916, 191... ROBERT R. KRAUTER

Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 28, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 2 1916, to Nov 28 1916, that I saw him alive on Nov 28 1916, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs (Chronic)

(Duration) yrs. 11 mos. 10 ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) yrs. 1 mos. 10 ds.

(Signed) Dr. G. W. Kammond M. D.

Nov 29 191... (Address) 708 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cemetery

DATE OF BURIAL, Nov 30, 1916

20-UNDERTAKER James H. Dennis

ADDRESS 1303 Eastern

M.V. 1109 10 30

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0033

CERTIFICATE OF DEATH.

79 D 0033

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 Vine St ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Hardy

(Residence in Baltimore: No. 702 Vine St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Uncertain ....., 187-
(Month) (Day) (Year)

7-AGE. 44 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, William Hardy

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah Goode

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Priscilla William

(Address) 702 Vine St

15. Filed NOV 29 1916, 191.....

ROBERT P. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 29, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 16 1916, to Nov 29th 1916, that I saw him alive on Nov 29th 1916, and that death occurred, on the date stated above, at 7.20 A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular

Cardiac Insufficiency

(Duration) 4 yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Anasarca

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) Gustav Goldmann M. D.

Nov 29 1916 (Address) 656 W. Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Farmer or usual residence .....

19. PLACE OF BURIAL, OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, Nov 30 1916

20-UNDERTAKER Samuel Stanley

ADDRESS 3 & W Bal

Mad 1501

A. B. C.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0034

CERTIFICATE OF DEATH.

26 D 0034

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1910 [illegible] St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertuiel Waddle

(Residence in Baltimore: No. 191 Orchard St.; ..... yrs., 4 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... 1883 ....., 1 .....
(Month) (Day) (Year)

7-AGE, ... 33 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Home .....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Wesley Fox

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Eliz. Nash

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Eliz. Nash .....

(Address) ..... Balto. Co. .....

15-

Filed NOV 29 1916, 191.... ROBERT R. KRAUTER

Burial Perm[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Nov. 28th, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 28th 1916, to Nov. 28th 1916, that I saw h[illegible] alive on Nov. 28th 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

..... Endocarditis .....
..... Mitral Insufficiency .....
.....
..... (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... A. Lee Ellis ..... M. D.

11/28, 191.. (Address) ..... 924 Mon. Ave. .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn

DATE OF BURIAL, Nov. 30, 191..

20-UNDERTAKER Samuel Hemsley

ADDRESS 378 W. Balto.

I. C. 5.—EVERY ITEM OF INFORMATION should be carefully supplied. AGE must be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0035

HEALTH DEPARTMENT—CITY OF BALTIMORE

30 D 0035

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Childrn's Hospital School St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Ernest Twerke

(Residence in Baltimore: No. 1741 North Castle St.; ..... yrs.. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, February 13, 1916
(Month) (Day) (Year)

7-AGE, 1 yrs. 9 mos. 16 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Edw Twerke

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Anna Hess

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edw Twerke

(Address) 1741 N. Castle

15- NOV 30 1916, 191.. ROBERT A. KRAUTH
Filed ..... Registrar
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 29, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 16 1916, to November 29 1916, that I saw h im alive on November 29 1916, and that death occurred, on the date stated above, at 7.30 p m.

The CAUSE OF DEATH* was as follows: Tuberculous Meningitis

(Duration) ..... yrs. ..... mos. 23 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Julius V. Rosenthal M. D.

November 30, 1916 (Address) Childrn's Hospital School

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 14 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Brooklyn, N.Y.

Former or usual residence as above

19-PLACE OF BURIAL OR REMOVAL, Schwartz Cem — DATE OF BURIAL, Dec 1, 1916

20-UNDERTAKER John Herweg & Co — ADDRESS 2008 Eutaw

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0036

CERTIFICATE OF DEATH.

145

D 0036

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Harvard a. Kelly Hospital St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr. Gus Greenfield.

(Residence in Baltimore: No. 1418 Eutaw Place St.; ..... yrs. 1 mos. 8 ds.)

N.B.—THIS IS A PERMANENT RECORD—WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... July (Month) 4 (Day), 1848 (Year)

7-AGE, 68 yrs. 4 mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clothing
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE, (State or Country), St Louis Mo

PARENTS.

10-NAME OF FATHER, Nathan Greenfield

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Theresa Bauman

13-BIRTHPLACE OF MOTHER (State or Country), Ala

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Greenfield

(Address) 3614 Malden Ave

15- NOV 30 1916 Filed ....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued Mar 150

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 30, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1916, to Nov. 30 1916, that I saw h[illegible] alive on Nov. 29 1916, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Enterocolitis Caused Thyroid Gland Pathological Examination

(Duration) yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Gradual Asthenia

(Duration) yrs. [illegible] mos. 7 ds.

(Signed) Curtis F. Burnam M. D.

Nov. 30th, 1916 (Address) 1418 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 8 ds. In the State ..... yrs. 1 mos. 8 ds.

Where was disease contracted, if not at place of death? St. Louis - Mo.

Former or usual residence St. Louis Mo.

19-PLACE OF BURIAL OR REMOVAL, St Louis Mo — DATE OF BURIAL, Nov 30, 1916

20-UNDERTAKER H. Sundermann — ADDRESS 118 N. Howard St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 0037

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 Ringold ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T. McGinniss

(Residence in Baltimore: No. 325 Ringold St.:

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Dec 8, 1887 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
28 yrs. 11 mos. 20 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Drug Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Gilbert Bros Chemical Co.

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Arthur M. McGinniss

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Anna Musch

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Jais

(Address) 325 Ringold

15- NOV 30 1916 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 28, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1916, to Nov 28 1916, that I saw h alive on June 27 1916, and that death occurred, on the date stated above, at 3.55 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

1 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wesley Stone M. D.

Nov 29, 1916. (Address) 729 Eutaw Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONAL TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Evangelical — DATE OF BURIAL, Dec 2 1916.

20-UNDERTAKER H. Sonder & Sons — ADDRESS 1710 Edut St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 0038

CERTIFICATE OF DEATH

50 D 0038

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 712 W. Cross. St. 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bridget Wise

(Residence in Baltimore: No. 712 W Cross St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: May (Month) 15 (Day), 1857 (Year)

7-AGE: 59 yrs. 6 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Michael Curran

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Anna Kelly

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr John Wise

(Address) 712 W Cross st

15. Filed NOV 30 1916, 19..

ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: November (Month) 28 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from October 2[illegible], 191[illegible], to, November 28 1916, that I saw h[illegible] alive on November 26, 1916, and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

(Duration) 2 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) John Vassalli M. D.

Nov. 29, 1916 (Address) 525 N Fulton ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: Dec 1, 1916

20-UNDERTAKER: James Dignan & Son

ADDRESS: 1005 E Pratt

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0039

CERTIFICATE OF DEATH.

124 D 0039

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 41 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Kane

(Residence in Baltimore: No. 760 Mc Henry St. St.; yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, June 2, 1916 (Month) (Day) (Year)

7-AGE, yrs. 5 mos. 27 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) None.

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm. Kane.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lillian King

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillian Kane

(Address) 760 Mc Henry St.

15- Filed NOV 30 1916, 191 ROBERT B. KRAUTER Registrar.

Burial Permit filed.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 29, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11/10 1916, to 11/29 1916, that I saw her alive on 11/29 1916, and that death occurred, on the date stated above, at 9.45 A m.

The CAUSE OF DEATH* was as follows:

Pyelo Cystitis

(Duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm F Cam M. D.

11/29, 191 6 (Address) Maryland Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 19 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 760 Mc Henry St.

19-PLACE OF BURIAL OR REMOVAL, Mt Peters Cem. DATE OF BURIAL, Nov. 30, 191 6

20-UNDERTAKER Christian Miller ADDRESS 3334 Jefferson Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0040

CERTIFICATE OF DEATH.

D 0040

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 228 N Green St ST.; WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Aloysius Mingo.

(Residence in Baltimore: No. 228 N. Green St. St.; yrs., mos. ds.)

N.B.—THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Nov. 28 (Month) (Day), 1916 (Year)

7-AGE, ...yrs....mos. 0 ds.

If LESS than 1 day, 17 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Peter Mingo.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Marie Kelly.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. B. T. Mingo

(Address) 228 N. Green

15- Filed NOV 30 1916 ROBERT R. KRAUTER Burial Permit ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 29 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 28 1916, to Nov. 29 1916, that I saw h[illegible] alive on Nov 29 1916, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Premature Birth
6 months uterogestation
(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia in mother
(Duration) ...yrs. ...mos. 3 ds.

(Signed) Jos. H. Turgotwyn M.D.

..., 191... (Address) 1637 Freemont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount G. DATE OF BURIAL, Nov 30, 1916.

20-UNDERTAKER Wm. Moulton ADDRESS 230 N Green

N 1587

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0041

CERTIFICATE OF DEATH.

64 D 0041

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 E. York St. ST.: 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nettie Stephenson nee Robinson.

(Residence in Baltimore: No. 15 years. St.: yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: March (Month) 15 (Day), 1869 (Year)

7-AGE: 47 yrs. 8 mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Virginia

PARENTS.

10-NAME OF FATHER: James Robinson.

11-BIRTHPLACE OF FATHER (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: Adaline Butler.

13-BIRTHPLACE OF MOTHER (State or Country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Robinson

(Address) 125 York St.

15- Filed NOV 30 1916 191.. ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Nov. (Month) 28 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 25. 1916. to Nov. 28. 1916. that I saw her alive on Nov. 28 1916, and that death occurred, on the date stated above, at 7.05 P. m.

The CAUSE OF DEATH* was as follows:

Primary — Haemaphlegia

Immediate — General Paralysis + Epilepsy

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 11 ds.

(Signed) J. H. Young M. D.

11/29/16 (Address) 506 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Nov. 30 1916

20-UNDERTAKER: C. E. Brown & Son

ADDRESS: 138 N. Monty St.

KP. 8-7-16

D 0042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 0042

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 765 W. Mulberry ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Thompson

(Residence in Baltimore: No. 765 W Mulberry St.: yrs. 27 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE Col | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single.

6-DATE OF BIRTH, Aug 29, 1889
(Month) (Day) (Year)

7-AGE, 27 yrs. 2 mos. 30 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) Pd Occupation

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Howard Thompson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie Redden

13-BIRTHPLACE OF MOTHER (State or Country), Wil Delaware

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Cora Thompson

(Address) 765 Mulberry St

15-

FILED NOV 30 1916. ROBERT R. KRAUTER

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Albert L Driscoll M. D.
(Coroner)

Nov 30 1916 (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Ct | DATE OF BURIAL, Nov. 30, 1916

20-UNDERTAKER J. L. Brown & Son | ADDRESS 10 W. Monty Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 0043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 0043

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 N 33rd St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Mollie & Carroll Carter

(Residence in Baltimore: No. 812 N 33rd St St.; ....yrs.. ....mos. ....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6-DATE OF BIRTH, Nov (Month) 29 (Day), 1916 (Year)

7-AGE, ...yrs....mos....ds.

If LESS than 1 day, 2 hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Carroll Carter

11-BIRTHPLACE OF FATHER (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: Mollie Tracey

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Owen Tracey

(Address) 812 N. 33rd St.

15- Filed NOV 30 1916 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 29 1916, to Nov 29 1916, that I saw her alive on Nov 29 1916, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Premature birth

6 months gestation

(Duration) ....yrs. ....mos. 2 hrs.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. J. Bauer M. D.

Nov 29, 1916 (Address) 800 N. 33rd St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: H. Mayo Hampden DATE OF BURIAL: Nov 30, 1916

20-UNDERTAKER: Ellenworth & Son ADDRESS: 317 Chestnut ave.

D 0044

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0044

CERTIFICATE OF DEATH.

167

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hahnemann Hosp. St., or WARD)

2 FULL NAME Nellie Schmidt.

(Residence in Baltimore: No. ~~22~~ 1628 Darley Ave. St.; yrs.. mos. ds.)

REGISTERED No. 'C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb 27, 1894
(Month) (Day) (Year)

7-AGE, 22 yrs. 9 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Electrician
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Phillip Schmidt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Margaretha Stegman

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert

(Address) 1628 Darley Ave.

15- NOV 30 1916 191.... ROBERT B. KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 28, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Burns of face
Fifty
(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Unknown
(Duration) yrs. mos. ds.

(Signed) J. Whitridge M. D.
(Coroner)
Nov 29, 1916 (Address) 8 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Hahnemann Hosp.
At place of death....yrs....mos...1..ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? at 22 N. Penna Ave

Former or usual residence 1628 Darley Ave

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Nov 30 1916

20-UNDERTAKER Mrs A Rohde & Son — ADDRESS 730 N Ave

(over)

Spec.—8-24-14—M. & T.—2600 Bks.

D 0045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 0045

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 903 Penna Ave ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter L. Anderson

(Residence in Baltimore: No. 903 Penna Ave St.: ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, May 8, (Month) (Day) 1863 (Year)

7-AGE, 53 yrs. 6 mos. 11 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... City Employee

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Anderson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Henrietta Vancant

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Anderson

(Address) 903 Penna Ave

15- NOV 30 1916 Filed ....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 29, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 25 1916, to Nov. 29 1916, that I saw him alive on Nov. 29 1916, and that death occurred, on the date stated above, at 11:30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 8 mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(Duration) yrs. mos. ds.

(Signed) Jno. T. Steele M. D.

Nov. 29, 1916 (Address) 2063 W. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Dec 2 1916

20-UNDERTAKER Mrs A Rohde & Son — ADDRESS 730 Pallm

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0046

CERTIFICATE OF DEATH.

120 D 0046

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2435 E. Federal ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jennie Briscoe

(Residence in Baltimore: No. 2435 E. Federal St.; 53 yrs., 3 mos. 3 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug 24, 1863 (Month) (Day) (Year)

7-AGE, 53 yrs. 3 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm H. West

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Not given

13-BIRTHPLACE OF MOTHER (State or Country), Not given

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel M. Briscoe

(Address) 2435 E. Federal

15- NOV 30 1916 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 27, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 27- 1916, to Nov. 27-1916, that I saw her alive on Nov. 27 - 1916, and that death occurred, on the date stated above, at 4.55 P.M.

The CAUSE OF DEATH* was as follows:

Uremic Coma

7 hours (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

several (Duration) ...yrs. ...mos. ...ds.

(Signed) Edwin B. Finley, M. D.

Nov. 28th, 1916 (Address) 1223 N. Carolina st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore County

DATE OF BURIAL, Nov 30, 1916

20-UNDERTAKER Finkler & Finkler

ADDRESS 1737 Eager st

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0047

CERTIFICATE OF DEATH.

47 D 0047

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3032 Dillon ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Stallings

(Residence in Baltimore: No. 3032 Dillon St.: Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: March (Month) 16 (Day), 1870 (Year)

7-AGE: 46 yrs. 8 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Stationery

9-BIRTHPLACE, (State or Country): Balto. Md

PARENTS.

10-NAME OF FATHER: Lamil Stallings

11-BIRTHPLACE OF FATHER (State or Country): Balto, Md.

12-MAIDEN NAME OF MOTHER: Elizabeth Wells

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Lottie L. Stallings

(Address): 3032 Dillon St.

15- Filed NOV 30 1916, 191. ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Nov. (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 20 1916, to Nov 28 1916, that I saw him alive on Nov 28 1916, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Acute Articular Rheumatism

(Duration) yrs. 5 mos. 11 ds.

CONTRIBUTORY (Secondary): Acute Myocarditis

(Duration) 1 yrs. mos. 4 ds.

(Signed) H. B. Dillow M. D.

Nov 29 1916 (Address) 3035 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONAL TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mount Carmel

DATE OF BURIAL: Dec. 1, 1916

20-UNDERTAKER: Ginkler & Zinkler

ADDRESS 1739 Eager st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0048 — CERTIFICATE OF DEATH — 15 51 — D 0048

1-PLACE OF DEATH Robert Garrett Hospital — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 37 n Calvert ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Retta Fink

(Residence in Baltimore: No. 426 East St.; yrs. Lifetime mos. .....)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word) Single

6-DATE OF BIRTH, July 29th, 1916 (Month) (Day) (Year)

7-AGE, — 4 — yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Balto.

PARENTS.

10-NAME OF FATHER: Allen Fink

11-BIRTHPLACE OF FATHER (State or Country): Balto

12-MAIDEN NAME OF MOTHER: Rosa Hooker

13-BIRTHPLACE OF MOTHER (State or Country): Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Allen Fink

(Address) 426 East St

15- Filed NOV 30 1916, 191.....

ROBERT B. [illegible]

Burial Permit [illegible]

Bur 2006

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 29th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 26 1916, to Nov 29 1916, that I saw h[illegible] alive on Nov 29 1916, and that death occurred, on the date stated above, at 11:30 m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) yrs. 2 mos. 8 ds.

CONTRIBUTORY (Secondary) Chronic Intestinal Indigestion

(Duration) yrs. ..... mos. ..... ds.

(Signed) Walter B. Platt M. D.

....., 191... (Address) 802 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 8 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St. Vincents Cem. DATE OF BURIAL. Dec. 1, 191.

20-UNDERTAKER Chas. P. Conrad & Son ADDRESS 1811 N. Royal Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0049

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0049

CERTIFICATE OF DEATH

78

1 PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 861 Harlem Avenue ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Harry Hassall Hart

(Residence in Baltimore: No. 861 Harlem Ave St.: 40a yrs. 10 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 ~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: February 17, 1876 (Month) (Day) (Year)

7 AGE: 40 yrs. 10 mos. 17 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Radiographer
(b) General nature of industry, business, or establishment in which employed (or employer): Hospital

9 BIRTHPLACE (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Daniel Taylor Hart

11 BIRTHPLACE OF FATHER (State or country): Annapolis, Md.

12 MAIDEN NAME OF MOTHER: Jordan

13 BIRTHPLACE OF MOTHER (State or country): New Market Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Margaret H Hart

(Address) 861 Harlem Avenue

15 Filed NOV 30 1916, 19.. ROBERT R. KRAUTER Registrar

Burial Permit Blank

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November 29, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April, 1916, to November 29, 1916, that I saw him alive on November 28, 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Septic Endocarditis

(Duration) ..... yrs. 6 mos. ..... ds

Contributory (SECONDARY) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G M Motsenbocker M. D.

Nov. 29, 1916 (Address) 1022 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Woodlawn Cem | DATE OF BURIAL: Dec 1, 1916

20 UNDERTAKER: Geo J. Smith | ADDRESS: 1000 Fayette

(Over)

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0050

CERTIFICATE OF DEATH.

45

D 0050

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 Madison ave St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr. William Gombel

(Residence in Baltimore: No. 1704 Madison ave St.; about 45 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 31 (Day), 1854 (Year)

7-AGE, 62 yrs. 5 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER Reverend J Gombel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Wilhelmina Salzer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Marie Gombel

(Address) 1704 Madison ave

15- NOV 30 1916 Filed, 191.. ROBERT B. KRAUTER Registrar. Burial Permit Clerk

Mat 5344

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November (Month) 29th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 1916, to Nov 29th 1916, that I saw h[illegible]alive on Nov 27th 1916, and that death occurred, on the date stated above, at 720 a m.

The CAUSE OF DEATH* was as follows:

Cancer of Larynx

Pathological Examination

(Duration) yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Dr C. Deetzen M. D.

Nov 30, 191 6 (Address) 1702 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, Dec 1st, 191 6

20-UNDERTAKER Geo. Weber & Son

ADDRESS 2503 Edmondson ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0051

CERTIFICATE OF DEATH.

28 D 0051

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1920 Bank St. W. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary F Healey

(Residence in Baltimore: No. 1920 Bank St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. May 6 (Month) 11 (Day) 1872 (Year)

7-AGE. 44 yrs. 6 mos. 22 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Saleslady
(b) General nature of industry, business, or establishment in which employed (or employer). Department Store

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER. Peter Healey

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Hanna Flaherty

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hanna Healey

(Address) 1920 Bank St

15- ROBERT E. KRAUSE
NOV 30 1916 191. Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov. (Month) 28 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 10 1915, to Nov. 28 1916, that I saw her alive on Nov. 27 1916, and that death occurred, on the date stated above, at 12.45 A. m.

The CAUSE OF DEATH* was as follows:

(a) Pulmonary Tuberculosis

(b) Pneumonia

(Duration) 7 yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) 7 yrs. ..... mos. ..... ds.

(Signed) Leo. Heller M. D.

11-29, 1916 (Address) 1937 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL. Greenmount Cemetery DATE OF BURIAL, Dec 1, 1916

20-UNDERTAKER John A Inman ADDRESS Bank & Wolfe

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0052

CERTIFICATE OF DEATH.

91 D 0052

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 Ashburton ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Ann Kirwan

(Residence in Baltimore: No. 1818 Ashburton Ave St.; ....yrs., ...mos. ....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, November 4, 1829
(Month) (Day) (Year)

7-AGE, 87 yrs. 25 mos. ....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Norfolk Va.

PARENTS.

10-NAME OF FATHER, Peter Shorten

11-BIRTHPLACE OF FATHER (State or Country), St. Louis Co.

12-MAIDEN NAME OF MOTHER Eliza Ann Spiman

13-BIRTHPLACE OF MOTHER (State or Country), Eastern Shore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Wm. Kirwan

(Address) 1818 Ashburton Ave

15- Filed NOV 30 1916, 19.... ROBERT B. KRAUTER Registrar.

Burial Permit

Mat 24

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 29", 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 3' 1916, to Nov 29" 1916, that I saw her alive on Nov. 29 1916, and that death occurred, on the date stated above, at 9.30P. m.

The CAUSE OF DEATH* was as follows:

.....a.....

Bronchopneumonia

.....

Bronchitis (Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Cardiac failure

..... (Duration) ....yrs. ....mos. 2 ds.

(Signed) Herbert E. Hyde M. D.

Nov. 30," 1916. (Address) 3025 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenlawn Park DATE OF BURIAL, Dec 1, 1916.

20-UNDERTAKER W. J. Tucker & Son ADDRESS Madison Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 0053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 D 0053

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 315 E - 24th St. (WARD) 12

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Susan B. Hawkenbrick

(Residence in Baltimore: No. 315 E - 24th St.)

(If not in Baltimore, give usual residence.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: July (Month) 19 (Day), 1845 (Year)

7-AGE: 71 yrs. 4 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housemtr.

9-BIRTHPLACE, (State or Country): Red Bank N.J.

PARENTS.

10-NAME OF FATHER: Mathias Conover

11-BIRTHPLACE OF FATHER (State or Country): Red Bank N.J.

12-MAIDEN NAME OF MOTHER: Hannah E. Jones

13-BIRTHPLACE OF MOTHER (State or Country): Red Bank N.J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Blanche S. Hawkenbrick

(Address) 315 E. - 24th St.

15-

Filed NOV 30 1916 191.... ROBERT R. KRAUTER Registrar.

Burial Permit No.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 29 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 15th 1916, to Nov 29 1916, that I saw h[illegible] alive on Nov 29 1916, and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

Endocarditis Acute

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 6 yrs. ....mos. ....ds.

(Signed) A. E. Willey M. D.

11/30, 1916 (Address) 6 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Deer Park Md

DATE OF BURIAL: Dec 1..., 1916

20-UNDERTAKER: William Cook

ADDRESS: 607 E Wath

For Willey Meadows Jennifer Rd Guilford

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAKE THIS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 0054

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0054

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Anderson.

(Residence in Baltimore: No. Mt. Washington ave. St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, Nov. 16, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. ... mos. 12 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), St. Joseph Hospital - Balto. Md.

PARENTS.

10-NAME OF FATHER, Charles Anderson

11-BIRTHPLACE OF FATHER (State or Country), Sweden,

12-MAIDEN NAME OF MOTHER Eva Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Elkhart, Ind.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. M. D. Reese M.D.

(Address) St. Joseph Hospital

15-

FILED NOV. 30 1916 191... ROBERT R. KRAUTH. Registrar.

Burial Permit Gle...

W 4750

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 28, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 16 1916, to Nov. 28 1916, that I saw him alive on Nov. 28 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ... yrs. ... mos. ... ds.

(Signed) E. M. D. Reese M. D.

Nov. 30, 1916 (Address) St. Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 12 ds. In the State ... yrs. ... mos. 12 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, Nov. 30, 1916

20-UNDERTAKER Wm Cook — ADDRESS 502 North

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0055

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0055

CERTIFICATE OF DEATH.

18

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 N. Monroe ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Lippy

(Residence in Baltimore: No. 127 N. Monroe St.; 40 yrs. .. mos. .. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Feb. 5, 1857
(Month) (Day) (Year)

7-AGE, 62 yrs. 9 mos. 5 da. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Garbage Collector
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Joseph Lippy.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Leister.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma R. Lippy

(Address) 127 N. Monroe

15-

Filed NOV 30 1916 191.. ROBERT P. KRAUTZ ... Registrar.

Burial Permit Oleg

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 30, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 27 1916, to Nov. 30 1916, that I saw h alive on Nov. 29 1916, and that death occurred, on the date stated above, at 7:20 a. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) 2 yrs. .. mos. .. da.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) .. yrs. .. mos. 3 da.

(Signed) Chas. F. Ellwanger M. D.

Nov. 30 1916 (Address) 2042 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... da. In the State .... yrs. .... mos. .... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet. DATE OF BURIAL, Dec. 2, 1916

20-UNDERTAKER Wm. Cook ADDRESS 502 E. Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 0656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

D 0656

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 Pierce ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Luther Wright

(Residence in Baltimore: No. 629 Pierce St. St.: Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: July (Month) 15 (Day), 1873 (Year)

7-AGE: 43 yrs. 4 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver one horse truck
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: John Wright

11-BIRTHPLACE OF FATHER (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: Annie [illegible]

13-BIRTHPLACE OF MOTHER (State or Country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Clark

(Address) 629 Pierce St

15- DEC 1 - 1916 Filed, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1916 to Nov 29 1916, that I saw him alive on Nov 29 1916, and that death occurred, on the date stated above, at 2.30 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pleurisy with effusion

(Duration) yrs. 4 mos. ds.

(Signed) Bernard A. Grunert M. D.

Nov 29, 1916 (Address) 1707 Edmondson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery

DATE OF BURIAL, Dec. 2, 1916.

20-UNDERTAKER Charles B. Jones

ADDRESS 235 N. Pine St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE'S LEDGER, WITH CARBONS AND THIS IS A PERMANENT RECORD

D 0057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x175

REGISTERED NO. C [illegible]

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Did not Cr. Balto Bay St. ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L. Lane

(Residence in Baltimore: No. None — (Spurrs Point Balto Co.) Sts., yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... Jan (Month) 13 (Day), 1873 ~~1873~~ (Year)

7-AGE, 43 yrs. 10 mos. 13 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Painter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Micah Lane

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Sarah Payne

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. S. M. Seaman

(Address) Richmond Va

15- Filed DEC 1 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Nov. (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

D. Fract. Skull - Caused by accidentally falling from Electric Car

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. T. Riley (Coroner.) M. D.

Nov 30, 1916. (Address) 1032 Saunders

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Fell off Car near Fulton Ave. Balto.

Former or usual residence Richmond Va.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Richmond — Virginia	Dec. 1, 1916
20-UNDERTAKER Armstrong Denny Co.	ADDRESS 715 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

D 0058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

174 D 0058

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Langlaub

(Residence in Baltimore: No. 819 N. Lakewood Ave. St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH. July (Month) 30 (Day), 1886 (Year)

7-AGE. 30 yrs. 3 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer): Helper

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John M. Langlaub

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Minnie Haug

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie F. Langlaub

(Address) 819 N. Lakewood

15- Filed DEC 1 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Injuries

Tom Sudney - Primary - Crushed by piston at Penna. R.R. Shop at Canton

(Duration) 2 days

CONTRIBUTORY (Secondary) (Duration) ....yrs. ....mos. ....ds.

(Signed) M. J. Riley (Coroner.) M. D.

Nov 30 1916. (Address) 1639 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death about 2 days in the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Dec. 2, 1916

20-UNDERTAKER John Heinig & Co ADDRESS 2008 Aisquith

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

D 0059 HEALTH DEPARTMENT—CITY OF BALTIMORE D 0059

CERTIFICATE OF DEATH.

105

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Brexton Hotel St.: W Ward)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria McBlair Moore.

(Residence in Baltimore: No. Brexton Hotel Park ave & Chase St. St.: Ward. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, November 7, 1819. (Month) (Day) (Year)

7-AGE, 97 yrs. — mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Lady.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER. Michael McBlair

11-BIRTHPLACE OF FATHER (State or Country). Ireland.

12-MAIDEN NAME OF MOTHER. do not Know

13-BIRTHPLACE OF MOTHER (State or Country). do not Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Edw. Lloyd Winder

(Address) 3 W. Biddle St

15- DEC 1 - 1916 HARRY C. ANDREAE

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 27, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 2 1916, to Nov. 27 1916, that I saw her alive on Nov. 27 1916, and that death occurred, on the date stated above, at 8.40 P. m.

The CAUSE OF DEATH* was as follows:

.....

Paralysis.....

Senility.....

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Intestinal Indigestion

.....(Duration).....yrs.....mos. 2 7 ds.

(Signed) James C. Clark M. D.

Nov 29 1916, 191... (Address) 1701 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral Cem	Dec 2, 1916.
20-UNDERTAKER	ADDRESS
Henry W. Jenkins Sons Co	McCulloh & Orchard

Spec.—8-24-14—M. & T.—2000 Blks.

D 0060

HEALTH DEPARTMENT—CITY OF BALTIMORE

66 D 0060

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1456 Stevenson ST.; 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriet Butler

(Residence in Baltimore: No. 1456 Stevenson St.; — yrs., — mos. — da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... Dont Know ....., 1 .....
(Month) (Day) (Year)

7-AGE, 75 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James Dunborn

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Francis Butler .....

(Address) 1456 Stevenson St.

15-DEC 1 - 1916 Filed ....., 191..... HARRY C. ANDREA Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Nov 29, 1916 .....
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept 15 1916, to Nov 29 1916, that I saw her alive on Nov 27 1916, and that death occurred, on the date stated above, at 8:45 a. m.

The CAUSE OF DEATH* was as follows:

a Hemiplegia

b Stroke

(Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) none

c (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Maurice Jones M. D.

Nov 29, 1916 (Address) 4423 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Marys Mausoleum

DATE OF BURIAL, Dec 1, 1916.

20-UNDERTAKER Lee Cook

ADDRESS 602 E Fayette

(Over)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

290

D 0061 HEALTH DEPARTMENT—CITY OF BALTIMORE 91 D 0061

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 3905 Alto Ave St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John Jenkyn Davies

(Residence in Baltimore: No. 3905 Alto Avenue St.: 0 yrs. 0 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: February 24 (Month) (Day), 1911 (Year)

7 AGE: 5 yrs. 9 mos. 7 ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Virginia

PARENTS

10 NAME OF FATHER: Wm Willis Davies

11 BIRTHPLACE OF FATHER (State or country): Va

12 MAIDEN NAME OF MOTHER: Anna V Round

13 BIRTHPLACE OF MOTHER (State or country): Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Daniel Baer

(Address) 3905 Alto Ave

15 Filed DEC 1 - 1916 19..

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: December 1st (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 10 1916. to. December 1 1916. that I saw him alive on December 1st 1916. and that death occurred, on the date stated above, at 1.30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia
Infection in typhoid following
Operation in Urinals

(Duration) ..... yrs. ..... mos. 19 ds

Contributory (SECONDARY) Infected Urinals
(Duration) three years yrs. ..... mos. ..... ds.

(Signed) Clement A Ferrara M. D.

Dec 1st, 1916. (Address) 21 W Mt Royal Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Manassas Va

DATE OF BURIAL: Dec 4 1916

20 UNDERTAKER: W J Latimer & Son

ADDRESS: Norfolk Va

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0062

CERTIFICATE OF DEATH.

119

D 0062

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 N. Patterson Park ave St.) 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin Weitzel

(Residence in Baltimore: No. 803 N. Patterson Park ave St.; 70 yrs., 5 mos. 9 da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. June (Month) 21st (Day) 1846 (Year)

7-AGE. 70 yrs. 5 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. R.R. Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer). P.W.+B.R.R.

9-BIRTHPLACE. (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Martin Weitzel

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Elizabeth Horst

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Miss Mollie Weitzel

(Address) 3008 McElderry st

15- DEC 1 - 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov 30 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 30 1916, to Nov 30 1916, that I saw h— alive on Nov 29 1916, and that death occurred, on the date stated above, at 6.45 a m.

The CAUSE OF DEATH* was as follows:

Sub acute Nephritis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Uremia Coma

(Duration) yrs. mos. 7 da.

(Signed) [illegible] M. D.

Dec 1, 1916. (Address) 125 S Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL. Dec 2nd, 1916.

20-UNDERTAKER George J. Lilling & Sons

ADDRESS 1146 Madison ave

D 0063 HEALTH DEPARTMENT—CITY OF BALTIMORE D 0063

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1719 N Caroline st St.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ~~Catherine~~ Elizabeth Schulthies

(Residence in Baltimore: No. 1719 N Caroline st St.; yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, June 16 1838, 1 (Month) (Day) (Year)

7-AGE, 78 yrs. 5 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work House Work (b) General nature of industry, business, or establishment in which employed (or employer) at Home

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Conrad Farber

11-BIRTHPLACE OF FATHER (State or Country), Gernany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Ditella

(Address) 1419 E Layafette ave

15- Filed DEC 1 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 28 1916, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 0 yrs. 0 mos. ds.

(Signed) M. D.

Nov 29 1916, 191... (Coroner) (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos 22 ds. In the State 78 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Dec 1, 19 16

20-UNDERTAKER George J. Ruth

ADDRESS 1735 Harford Ave

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0064

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 0064

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 633 E. 34th St. St.: 9 WARD)

Registered No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Rebecca Stokes

(Residence in Baltimore: No. 633 E 34th St. St.: Like yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: June 18, 1846 (Month) (Day) (Year)

7 AGE: 70 yrs. 5 mos. 12 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs R. B. Mason

(Address) 633 E 34th

15 DEC 1 - 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov - 30 - 12.30 o'c 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from for ....., 191.... to. never seen 191.... that I saw h.. alive on Nov 29-916, 191.... and that death occurred, on the date stated above, at 12-00 m. The CAUSE OF DEATH* was as follows:

Senile Debility
Several months,
(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Mitral Insufficiency
(Duration) ..... yrs. 3 mos. ..... ds.

(Signed). H. G. Prentiss M. D.

Nov. 30, 1916 (Address) 634 Gorsuch Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Dec 2, 1916

20 UNDERTAKER: George Smith

ADDRESS: 100 Fayette E

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0065

CERTIFICATE OF DEATH.

64 D 0065

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Womens Home ST.; 19 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catharine Warren Clever

(Residence in Baltimore: No. 1400 W Lexington St.; 71 yrs., 11 mos., 19 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Fem	W F	Wid

6-DATE OF BIRTH. Dec 11, 1844
(Month) (Day) (Year)

7-AGE. 70 yrs. 11 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Balto

PARENTS.

10-NAME OF FATHER. Geo K Warner

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Ann Cobb

13-BIRTHPLACE OF MOTHER (State or Country), Carlyle Engla

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E J Jones

(Address) Malvern

15-

Filed DEC 1 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov 30, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 25 191..., to Nov 30 191..., that I saw h... alive on Nov 29 191..., and that death occurred, on the date stated above, at 7 AM m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ...yrs. ...mos. 5 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ...yrs. ...mos. 1 ds.

(Signed) E J Jones M. D.

Nov 30, 191... (Address) 939 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 10 yrs. — mos. — ds. In the [illegible] 70 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Aged Women Home

Former or usual residence Aged Women Home

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Dec. 2, 1916
20-UNDERTAKER George J. Smith	ADDRESS 1000 W Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0066

CERTIFICATE OF DEATH.

D 0066

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 S. Ann. St.; W. WARD) REGISTERED NO. C 71

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bronislaw Czeryca

(Residence in Baltimore: No. 532 S. Ann St. St.; 1 yrs. 10 mos. 2 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word.)
Male.	White	Single.

6-DATE OF BIRTH, Jan (Month) 28 (Day), 1915 (Year)

7-AGE, 1 yrs. 10 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER, Frank Czeryca

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Marcela Czaniecka

13-BIRTHPLACE OF MOTHER (State or Country), Galicia Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bronislaw Czeryca

(Address) 532 S. Ann St.

15- Filed DEC 1 1916 HARRY G. ANDREAS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 1st (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 30th 1916, to Dec. 1st 1916, that I saw h[im] alive on " " 1916, and that death occurred, on the date stated above, at 3.30 A m.

The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Probably error in diet. (Duration) yrs. mos. 1 ds.

(Signed) Jacob L. Wimmer M. D.

12-11, 1916 (Address) 308 S. Bl'way

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Dec 2, 1916

20-UNDERTAKER William Fallsgraff ADDRESS 1618 E. Eastern Ave.

(Over)

Spec.—5-19-13—M. & T.—500 Bks.

D 0067. HEALTH DEPARTMENT—CITY OF BALTIMORE D 0067

58

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2118 Vine St. St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joshua Miller

(Residence in Baltimore: No. 2118 Vine St. St.; 56 yrs., 6 mos. 22 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	married

6-DATE OF BIRTH. May 7, 1860 (Month) (Day) (Year)

7-AGE. 56 yrs. 6 mos. 22 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Painter
(b) General nature of industry, business, or establishment in which employed (or employer): for Mr. Mylander

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. George Nicholas Miller

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Margaret Zogel

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Margaret Miller

(Address) 2118 Vine St.

15- DEC 1 - 1916 Filed ..... 191.. Burial Permit Clerk Registrar.

(Over)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov 29, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 1916, to Nov 29 1916, that I saw h[im] alive on Nov 29 1916, and that death occurred, on the date stated above, at 11.20 m.

The CAUSE OF DEATH* was as follows:

Nephritis

(Duration) about 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Lead Poisoning

(Duration) about 5 yrs. mos. ds.

(Signed) M. E. Kuchman M. D.

Nov 29, 1916 (Address) 2002 N. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Western Cemetery	Dec. 1, 1916.

20-UNDERTAKER. Joseph B. Cook ADDRESS 1003 W. Balto. St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 0068

CERTIFICATE OF DEATH

91 D 0068

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1600 Orleans St. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Rebecca Paintz

(Residence in Baltimore: No. 1600 Orleans St.: yrs. mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Child

6 DATE OF BIRTH: Nov. 12th, 1916 (Month) (Day) (Year)

7 AGE: yrs. mos. 19 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): 1600 Orleans St

PARENTS

10 NAME OF FATHER: J. Paintz

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Nelly Yaniger

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Paintz

(Address) 1600 Orleans St

15 DEC 1 - 1916 (Date Filed)

ROBERT B. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec. (Month) 1 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1916, to Dec. 1st, 1916, that I saw h[illegible] alive on Dec. 1st, 1916, and that death occurred, on the date stated above, at 11 30 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 4 ds

Contributory (SECONDARY) Cold

(Duration) yrs. mos. 4 ds.

(Signed) M. L. Nelson, M. D.

Dec 1st, 1916 (Address) 1731 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1600 Orleans St

19 PLACE OF BURIAL OR REMOVAL: Peter Rosedale — DATE OF BURIAL: Dec 1, 1916

20 UNDERTAKER: S. Levinson & Bro. — ADDRESS: 1107 E Balto St

D 0069

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 D 0069
REGISTERED NO C

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1942 Eutaw St. Henry ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John C. Hittel

(Residence in Baltimore: No. 1942 Eutaw St. Henry St.; 48 yrs. 6 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED ~~WIDOWED OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: May (Month) 26 (Day) 1868 (Year)

7-AGE: 48 yrs. 6 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer): Journeyman

9-BIRTHPLACE (State or country): Balto

PARENTS

10-NAME OF FATHER: Frantz Hittel

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Lupus

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas. Hittel

(Address) 1942 Eutaw St. Henry St.

Filed DEC 2 - 1916 .191 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 29 (Day) 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 8, 1915, to, Nov 29 1916, that I saw h— alive on Nov 29 1916, and that death occurred, on the date stated above, at 3.9 m.

The CAUSE OF DEATH* was as follows:

Prolonged Cystitis, Interstitial Nephritis.

(Duration) — yrs — mos. — ds.

Contributory (SECONDARY) Prolonged Cystitis & Nephritis

(Duration) yrs mos. ds.

(Signed) Dr H. C Metcalfe M. D.

Dec 1 .191 [Address] 2249 Mulberry

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..yrs..mos..ds. In the State ..yrs..mos..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Dec. 2 1916

20-UNDERTAKER: George L Schmidt & Bro — ADDRESS: 2101 Eutaw Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0070

CERTIFICATE OF DEATH.

REGISTERED NO. D 0070

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Nash

(Residence in Baltimore: No. 7 days. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Sing

6-DATE OF BIRTH. April 16, 1889 (Month) (Day) (Year)

7-AGE. 27 yrs. 7 mos. 12 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Saloon
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Geo. R. Nash.

11-BIRTHPLACE OF FATHER (State or Country), Tenn.

12-MAIDEN NAME OF MOTHER Elizabeth Lance

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [signature illegible]

(Address) Johns Hopkins Hosp.

15. DEC 2 - 1916 Filed ....., 191.... ROBERT P. KRAUTER Registrar

W 5500

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 28, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 21 1916, to Nov 28 1916, that I saw h[im] alive on Nov. 28 1916, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Cerebello Tentorial tumor

(Duration) 2 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Degeneration

(Duration) ....yrs. 2 mos. 1 ds.

(Signed) C. E. Davis M. D.

Nov. 28, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 51 Church St. Norfolk Va.

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL, ..., 191...

20-UNDERTAKER ADDRESS

I.C.D. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0071

CERTIFICATE OF DEATH

29 D 0071

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE (No. 2011 Linden Av ST.: 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Mary Jane Sharkey

(Residence in Baltimore: No. 2011 Linden Av St.: 15 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: ..... (Month) ....., 1 (Day) ..... (Year)

7 AGE: About 75 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Do not Know

11 BIRTHPLACE OF FATHER (State or country): Do not Know

12 MAIDEN NAME OF MOTHER: Do not Know

13 BIRTHPLACE OF MOTHER (State or country): Do not Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Nettie Gadd

(Address) 2011 Linden Av

15 Filed DEC 2 - 1916, 191 ROBERT R. KRAUTER REGISTRAR

Burial Permit .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November 30 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1916, to Nov 30 1916, that I saw h[illegible] alive on Nov 30, 1916, and that death occurred, on the date stated above, at 7:00 m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(Duration) ..... yrs. ..... mos. 7 ds

Contributory (SECONDARY) Organic Heart Disease

(Duration) 8 yrs. ..... mos. ..... ds.

(Signed) Thos E. Sadler M. D.

Dec 1, 1916. (Address) 14 s Linden Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery. DATE OF BURIAL: Dec 3, 1916

20 UNDERTAKER: Henry W. Myers & Son ADDRESS: 1058 Gilmor St

Spec.—8-24-14—M. & T.—2000 Bks.

D 0072 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 0072

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3625 Roland Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E. T Thompson

(Residence in Baltimore: No. 3625 Roland Ave. St.; 18 yrs.,.....mos.....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb. (Month) 8 (Day), 1860 (Year)

7-AGE, 56 yrs. 9 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..At Home..
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joshua M. Martin

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Parks

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mark H. Thompson

(Address) 3625 Roland Ave

15- DEC 2 - 1916 ROBERT R. KRAUTER

Filed....., 191.... Deputy Clerk...
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 17 191.., to Nov 30 1916, that I saw h[e]r alive on Nov 30 1916, and that death occurred, on the date stated above, at 2.30 P. M.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation (Right side)

(Duration) ....yrs. ....mos. 1 ....ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ....yrs. ....mos. 16 ....ds.

(Signed) Harry Corkran M. D.

Dec. 1, 1916. (Address) 36 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Dec. 3, 1916

20-UNDERTAKER Horace Burgee & Son ADDRESS 3631 Falls Rd.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0073

CERTIFICATE OF DEATH.

+151 D 0073

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby H Jansen

(Residence in Baltimore: No. Mercy Hospital St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Wh

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Nov (Month) 6 (Day), 1916 (Year)

7-AGE, yrs. mos. 25 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Eli Hansen.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Ivory Osborn.

13-BIRTHPLACE OF MOTHER (State or Country), N Ca.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ivory Hansen

(Address) 6 Glenwood Ave Govanstown Md.

15- Filed DEC 2 - 1916, 191.. ROBERT R. KRAUTER Registrar of Burial Permits

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 30 1916, to Dec 1 1916, that I saw h[illegible] alive on Dec 1 1916, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Premature birth.

(Duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward L Smith M. D.

Dec 1, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Govanstown Md.

Former or usual residence Govanstown Md.

19-PLACE OF BURIAL OR REMOVAL, Ft Lincoln Cemetery — DATE OF BURIAL, Dec 2, 1916

20-UNDERTAKER Samuel L Hawley — ADDRESS 5788 Belair Rd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0074

CERTIFICATE OF DEATH.

79 D 0074

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3533 Greenmount Ave ST. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph P. Bugley

(Residence in Baltimore: No. 3533 Greenmount Ave St.; 61 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April 12th, 1855
(Month) (Day) (Year)

7-AGE, 61 yrs. 7 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Ret. Railroad
(b) General nature of industry, business, or establishment in which employed (or employer)..... Clerk.

9-BIRTHPLACE, (State or Country), Richmond, Va.

PARENTS.

10-NAME OF FATHER, John J. Bugley

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary and J. Bugley

(Address) 3533 Greenmount Ave

15- Filed DEC 2 - 1916, 191.....

ROBERT B. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 1st, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1916, to Dec 1 1916, that I saw him alive on December 1 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Endocarditis (Acute dilatation)

(Duration)..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Pulmonary oedema, 2 hours

(Duration)..... yrs. ..... mos. ..... ds.

(Signed) John Evans M. D.

Dec 1, 191.6. (Address) 502 Franklin St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem.

DATE OF BURIAL, Dec 2, 191.6.

20-UNDERTAKER William Cook

ADDRESS 23 E. Lanvale

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. THIS IS A PERMANENT RECORD

D 0075

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

D 0075

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2 Wilkens ST. 30 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Infantile Edward J Lynch

(Residence in Baltimore: No. 2 Wilkins ave St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Boy

6 DATE OF BIRTH Dec 1, 1916 (Month) (Day) (Year)

7 AGE ... yrs. ... mos. ... ds. If LESS than 1 day 3 hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Boy
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Edw J Lynch

11 BIRTHPLACE OF FATHER (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary E Hook

13 BIRTHPLACE OF MOTHER (State or country) Balto Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward J Lynch

(Address) 2 Wilkens Ave

15 Filed DEC 2 - 1916 ROBERT R. KRAUTER Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 1, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1916, to Dec 1 1916, that I saw h— alive on Dec 1, 1916, and that death occurred, on the date stated above, at 1 7 m. The CAUSE OF DEATH* was as follows:

Congenital Debility

(Duration) ... yrs. ... mos. 2 hours

Contributory (SECONDARY) —

(Duration) ... yrs. ... mos. ds.

(Signed) Chas F Chandler M. D.

Dec 1, 1916 (Address) 2505 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Mt Olivet — DATE OF BURIAL Dec 3 1916

20 UNDERTAKER Tom Cook — ADDRESS 302 E Northern

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0076

CERTIFICATE OF DEATH.

28 D 0076

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 S. Streeper ST.; W. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Lightman jr.

(Residence in Baltimore: No. 1100 S. Streeper St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Single

6-DATE OF BIRTH, Sept. 18, 1887.
(Month) (Day) (Year)

7-AGE. 29 yrs. 2 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Can capper
(b) General nature of industry, business, or establishment in which employed (or employer): Canning house Frank Lightman & Sons

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Frank Lightman

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Josephine Benz (?)

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie B Ollack (Sister)

(Address) 1100 S. Streeper St

15. Filed DEC 2 - 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 30, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from (about) June 1916, to Nov 30 1916, that I saw h[illegible] alive on Nov 29 1916, and that death occurred, on the date stated above, at 4.45 A. m.

The CAUSE OF DEATH* was as follows:

Exhaustion & Uremia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

(Signed) W. W. Wright M. D.

Dec. 1, 191.6 (Address) 3048 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oakland

DATE OF BURIAL, Dec 4, 191.6

20-UNDERTAKER William Cook

ADDRESS Fox & Walk ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0077

HEALTH DEPARTMENT—CITY OF BALTIMORE

66 D 0077

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 Mosher ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Agusta Kierstead

(Residence in Baltimore: No. 1627 Mosher St.: 66 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH. Oct 20, 1850 (Month) (Day) (Year)

7-AGE. 66 yrs. 2 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE. (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER. Leo Kierstead

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Catherine S Myers

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. H. Kierstead

(Address) 1627 Mosher

15- Filed DEC. 2 - 1916, 191.. ROBERT R. KRAUTER Registrar. Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov 30th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 5th 1916, to Nov. 30 1916, that I saw h-e alive on Nov 30th 1916, and that death occurred, on the date stated above, at 8 p m.

The CAUSE OF DEATH* was as follows:

old age general debility
Contributory Senile Paralysis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) age (Duration) 9 6 yrs. mos. ds.

(Signed) Wilson B. Bowerman M. D.

Dec. 1, 1916 (Address) 700 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park

DATE OF BURIAL. Dec 2, 1916

20-UNDERTAKER Noel Cook

ADDRESS 1026 North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0078

D 0078

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2203 Gough ST.; 2nd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nora Devine

(Residence in Baltimore: No. 2203 Gough St. St.; 35 yrs. ..... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White.	Widow

6-DATE OF BIRTH, August (Month) 1st (Day), 1850 (Year)

7-AGE,	If LESS than 1 day,
66 yrs. 3 mos. 28 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Galway, Ireland.

PARENTS.

10-NAME OF FATHER, John Kane

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Mitchell

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Kavanagh

(Address) 2203 Gough St.

15- DEC 2 - 1916 ROBERT R. KRAUTH

Filed....., 191.. Burial Permit ..... Registrar.

H.O. 4088

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 28th (Month) (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Oct. 9th 1916, to Nov 28th 1916, that I saw h.. alive on Nov 28 1916., and that death occurred, on the date stated above, at 7 10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Scalp Glands Neck Metastatic Involvement Liver etc.

(Duration) — yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) None

(Duration) — yrs. — mos. ..... ds.

(Signed) D.W. Cathell M. D.

Nov 28, 1916. (Address) Emerson Hotel

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cemetery

DATE OF BURIAL. Dec 2nd, 1916.

20-UNDERTAKER J.J. Moran

ADDRESS Bank & Anna Sts.

D 0079

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0079

151

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 7639 Hudson St. ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Adamchek

(Residence in Baltimore: No. 7639 Hudson St St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov. (Month) 29 (Day), 1916 (Year).

7-AGE, ...yrs. ....mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Joseph Adamchek

11-BIRTHPLACE OF FATHER (State or Country) Austria

12-MAIDEN NAME OF MOTHER Ella Drobowski

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Adamchek

(Address) 7639 Hudson St

15- Filed DEC 2 - 1916, 191.. ROBERT B. KRAUTER Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Debility

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Premature Birth

6 mos. 7 ds. (Duration) ....yrs. ....mos. ....ds.

(Signed) Thomas Lyon Shadley M. D. (Coroner.)

Dec 1, 1916. (Address) 1610 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus Cem

DATE OF BURIAL, Dec 2, 1916.

20-UNDERTAKER Stephen J. Kalkowski

ADDRESS 1018 N. Kenwood Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 0080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 D 0080

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2752 Wilkins Av ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pauline Groll

(Residence in Baltimore: No. 2752 Wilkins Av St.; 25 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept 7th, 1857
(Month) (Day) (Year)

7-AGE, 59 yrs. 2 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Ernest Vogt.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Pauline Vogt.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Max W. H. Groll

(Address) 2752 Wilkins Ave. Forest Park Md.

15- DEC 2 - 1916 Filed, 191...

EARLY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 30, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 27 1916, to Nov 30 1916, that I saw h- alive on Nov 30 1916, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows: Pulmonary Congestion

Probably Lobar Pneumonia

(Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Heart failure

(Duration) ... yrs. ... mos. ... ds.

(Signed) Egbert Dick M. D.

..., 191... (Address) 1133 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Dec 3, 1916.

20-UNDERTAKER Lee Leinbach Sr. ADDRESS 6611 Belair Rd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

H. 1656.8 9.283W

WRITE PLAINLY. WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 0081 — 39 — D 0081

1 PLACE OF DEATH — REGISTERED NO. C:

CITY OF BALTIMORE (No. 520 Columbia ave St.: 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME John Edw Hartman

(Residence in Baltimore: No. 520 Columbia ave St.: 15 yrs. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widowed

6 DATE OF BIRTH: February (Month) 9 (Day), 1850 (Year)

7 AGE: 66 yrs. 9 mos. 23 ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Shoe-keeper.
(b) General nature of industry, business, or establishment in which employed (or employer): Fisherman etc

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Michael Hartman

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Christina Boose

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nicholas Hartman

(Address) 520 Columbia ave

15 Filed DEC 2 - 1916, 191

HARRY C. ANDREWS Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 2 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1916, to Dec. 2 1916, that I saw h— alive on Dec 1, 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Cancer of tongue

(Duration) yrs. 18 mos. ds

Contributory (SECONDARY) Pneumonia

(Duration) yrs. mos. 4 ds.

(Signed) Maurice E. B. Owens M. D.

Dec 2, 1916 (Address) 857 W Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem — DATE OF BURIAL: Dec 6, 1916

20 UNDERTAKER: Mrs J. E Evans & Sons — ADDRESS: 1428 N. Charles St

15 1982

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0082

CERTIFICATE OF DEATH.

D 0082

REGISTERED NO. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 239 Canal St. ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Young

(Residence in Baltimore: No. 239 Canal St. St. Life time yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1844 (Year)

7-AGE, 72 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Perry Pennington

11-BIRTHPLACE OF FATHER (State or Country) Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt Young

(Address) 239 Canal St.

15- Filed DEC 2 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 24 1916, to Nov 28 1916, that I saw h[illegible] alive on Nov 28 1916, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

(a) Cardiac Insufficiency

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. L. Patterson M. D.

Nov. 3, 1916. (Address) 817 Hamilton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cem DATE OF BURIAL. Nov 30 1916 191...

UNDERTAKER C. F. Fitzpatrick ADDRESS 2433 W Balto St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0083

D 0083

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 E Chase, St.; 10 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Krieger

(Residence in Baltimore: No. 408 E Chase St.; 51 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, October (Month) 24th (Day), 1840 (Year)

7-AGE, 76 yrs. 1 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. Adolph Krueger

(Address) 408 E Chase st

15- Filed DEC 2 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar

Mat 1292

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 1 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 10th 1916, to Dec 1st 1916, that I saw her alive on Nov 30th 1916, and that death occurred, on the date stated above, at 12 12 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Dr. William Hanssick M. D.

Dec 11, 191... (Address) 1201 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Dec 4, 191.6.

20-UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument st

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

D 0084 HEALTH DEPARTMENT—CITY OF BALTIMORE 80

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED No. D 0084

CITY OF BALTIMORE (No. 732 W. North ave — St. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Alfred B. Hartman

(Residence in Baltimore: No. 732 W. North ave — St.: Lifetime yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: February 9th, 1836 (Month) (Day) (Year)

7 AGE: 50 yrs. 9 mos. 22 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Professor of Languages
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: Samuel Hartman

11 BIRTHPLACE OF FATHER (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Pamela A. Guichard

13 BIRTHPLACE OF MOTHER (State or country): Baltimore

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mary A. K. Cadden (Sister)

(Address) 2200 Elinor ave

DEC 2 - 1916 Filed ..... 19..

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: December 1, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1916, to Dec. 1st 1916, that I saw him alive on December 1st, 1916, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Degeneration of blood vessels angina Pectoris

(Duration) yrs. Don't know mos. ds

Contributory (SECONDARY) Syphilis

(Duration) yrs. mos. ds.

(Signed) Howard C. Silver M. D.

Dec 2, 1916 (Address) 1917 Bolton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. — In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Dec 3 1916

20 UNDERTAKER: Geo J Smith — ADDRESS: 1008 W Fayette

Spec.—8-24-14—M. & T.—2000 Blks.

D 0085 HEALTH DEPARTMENT—CITY OF BALTIMORE H D 0085

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Hibbitts

(Residence in Baltimore: No. 1233 N. Baltimore St. St.; —yrs., — mos. —da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Dec. 21, 1861
(Month) (Day) (Year)

7-AGE, 54 yrs. 11 mos. 9 da. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), South Carolina

PARENTS.

10-NAME OF FATHER, John Cosgh

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget O'Donald

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas P. Hibbitts

(Address) 1233 N. Baltimore St.

15- Filed DEC 2 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 30, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 6 1916, to Nov. 30 1916, that I saw h[illegible] alive on Nov. 30 1916, and that death occurred, on the date stated above, at 9.10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestine
Obstruction
(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Exhaustion
(Duration) yrs. mos. da.

(Signed) Edward L. Smith M. D.
Nov 30, 1916. (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 7 mos. 24 da. In the State 46 yrs. — mos. — da.

Where was disease contracted, if not at place of death? 1233 N. Baltimore St.

Former or usual residence 1233 N. Baltimore St.

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, 12....4..., 1916.

20-UNDERTAKER Henry C. Brauer & Son ADDRESS 517 N. Edmondson Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Every item of information should be carefully supplied. AGE should be stated

Spec.—8-24-14—M. & T.—2000 Bks.

D 0086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 0086

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1601 Eutaw Place ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Elizabeth Hackman

(Residence in Baltimore: No. 1601 Eutaw Place St.; ....yrs., mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, April 1st (Month) (Day), 1914 (Year)

7-AGE, 2 yrs. 8 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Delaware

PARENTS.

10-NAME OF FATHER, Wm C. Hackman

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Mabel V. Sebold

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Hackman

(Address) 1601 Eutaw Place

15- Filed DEC 2 - 1916, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1st 11 P.M. 1916, to Dec. 29 1916, that I saw h[illegible] alive on Dec. 1st 1916, and that death occurred, on the date stated above, at 6:30 A. m.

The CAUSE OF DEATH* was as follows:

.....Bronchitis.....

..... (Duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

..... (Duration) ...yrs. 2 mos. ...ds.

(Signed) Louis P. Hamburger M. D.

Dec 2, 191.6 (Address) 1201 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? at Carney's Point (Penns Grove) New Jersey

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Wilmington Del. DATE OF BURIAL, Dec. 2, 191...

20-UNDERTAKER Wm. Heinemann ADDRESS Wilmington Del.

over

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0087

CERTIFICATE OF DEATH.

170 D 0087

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1251 Riverside Ave ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Beecher

(Residence in Baltimore: No. 1251 Riverside Ave St.: — yrs. — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct 18 (Month) (Day) 1841 (Year)

7-AGE, 75 yrs. 1 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Green ann Co Md

PARENTS.

10-NAME OF FATHER, James R. Eaton

11-BIRTHPLACE OF FATHER (State or Country), Green ann Co Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Eaton (Brother)

(Address) Jerusalem Md

15-

Filed DEC 2 - 1916, 191.... HARRY C. ANDREWS Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 1st (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 15 1916, to Dec 1st 1916, that I saw h er alive on Dec 1st 1916, and that death occurred, on the date stated above, at 4A m.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) ....yrs....mos. 4 ds.

CONTRIBUTORY (Secondary) Bright's disease

(Duration) 1 yrs. ....mos. ....ds.

(Signed) T. J. O'Donnell M. D.

Dec 1st, 1916. (Address) 107 E West St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Winchester Md DATE OF BURIAL, DEC 2 - 1916, 191...

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0088

CERTIFICATE OF DEATH.

38 D 0088

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hosp. St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johanna Strutter

(Residence in Baltimore: No. 799 W. Mulberry St.; Life yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Widowed

6-DATE OF BIRTH, Unknown, 1817
(Month) (Day) (Year)

7-AGE. 99 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Jones

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Lavinia Bell.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Strutter

(Address) 799 W. Mulberry

15-

Filed. DEC. 2 - 1916 191.. HARRY C. [illegible]
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 29, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 27 1916, to Nov. 29 1916, that I saw h[illegible] alive on Nov 29 191[illegible], and that death occurred, on the date stated above, at 12:30 P.M.

The CAUSE OF DEATH* was as follows:

Uterine Fibroids Cyst
Salpingitis + Pelvic
Peritonitis
Probably Gonorrheal (Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Surgical Shock
(Duration) yrs. mos. 1 ds.

(Signed) Elaine M. Turner M. D.
11-29-, 191.6 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 799 W. Mulberry

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mount Auburn Cem	Dec 3, 191..

20-UNDERTAKER	ADDRESS
John H. Hoadnes	1421 Mich

Spec.—8-24-14—M. & T.—2000 Bks.

D 0089 HEALTH DEPARTMENT—CITY OF BALTIMORE D 0089

CERTIFICATE OF DEATH.

REGISTERED No. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Jackson

(Residence in Baltimore: No. 572 Wilson St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	Married

6-DATE OF BIRTH, ... (Month) ....., 1 ..... (Day) (Year)

7-AGE, 39 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter C. Snyder

(Address) Johns Hopkins Hosp.

15- DEC 2 - 1916 Filed....., 191.... HARRY C. ANDREWS Registrar.

Burial Permit Clark

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 30, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 16 1916, to Nov. 30 1916, that I saw h[er] alive on Nov. 30 1916, and that death occurred, on the date stated above, at 10 45 m.

The CAUSE OF DEATH* was as follows:

Multiple neuritis

..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) C. H. Bloomfield M. D.

Nov. 30, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ((yrs. ((mos. 17 ds. In the State ((yrs. ((mos. ((ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 572 Wilson St.

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn Cem. DATE OF BURIAL, Dec 2, 1916.

20-UNDERTAKER John A. Tadrin ADDRESS 142 W. Lee St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B D 0090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 D 0090

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis G. Jenkins

(Residence in Baltimore: No. 136 N. Milton Ave St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Nov. (Month) 26th (Day), 1896 (Year)

7-AGE,	If LESS than 1 day,
20 yrs. mos. 5 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Drygoods

9-BIRTHPLACE, (State or Country), Balto City Md.

PARENTS.

10-NAME OF FATHER, Louis H. Jenkins

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary F. Walters

13-BIRTHPLACE OF MOTHER (State or Country), Balto City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis H. Jenkins

(Address) 136 N. Milton Ave

15-

Filed DEC 2 - 1916 192.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 24 1916, to Dec 14 1916, that I saw h[illegible] alive on Dec 14 1916, and that death occurred, on the date stated above, at 1240a m.

The CAUSE OF DEATH* was as follows:

Acute Gangrenous Appendicitis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm R Johnson M. D.

12/1, 1916 (Address) St Joseph's Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 136 N. Milton Ave

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, Dec 6, 1916

20-UNDERTAKER A Sander & Sons — ADDRESS [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0091

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0091

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Campbell

(Residence in Baltimore: No. 2725 Tivoly ave St.; 4 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, May (Month) 27 (Day), 1888 (Year)

7-AGE.	If LESS than 1 day,
28 yrs. 6 mos. 2 ds.	hrs. or mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country) Balto Md.

PARENTS.

10-NAME OF FATHER. Orian Larkin

11-BIRTHPLACE OF FATHER (State or Country). Nova Scotia

12-MAIDEN NAME OF MOTHER Mary Rammel

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Campbell

(Address) 2725 Tivoly ave

15- Filed DEC 2 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1916, to Dec 1 1916, that I saw h[illegible] alive on Dec 1 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

E Pneumonia

Lobar

(Duration) yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) yrs. mos. 7 ds.

(Signed) Ernest Hyde Rogers M. D.

Dec 1, 1916 (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 28 yrs. mos. ds.

Where was disease contracted, if not at place of death? 2725 Tivoli Ave

Former or usual residence 2725 Tivoli Ave

19-PLACE OF BURIAL OR REMOVAL. Oak Lawn — DATE OF BURIAL. Dec 4, 191...

20-UNDERTAKER A Sander & Sons — ADDRESS 710 Park

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.—8-24-14—M. & T.—2000 Blks.

D 0092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 0092

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and add out No. 18.)

2-FULL NAME Clara Fullerton

(Residence in Baltimore: No. 811 S. Decker St.; 3 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Sept 15, 1880 (Month) (Day) (Year)

7-AGE, 36 yrs. 2 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), D. C.

PARENTS.

10-NAME OF FATHER, Henry Starke

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sophia Fletcher

13-BIRTHPLACE OF MOTHER (State or Country), D. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mercy Hosp.

(Address) Calvert St

DEC 2 - 1916

Filed....., 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 30, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 23 1916, to Nov 30 1916, that I saw h[illegible] alive on Nov 30 1916, and that death occurred, on the date stated above, at 3:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. ds.

(Signed) Edward L. Zenik M. D.

Nov 30, 1916 (Address) 811 S. Decker St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State 3 yrs. mos. ds.

Where was disease contracted, if not at place of death? 811 So Decker Ave.

Former or usual residence 811 So Decker Ave.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Carmel	Dec 3, 1916

20-UNDERTAKER H. Sander & Sons ADDRESS 1200 E. Lut

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0093

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 D 0093

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 436 W. Cross ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mozie Calaman

(Residence in Baltimore: No. 436 W. Cross St.; 20 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR ~~RACE~~: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) (Day), 1896 (Year)

7-AGE: 20 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md.

PARENTS

10-NAME OF FATHER: Elijah Spencer

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Olie Calaman

(Address) 436 W Cross St

15- DEC 2 - 1916 Filed ....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 30, 1916, to, Dec 1 1916, that I saw her alive on Dec 1 1916, and that death occurred, on the date stated above, at 1.30 P.m.

The CAUSE OF DEATH* was as follows:

Lacerint Fbe

(Duration) yrs 1 mos. 1 ds.

Contributory (SECONDARY) to Grippe

(Duration) yrs mos. 14 ds.

(Signed), J. Guy Bowley M. D.

12/21/1916 [Address] 736 W Hoffman St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn ct

DATE OF BURIAL: Dec 3, 1916

20-UNDERTAKER: J. H. Brown & Son

ADDRESS: 108 W. Mount St

D 0094

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

113 D 0094

REGISTERED NO. C.....

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1026 E. Monument St. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Pennington

(Residence in Baltimore: No. 1026 E. Monument St. 10 St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: April 18, 1854 (Month) (Day) (Year)

7-AGE: 62 yrs. 7 mos. 12 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Rev. Calaway

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Eliza Bowdley

13-BIRTHPLACE OF MOTHER (State or country): Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eliza H. Pennington

(Address) 1026 E. Monument St

15- DEC 2 - 1916 Filed ..... 191.. HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. (Month) 30 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1916, to, Nov 30 1916, that I saw her alive on Nov 30 1916, and that death occurred, on the date stated above, at 1 00 P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(Duration) 3 yrs. ... mos. ... ds.

Contributory (SECONDARY) ...

(Duration) ... mos. ... ds.

(Signed) John F. Finch M. D.

Dec 1, 1916 [Address] 936 E. Monument St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Dec 3rd 1916

20-UNDERTAKER: Edward H. Pyle

ADDRESS: 61 Hinton Ave Catonsville

Spec.—8-24-14—M. & T.—2000 Bks.

D 0095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED No. C 0095

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1919 N. Patterson Pk Ave St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy H. Skuhr

(Residence in Baltimore: No. 1919 N. Patterson Pk Ave St.; 22 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov 8th (Month) (Day), 1894 (Year)

7-AGE, 22 yrs. 22 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at Home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Chas. H. Lamley

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mollie Liggins

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Peter J. Skuhr

(Address) 1919 N. Patterson Pk Ave

15- DEC 2 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 30th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1916, to Nov. 30, 1916, that I saw her alive on Nov. 29, 1916 and that death occurred, on the date stated above, at 6-30 a.m.

The CAUSE OF DEATH* was as follows:

(a) Pulmonary Tuberculosis

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Nov. 30, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Dec. 3, 1916

20-UNDERTAKER Philip Herrig — ADDRESS 2016 Aliceanna St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0096 64 D 0096

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Mc Fenwitt (McKenwitt)

(Residence in Baltimore: No. Little Sisters of the Poor St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Wid.

6-DATE OF BIRTH, ... Nov ....., 1 .....
(Month) (Day) (Year)

7-AGE, 75 yrs. 1 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... House .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Arthur Mc Fenwitt

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Carr

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) .....

15- DEC 2 - 1916 HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec. ..... 1 ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191 , to ..... 191 , that I saw h[im] alive on Dec 1 191 6, and that death occurred, on the date stated above, at 5 45 a.m.

The CAUSE OF DEATH* was as follows:

.....

Cerebral apoplexy

a few hours (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) P. A. Barnes M. D.

Dec 1, 191 6 (Address) 1133 Valley St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 9 yrs. 6 mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Little Sisters of the Poor

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery. DATE OF BURIAL, Dec. 4, 1916

20-UNDERTAKER Henry Hoeck Son ADDRESS 131 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45

D 0097

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 Aisquith ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthony J. Lorenz.

(Residence in Baltimore: No. 1008 Aisquith St.; 70 yrs. 1 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 19 (Day), 1835 (Year)

7-AGE, 81 yrs. 7 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Harness Cutter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Lorenz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Pfad

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Susanna Lorenz

(Address) 1208 Aisquith St.

15- DEC 2 - 1916 HARRY C. ANDREWS

Filed....., 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 1st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1st. 1916, to Dec. 1st. 1916, that I saw h[im] alive on Dec. 1st 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Carcinoma of the neck

(Duration) ....yrs....mos....ds.

(Signed) J. F. Scholz M. D.

Dec. 2nd, 1916. (Address) 1001 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, Dec. 6, 191..

20-UNDERTAKER Henry Hoeck Son

ADDRESS 130 E Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0098

CERTIFICATE OF DEATH.

132

D 0098

1-PLACE OF DEATH Md. Gen. Hospital

REGISTERED NO. C

CITY OF BALTIMORE: (No. Lincoln + Madison ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Carrie Bollman

(Residence in Baltimore: No. 2741 Barclay St.: 29 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. April 22, 1885
(Month) (Day) (Year)

7-AGE 31 yrs. 7 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Meyersdale Pa.

PARENTS.

10-NAME OF FATHER, Henry H. Bangert

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Katie Kirnamon

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Loker

(Address) 2741 Barclay St

15- DEC 2 - 1916 Filed, ..., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 2, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10 1916, to Dec 2 1916, that I saw her alive on Dec 2 1916, and that death occurred, on the date stated above, at 11.30 A.M.

The CAUSE OF DEATH* was as follows:

Cystic Ovary + Pyosalpinx Abscess Pelvic Cellulitis

(Duration) yrs. mos. 22 ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(Duration) yrs. mos. 1 ds.

(Signed) Elmer Hammett M. D.

12-3-, 1916 (Address) Md. General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. 22 ds. In the State 29 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2741 Barclay

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. Balto. — DATE OF BURIAL, Dec 5, 1916

20-UNDERTAKER H S Marshall — ADDRESS 3539 Falls Rd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0099 HEALTH DEPARTMENT—CITY OF BALTIMORE D 0099

CERTIFICATE OF DEATH. REGISTERED No. C 1772

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST.; 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Seiler

(Residence in Baltimore: No. 659 W. Fayette St St.; Unknown yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male.

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug 17, (Month) (Day) 1877 (Year)

7-AGE, 39 yrs. 3 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Rochester N. Y.

PARENTS.

10-NAME OF FATHER, Erastus S. Seiler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Teresa Seiber

13-BIRTHPLACE OF MOTHER (State or Country), New York State

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. G. Ward

(Address) Rochester N. Y.

15 DEC 2 - 1916 Filed ....., 191.....

HARRY C. ANDREWS Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 26, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage, following fracture of Skull, caused by falling off a porch. Accidental.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert L. Driscoll M. D. (Coroner)

Dec 1, 1916 (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 1 ds. In the University Hospital State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 659 W. Fayette St

Former or usual residence 659 W. Fayette St

19-PLACE OF BURIAL OR REMOVAL, Rochester N. Y. DATE OF BURIAL, Dec. 2, 1916

20-UNDERTAKER Joseph B. Cook ADDRESS 301 N. Carrollton Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0100

CERTIFICATE OF DEATH.

182 D 0100

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Stevenson

(Residence in Baltimore: No. 1510 Mulliken St.: yrs., 10 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
M.	Colored	Married

6-DATE OF BIRTH, June (Month) 10 (Day), 1890 (Year)

7-AGE, 26 yrs. 6 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter Mess
(b) General nature of industry, business, or establishment in which employed (or employer): Steam Boat

9-BIRTHPLACE, (State or Country), Hadden, Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Hadden Virginia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Hadden Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Stenson

(Address) 1510 Mulliken St

15- Filed DEC 3 - 1916, 191.... HARRY C. ANDERS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and Autopsy find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot wound of abdomen

(Duration) about 2 days

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. J. Riley (Coroner.) M. D.

Dec 2, 1916 (Address) 1639 Bunsley

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 days yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Steam Boat Talbot

Former or usual residence 1510 Mulliken St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Jon. Cemetery	Dec 4 1916
20-UNDERTAKER	ADDRESS
Milton Davis	16 & McElderry St

I. D. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 0101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

D 0101

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 W. Saratoga ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James La Scola

(Residence in Baltimore: No. 632 W. Saratoga St.: 12 yrs., 8 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, March 13th, 1904 (Month) (Day) (Year)

7-AGE 12 yrs. 8 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John La Scala

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Santa Preati

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. La Scola

(Address) 632 W. Saratoga St.

15- Filed DEC 3 - 1916 HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 1st, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 1916, to Decber 1st 1916, that I saw h[illegible] alive on Dec. 1st 1916, and that death occurred, on the date stated above, at 8 30 p.m.

The CAUSE OF DEATH* was as follows: Intestinal Tuberculosis

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. Peste M. D.

191... (Address) 210 Pearl st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Catholic Cem. DATE OF BURIAL, Dec 3, 1916.

20-UNDERTAKER Mt Olivet Cem Co ADDRESS 1318 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0102

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0102

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U. S. Marine Hospital 79 REGISTERED NO. C.....

CITY OF BALTIMORE: (No. U. S. Marine Hospital St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Brown

(Residence in Baltimore: No. U. S. Marine Hospital St.: ...yrs., 3 mos. 1 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male | 4-COLOR OR RACE: Colored | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, Unknown (Month), ... (Day), 1876 (Year)

7-AGE, 40 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seaman
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDG[E]. Hospital record

(Informant).....

(Address).....

15- Filed DEC 3 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 2 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1916, to Dec 2 1916, that I saw him alive on Dec 2 1916, and that death occurred, on the date stated above, at 8:34 a.m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart

Mitral Regurgitation

(Duration) ... yrs. 3 mos. 1 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) Chas H. Wilgus M. D.

Dec 2, 1916 (Address) U. S. Marine Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 3 mos. 1 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence U S Marine Hospital

19-PLACE OF BURIAL OR REMOVAL, Laurel Md. DATE OF BURIAL, Dec 3, 1916.

20-UNDERTAKER Brown Bros ADDRESS 361 Chestnut

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0103 D 0103

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 S Robinson ST.; 1 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Gilley

(Residence in Baltimore: No. 20 S Robinson St.; 1 yrs. (mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Feb 21, 1854
(Month) (Day) (Year)

7-AGE, 62 yrs. 9 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Md

PARENTS.

10-NAME OF FATHER, Carson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ann Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E Gilley

(Address) 20 S Robinson

15- Filed DEC 3 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 30-16, 191...
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 6 1916, to Nov 30 1916, that I saw h er alive on Nov 30 1916, and that death occurred, on the date stated above, at 11 Am.

The CAUSE OF DEATH* was as follows:

Bronchiectasis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pyelonephritis Chronic

(Duration) yrs. mos. ds.

(Signed) Frederick R Bressmann M. D.

(Address) 919 E Balto St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Co. DATE OF BURIAL, Dec 3, 1916.

20-UNDERTAKER J. A. Pearman ADDRESS 30 E Belvidere

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0104 HEALTH DEPARTMENT—CITY OF BALTIMORE 80 D 0104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 3010 E Baltimore St.; 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Wm L Ballauf

(Residence in Baltimore: No. 3010 E Baltimore St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June 8th, 1868 (Month) (Day) (Year)

7-AGE, 48 yrs. 5 mos. 22 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Manager
(b) General nature of industry, business, or establishment in which employed (or employer): Theatre

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Wm L. Ballauf.

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Jennie Swidger

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm L Ballauf

(Address) 3010 E Baltimore

15- DEC 3 - 1916 HARRY O. ANDREWS
Filed....., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 30, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 23 1916, to Nov 30 1916, that I saw h[illegible] alive on Nov 30 1916, and that death occurred, on the date stated above, at 8:30 P.M.

The CAUSE OF DEATH* was as follows: Angina Pectoris

(Duration) 6 yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Broken Constitution

(Duration) yrs. mos. ds.

(Signed) Chas Christian Bodde M. D.

12/2/1916 (Address) 1437 N Gay

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore — DATE OF BURIAL, Dec 3rd 1916

20-UNDERTAKER John A Moran — ADDRESS Bank & Aisquith

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0105

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0105

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 Gold St ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie A. Thompson

(Residence in Baltimore: No. 624 Gold St St.; ..... yrs., 8 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH, ... May ..... 1 ....., 1887
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
29 yrs. 7 mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housewife .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry Thompson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Emily Bell

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emily Thompson

(Address) 624 Gold St

15- MARY C. ... Clerk

Filed DEC 3 - 1916, 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec ..... 1 ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug - 1 - 1916, to ~~Dec 29~~ Dec 29 1916, that I saw h[er] alive on ~~Dec 29~~ Dec 29 1916, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

..... (Duration) 2 yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary) T. B. Laryngitis

..... (Duration) ..... yrs. ..... mos. 14 ds.

(Signed) C. P. Lang M. D.

Dec 1, 1916 (Address) 1013 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenmount Cemetery	....., 191...
20-UNDERTAKER	ADDRESS
Mrs F Perkins	Florida

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0106

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 0106

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. ~~1111111111~~ 1807 Ensor st ST.) 9 (WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Connolly

(Residence in Baltimore: No. 1807 Ensor st St.; ~ yrs., ~ mos. ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Oct 5 1872, 1 (Month) (Day) (Year)

7-AGE, 44 yrs. I mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work H. W.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Comns

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary----------

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos Connly

(Address) 1807 Ensor st

15-

Filed DEC 3 - 1916 191. HARRY [illegible] ANDREWS Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 1st 1916, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) [illegible] (Coroner.)

Dec 1 1916 (Address) N E DIST

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 24 ds. In the State 30 yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Bonnie Brae Cem

DATE OF BURIAL, Dec 4, 1916

20-UNDERTAKER Geo J Ruth

ADDRESS 1705 Eastlond Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0107. D 0107.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 711. S. Wolfe. ST.; 2 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph. Waligorski

(Residence in Baltimore: No. 711. S Wolfe St.; ..... yrs. 4 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 7 (Day), 1912 (Year)

7-AGE, ... yrs. 4 mos. 27 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph Waligorski

11-BIRTHPLACE OF FATHER (State or Country), Ohio

12-MAIDEN NAME OF MOTHER Mary Gawinzkowski

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Waligorski

(Address) 711 S Wolfe

15- DEC 3 - 1916 HARRY C. ANDREWS

Filed ..... 191. Burial Permit Clerk...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 2nd (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 15th 1916, to Dec 2nd 1916, that I saw h[illegible] alive on Dec 1st 1916, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Inanition

..... (Duration) ..... yrs. ..... mos. 17 ds.

CONTRIBUTORY (Secondary) Cancer

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jacob L. Silverman M. D.

12-3 1916 (Address) 308 S. Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary DATE OF BURIAL, Dec 4th, 1916

20-UNDERTAKER M. Frankowski ADDRESS Hall's Cross Rds

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0108

CERTIFICATE OF DEATH.

40

D 0108

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 Eight St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. D. Davis

(Residence in Baltimore: No. 1717 Eight St.; 53 yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, April 3 (Month) (Day), 1863 (Year)

7-AGE, 53 yrs. 7 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Black Smith
(b) General nature of industry, business, or establishment in which employed (or employer): Foundry

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, George Davis

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary L. Davis

(Address) 710 Aisquith St.

15- DEC 3 - 1916 ROBERT B. KRAUTER

Filed ....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 1 — (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 20 1916, to Dec 1 — 1916, that I saw h[illegible] alive on Dec 1 — 1916, and that death occurred, on the date stated above, at 7 40 m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

..... (Duration) ... yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary) Unknown

..... (Duration) ... yrs. 1 mos. ... ds.

(Signed) [illegible] M. D.

Dec. 2, 1916 (Address) 1278 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Ave	Dec 5, 1916
20-UNDERTAKER	ADDRESS
L. Schumann	1439 W. Fayette

BURIAL PERMIT

Clerk

Be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 0109 HEALTH DEPARTMENT—CITY OF BALTIMORE D 0109

CERTIFICATE OF DEATH.

REGISTERED NO. C 19 42

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 301 S. Mount ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise D. Henning

(Residence in Baltimore: No. 301 S. Mount St.; yrs., mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH. March, 3, 1854 (Month) (Day) (Year)

7-AGE. 62 yrs. 8 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer). At. Home.

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. William Fegenhour

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unkown

13-BIRTHPLACE OF MOTHER (State or Country). Unkown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Otto Henning

(Address) 301 S. Mount. St.

DEC 3 - 1916. Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. 11 (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 6th 1916, to Nov. 30 1916, that I saw h alive on Nov 29 1916, and that death occurred, on the date stated above, at 11.00 a.m.

The CAUSE OF DEATH* was as follows:

Cancer of Uterus.

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage from Bowels

(Duration) yrs. mos. ds.

(Signed) J. W. Sullivan M. D.

Dec 2, 1916. (Address) 17 E. Hollins St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cem. DATE OF BURIAL. Dec. 3, 191...

20-UNDERTAKER Joseph H. Cook ADDRESS 1003 W. Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0110 D 0110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 Fraction ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph W. Burkhardt

(Residence in Baltimore: No. 1412 Fraction St.; 4 yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Nov. (Month) 15 (Day), 1912 (Year)

7-AGE, 4 yrs. 16 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Joseph Albert Burkhardt

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Rose Tourman

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Albert Burkhardt

(Address) 1412 Fraction St.

15- Filed DEC. 3 - 1916, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 27 1916, to Dec 1 1916, that I saw him alive on Dec 1 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) No Complications

(Duration) yrs. mos. ds.

(Signed) E. Williams Fiery M. D.

Dec 1, 191.6 (Address) 1928 Pennsylvania Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Western Cemetery	Dec 4, 191.6
20-UNDERTAKER Williams Cook	ADDRESS 5026 North Ave

Fold

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0111

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 0111

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 57 Josephs Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Rahemaud Rahemau

(Residence in Baltimore: No. 2536 Eager Place St.; 40 yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry Rahemau

11-BIRTHPLACE OF FATHER (State or Country), Europe

12-MAIDEN NAME OF MOTHER Sophia North

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Robinson

(Address) 624 Aull Street

15-

Filed ....., 191.... DEC 3 - 1916 HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 2 1916, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 2 1916, to Dec 2 1916, that I saw him alive on Dec 2 1916, and that death occurred, on the date stated above, at 11.30 a. m.

The CAUSE OF DEATH* was as follows: T.B.

..... Tuberculosis .....
(Acute or chronic)

..... (Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry Tiernan M. D.

....., 191... (Address) 57 St. J. H.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 2 mos. ..... ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? West Indies

Former or usual residence 2532 Eager Place

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery — DATE OF BURIAL, Dec 5, 191.6

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

Cause of death must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0112

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0112

CERTIFICATE OF DEATH.

120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 258 S. Durham ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Gaskins

(Residence in Baltimore: No. 258 S. Durham St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored a. a.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Oct. (Month) 17 (Day) 1884 (Year)

7-AGE. 32 yrs. 1 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Va.

PARENTS.

10-NAME OF FATHER. Addison Cole

11-BIRTHPLACE OF FATHER (State or Country). Va.

12-MAIDEN NAME OF MOTHER. Lucy Corbin

13-BIRTHPLACE OF MOTHER (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nathan Gaskins

(Address) 258 S. Durham St

15-

Filed DEC 3 - 1916, 191.... HARRY C. ANDREWS Clerk.
Burial Permit
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec. (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 30 1916, to Dec. 1 1916, that I saw her alive on Nov. 29 1916, and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(Duration) ... yrs. 2 mos. ... ds.

CONTRIBUTORY. (Secondary) Interstitial nephritis

(Duration) 2 yrs. ... mos. ... ds.

(Signed) Jas. G. Thomas M. D.

Dec. 1, 1916. (Address) 1520 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Essex County Virginia

DATE OF BURIAL. Dec. 3rd, 1916.

20-UNDERTAKER Theodore White

ADDRESS 113 S. Wolfe St

Please write plainly in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0113

CERTIFICATE OF DEATH.

64 D 0113

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. University Hospital St.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Randolph Adams.

(Residence in Baltimore: No. 3 Quay alley St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black.	Married

6-DATE OF BIRTH. Unknown (Month), (Day), 1884 (Year)

7-AGE.	If LESS than 1 day,
32 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Alec. Adams.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER (?) Unknown

13-BIRTHPLACE OF MOTHER (State or Country), (?) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clyde Freeman

(Address) 5 W. York St.

15- DEC 3 - 1916 HARRY [illegible]

Filed....., 191.. Burial Locum Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 1 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1 1916, to Dec. 1 1916, that I saw him alive on Dec. 1 1916, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(Duration) 3½ hours.

CONTRIBUTORY (Secondary) [illegible]

(Duration) — yrs. — mos. — ds.

(Signed) Bernard J. Perry M. D.

Dec. 3., 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 1 ds. In the State — yrs. 1 mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 3 Quay alley.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	Dec. 3., 1916.
20-UNDERTAKER	ADDRESS
M. Doyle & Son	15 E Fayette

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0114 HEALTH DEPARTMENT—CITY OF BALTIMORE 63 D 0114

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2102 N. Charles St. St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME May Elena Eley

(Residence in Baltimore: No. 2102 N. Charles St. St.; Life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feby 13 1878
(Month) (Day) (Year)

7-AGE, 41 yrs. 9 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Invalid for years
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Nathaniel J. Meginniss

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Eugenia Boyce

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas C. Eley

(Address) 2102 N. Charles St.

15- DEC 3 - 1916 HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 1, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1906, to Dec 1916, that I saw h[illegible] alive on Nov 30 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Multiple Sclerosis

of Spine

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) 1 yrs. mos. ds.

(Signed) W. P. [illegible] M. D.

Dec 2, 1916 (Address) 1 W. Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Loudon Park

DATE OF BURIAL. Dec 4, 1916

20-UNDERTAKER Eut. Mitchell & Co.

ADDRESS 120 W. Fayette

IMPORTANT—Cause of death must be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0115 HEALTH DEPARTMENT—CITY OF BALTIMORE D 0115

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2912 Harford Ave St.; 9 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis R Hanson

(Residence in Baltimore: No. 2912 Harford Ave St.; 4 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Dec 18, 1890 (Month) (Day) (Year)

7-AGE, 25 yrs. 11 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Painter
(b) General nature of industry, business, or establishment in which employed (or employer): Works for Father

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Louis W Hanson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ellen Moffet

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis W. Hanson.

(Address) 2912 Hayford Ave

15- DEC 3 - 1916

Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 1, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 25 1916, to Dec 1 1916, that I saw h[illegible] alive on Nov 30 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac & Renal Dysentery Relaxation

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) yrs. mos. 6 ds.

(Signed) C. A. Taylor M. D.

Dec 2., 1916. (Address) Brooklyn

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem — DATE OF BURIAL, Dec 3., 1916.

20-UNDERTAKER Robt. J Turner — ADDRESS 1742 Broadway

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0116 D 0116

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2019 Druid Hill Ave ST.; 14 WARD) REGISTERED NO. C

2-FULL NAME William Carroll

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2019 Druid Hill Ave St.; 69 yrs., 1 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Oct 3, 1847 (Month) (Day) (Year)

7-AGE, 69 yrs. 1 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Ex Soldier
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Samuel Carroll

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Susan Plater

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Carroll

(Address) 2019 Druid Hill Ave.

15- HARRY C. ANDREWS

Filed DEC 3 — 1916 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 30, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 26 1916, to Nov 30 1916, that I saw h— alive on Nov 30 1916, and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Age Exhaustion

(Duration) yrs. mos. ds.

(Signed) Wm H. Wright M. D.

Nov 30, 1916 (Address) 1218 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn Cemetery

DATE OF BURIAL. Dec. 3., 1916

20-UNDERTAKER Geo. H. Holland

ADDRESS 917 Robert St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172 D 0117

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 839 Lanvale St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis A. Smith.

(Residence in Baltimore: No. 839 Lanvale St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year)

7-AGE. 87 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James Brown

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Katie Kelly

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Bowyer

(Address) 839 Lanvale St.

15- Filed DEC 3 - 1916, 191.. HARRY C. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 30th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 16th 1916, to Nov. 30th 1916, that I saw he alive on Nov. 30th 1916, and that death occurred, on the date stated above, at 11 5 p. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Accidental Fall down Cellar on Floor of Bathroom (Duration) ..... yrs. ..... mos. 1/2 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia (Duration) ..... yrs. ..... mos. 7 ds.

(Signed) A. Lee Ellis M. D.

12/2, 191.6 (Address) 1727 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, ..., 191..

20-UNDERTAKER John A. Pairo — ADDRESS 1117 Pennsylvania Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0118

92

D 0118

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 Ashland Ave ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. Nelson Sutton

(Residence in Baltimore: No. 1203 Ashland Ave St.; 53 yrs., 4 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 21 (Day), 1863 (Year)

7-AGE, 53 yrs. 4 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm Sutton

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Elizabeth Jenkins

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Louisa Sutton

(Address) 1203 Ashland Ave

15- Filed DEC 3 - 1916, 191.....

HARRY C. [illegible]
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 25 1916, to Dec 1 1916, that I saw him alive on Nov 30 1916, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Ulcer Pancreas

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Dilation of Heart

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas Phillips M. D.

DEC 1, 1916 (Address) 1419 Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery

DATE OF BURIAL, Dec 4, 1916

20-UNDERTAKER Christian Miller

ADDRESS 2334 Johnson St

Be sure to write plainly, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0119

CERTIFICATE OF DEATH.

15 V

D 0119

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1306 Edmondson Ave St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amy Dorothy Davis

(Residence in Baltimore: No. 1306 Edmondson Ave St.; yrs., mos. 1 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH. Dec 2, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 1 da.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of Industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Howard B Davis

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Amy M Culbertson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard B Davis

(Address) 1306 Edmondson Ave

15- Filed DEC 4 - 1916, 191 ROBERT B. KRAUTER Registrar.

Burial Permit 01071

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Dec 3, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 2 1916, to Dec 3 1916, that I saw her alive on Dec 2 1916, and that death occurred, on the date stated above, at 6.30 a m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(Duration) ..... yrs. ..... mos. 1 da.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) H L Roland M. D.

Dec 3, 1916. (Address) 814 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Woodlawn Cem. DATE OF BURIAL. Dec 4, 1916

20-UNDERTAKER McLean-Jones ADDRESS 833 Linden Ave

CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0120

CERTIFICATE OF DEATH.

1/3 D 0120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2806 Overland Ave St.; Montebello 9 Ward)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick G. Linck

(Residence in Baltimore: No. 2806 Overland Ave Montebello 52nd St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 9th (Day), 1847 (Year)

7-AGE, 69 yrs. 6 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Mfger.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Chas. C. Linck

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Friederike Rapp

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma K. Linck

(Address) 2806 Overland Ave

15- Montebello Park.

FILED DEC 4 - 1916 ROBERT P. KRAUTER Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 2nd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 6 1916, to Dec 2 1916, that I saw h.. alive on Dec 1 1916, and that death occurred, on the date stated above, at 4:45 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver

(Duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Carcinoma of

Pulmonary oedema (Duration) ..... yrs. ..... mos. 15 ds.

(Signed) Chas. Simmons M. D.

Dec 7, 1916 (Address) Lauraville Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park Cemetery	Dec 5, 1916
20-UNDERTAKER	ADDRESS
Mr & Mrs John H. Feigel	801 N. Fayette St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0121
1 PLACE OF DEATH

CERTIFICATE OF DEATH.

79 D 0121
REGISTERED No. C

CITY OF BALTIMORE (No. 1213 Plum Alley. St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia C.Gerlach.

(Residence in Baltimore: No. 1213 Plum Alley. St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female.	White.	Married.

6-DATE OF BIRTH, March 21st. 1860., /
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
56 yrs. 8 mos. 11 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Co.Md.

PARENTS.

10-NAME OF FATHER: George Hess.

11-BIRTHPLACE OF FATHER (State or Country): Germany.

12-MAIDEN NAME OF MOTHER: Do not know.

13-BIRTHPLACE OF MOTHER (State or Country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Charles Gerlach.(husband)
(Address) 1213 Plum Alley.

15- DEC 4- 1916
Filed ....., 191.... ROBERT R. KRAUTER
Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 2nd. 1916., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry.
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart.

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) ....
(Duration) ....yrs....mos....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)
Dec,2,1916. (Address) 1017 S.Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?....
Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Trinity Cemetery	Dec 4, 1916
20-UNDERTAKER	ADDRESS
Wm Cook	502 E. Northd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0122

CERTIFICATE OF DEATH.

47 D 0122

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2119 Mayer ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Gregor

(Residence in Baltimore: No. 2119 Mayer St.: 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH. May 5, 1894. (Month) (Day) (Year)

7-AGE. 22 yrs. 6 mos. 27 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER. John Gregor

11-BIRTHPLACE OF FATHER (State or Country). Moravia

12-MAIDEN NAME OF MOTHER Anna Potulka

13-BIRTHPLACE OF MOTHER (State or Country). Moravia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline Gregor

(Address) 2119 Mayer st

15- Filed DEC 4 - 1916, 191... Burial Permit Issued. Registrar. ROBERT B. KRAUTER

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. December 2, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1916, to Dec 2 1916, that I saw h[illegible] alive on Dec 2 1916, and that death occurred, on the date stated above, at 7 20 a.m.

The CAUSE OF DEATH* was as follows:

Acute Articular Rheumatism

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) 1 yrs. ....mos. 1 ds.

(Signed) Alex S. Lagle M. D.

12/2/16 191... (Address) 709 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Oak Hill Cem	Dec 5, 1916.
20-UNDERTAKER William Cook	ADDRESS 502 E North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 D 0123

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2802 Woodbrook ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick J Wicke

(Residence in Baltimore: No. 2802 Woodbrook St.: 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Dec (Month) 28 (Day), 1857 (Year)

7-AGE, 64 yrs. 11 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer): Employer

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frederick Wicke

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Christina Luckan

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth K Wicke

(Address) 2802 Woodbrook

15- Filed DEC 4 - 1916 ROBERT B. KRAUTER Registrar

Burial Permit Clerk

Dr Cox Sutton + Loveland

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 1 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1 1916, to Dec 1 1916, that I saw h[illegible] alive on Dec 1 1916, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Intramural Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Carcinoma of Bladder

(Duration) yrs. Intense mos. ds.

(Signed) Isadore H Cox M. D.

12-3, 1916 (Address) Harwood Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery — DATE OF BURIAL, Dec 3, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0124

CERTIFICATE OF DEATH.

64 D 0124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 S. Chester ST.; ..... WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles J. Grasmick

(Residence in Baltimore: No. 307 S. Chester St.; 64 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, April 22, 1871.
(Month) (Day) (Year)

7-AGE, 45 yrs. 7 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): On Boat

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. John Grasmick

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Mat Knabe

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leo. Grasmick

(Address) 307 S. Chester St.

15- Filed DEC 4 - 1916 ROBERT R. KRAUTER, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) 2 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from 12 - 1 - 1916, to 12 - 1 - 1916, that I saw h[illegible] alive on 12 - 1 - 1916, and that death occurred, on the date stated above, at 12:40 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F E Bailey M. D.

12: 3, 1916 (Address) 111 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oak Lawn	12-5, 1916
20-UNDERTAKER	ADDRESS
H. Sanders & Son	1715 Eutaw St

Spec.—5-19-13—M. & T.—500 Bks.

D 0125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 0125

1-PLACE OF DEATH. CITY OF BALTIMORE: (No. #42 Caverton Road St.; 20 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva Hastmann

(Residence in Baltimore: No. 42 Caverton Road St.; 40 yrs. — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 24, 1860 (Month) (Day) (Year)

7-AGE, 66 yrs. 6 mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Charles Gonoll

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) August Hastmann

(Address) 38 Garrison Lane

15- Filed DEC 4 - 1916 ROBERT B. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 2, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1916, to Dec 2 1916, that I saw her alive on Dec 1 1916, and that death occurred, on the date stated above, at 12 06 m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(Duration) yrs. 8 mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Raymond S. Flamm M. D.

Dec 2, 1916. (Address) 841 Winans

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Dec 4th, 1916

20-UNDERTAKER J B Wagner

ADDRESS 738 Fredk Ave

HEALTH DEPARTMENT--CITY OF BALTIMORE.

D 0126

CERTIFICATE OF DEATH

28 D 0126

REGISTERED No. C .....

1-PLACE OF DEATH 2022 E Lanvale

CITY OF BALTIMORE (No. 2022 St.; or WARD)

2-FULL NAME Michael J. Carrigan

(Residence in Baltimore: No. 2022 E Lanvale St St.; yrs. mos. ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July 14 (Month) 14 (Day) 1885 (Year)

7-AGE: 31 yrs. 4 mos. 18 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): Driver Brewery.

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Patrick J Carrigan

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Bridget Brady

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary E. Zimmerman

(Address) 2022 E Lanvale St.

15-DEC 4 - 1916 Filed ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec 2, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1916, to, Dec 2, 1916 that I saw h alive on Dec 2, 1916 and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

indefinite

(Duration) yrs. mos. ds

Contributory (SECONDARY) Insanity

indefinite

(Duration) yrs. mos. ds.

(Signed) Edd Hayward M. D.

Dec 3, 1916 (Address) 838 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Cross

DATE OF BURIAL: Dec 5, 1916

20-UNDERTAKER: Wm J Schaaff

ADDRESS: 8 S Front St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0127.

CERTIFICATE OF DEATH.

91 D 0127.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 N Stockton ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Edward Bailey

(Residence in Baltimore: No. 1324 N Stockton St St.: ....yrs.. 7 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, ... April (Month) 25 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 7 mos. 9 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, William P. Bailey

11-BIRTHPLACE OF FATHER (State or Country), Accomac Co Va.

12-MAIDEN NAME OF MOTHER Elizabeth Smallwood

13-BIRTHPLACE OF MOTHER (State or Country) Charles Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William P. Bailey

(Address) 1324 N Stockton St

15- Filed DEC 4 - 1916 ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 27 1916, to Dec 4 1916, that I saw h.m alive on Dec 3 1916, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

.....(a) Broncho Pneumonia.....

..... (Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) E. Williams M. D.

Dec 4, 1916 (Address) 1925 Pentra Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Leakin | DATE OF BURIAL, Dec 6, 1916

20-UNDERTAKER Laurence Cowgill | ADDRESS 1347 Carey

important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0128

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

578

D 0128

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital St. 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Karl August Boucsein

(Residence in Baltimore: No. 431 N Gay street St.: 52 yrs. 5 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: June (Month) 30 (Day), 1864 (Year)

7-AGE: 52 yrs. 5 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Jeweler
(b) General nature of industry, business, or establishment in which employed (or employer): Storekeeper

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Louis Boucsein

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Otto

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Raoul Card

(Address) Mercy Hospital

15. Filed DEC 4 - 1916 ROBERT E. KRAUTH Burial Permit CLERK REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December (Month) 2 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1916, to December 1916, that I saw him alive on December 2, 1916, and that death occurred, on the date stated above, at 9 P. m. The CAUSE OF DEATH* was as follows:

Myocarditis
Dilatation of the right ventricle.
(Duration) yrs. 9 mos. ds

Contributory (SECONDARY) Uraemia pulmonum
(Duration) yrs. mos. 1 ds.

(Signed) Dr. A. H. A. Meyer M. D.

XII. 2., 1916 (Address) 2438 Cedar Place.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. 14 ds. In the State ..... yrs. 5/6 mos. ..... ds.
Where was disease contracted, if not at place of death? Unknown
Former or usual residence 431 N. Gay St.

19-PLACE OF BURIAL OR REMOVAL: London Park Cem. DATE OF BURIAL: Dec 5, 1916

20-UNDERTAKER: J. Herring & Co ADDRESS: 2007 Aliceanna

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0129

CERTIFICATE OF DEATH.

1917 D 0129

REGISTERED No. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 725 S Bond ST. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Johnson

(Residence in Baltimore: No. 111½ N Dallas St

St.; yrs., 4 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, ~~July~~ ~~28~~ 20, 1881
(Month) (Day) (Year)

7-AGE, 35 yrs. 7 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saloon K
(b) General nature of industry, business, or establishment in which employed (or employer): Lumbagard

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James S Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER ~~Mary~~ Meyers

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James S. Johnson

(Address) 111½ N. Dallas St

15 DEC 4 - 1916 ROBERT R. KRAUTER

Filed ....., 191.... Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an myself (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said myself (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicidal Shooting

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Hemorrhage Lungs

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry Ryan Smith M. D.
(Coroner)

Dec 4, 191 6 (Address) 1610 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Albany Cem.	Dec ....., 19....

20-UNDERTAKER	ADDRESS
Henry A Dodrey	1725 Aliceanna St

D 0130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169 D 0130

REGISTERED NO. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. Brown's Wharf & Caroline St. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Joseph Bennett

(Residence in Baltimore: No. 106 Aglan St. St.; yrs. 10 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, Unknown (Month), (Day), 1883 (Year)

7-AGE, 33 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Saloon (b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown Bennett

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nannie Robinson

(Address) 406 Aglan St

15-

Filed DEC 4 - 1916 191

ROBERT B. KRAUTH

Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 3, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation, (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to he death on the day stated above.

The CAUSE OF DEATH* was as follows:

a. Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry Lyon Smith M. D. (Coroner.)

Dec 3, 1916 (Address) 1610 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Millers Whf. St. Marys Co. Md. DATE OF BURIAL, Dec 5, 1916

20-UNDERTAKER John H. Toadvine ADDRESS 142 W. Hill St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0131

CERTIFICATE OF DEATH.

37 D 0131

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1515 Light St. St.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. Edgar Wagner.

(Residence in Baltimore: No. 1515 Light St, St.; ..... yrs., 1 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Oct 12, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. 1 mos. 22 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, Geo. W. Wagner

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md.

12-MAIDEN NAME OF MOTHER Dorothy Wagner

13-BIRTHPLACE OF MOTHER (State or Country), Annapolis

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dorothy Wagner

(Address) 1515 Light St.

15-

Filed DEC 4 - 1916, 191

ROBERT B. KRAUTER
Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 2, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 6 1916, to Dec 2 1916, that I saw him alive on Nov 29 1916, and that death occurred, on the date stated above at 7.40 a, m.

The CAUSE OF DEATH* was as follows:

..... Lobar Pneumonia
..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

Dec 3, 1916 (Address) 621 Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Anns Cem Annapolis Md

DATE OF BURIAL, Dec 4, 1916

20-UNDERTAKER D. J. M. L. Flynn

ADDRESS 1422 Light St

Cause of death to be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 0132

CERTIFICATE OF DEATH

172 D 0132

1 PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 1228 Argyle Ave St.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Hamilton

(Residence in Baltimore: No. 1228 Argyle Ave St.: ... yrs. Life ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	Colored	Single

6-DATE OF BIRTH Feb 5, 1889 (Month) (Day) (Year)

7-AGE 27 yrs. 9 mos. 26 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Pd Computation

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Willis Hamilton

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Fannie Carter

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Hamilton

(Address) 1228 Argyle Ave

15 DEC 4 - 1916 — ROBERT R. KRAUTER, Registrar of Burial Permits, Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Dec 1 (Month) 1 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 27 1916, to Dec 1 1916, that I saw h[illegible] alive on Dec 1, 1916, and that death occurred, on the date stated above, at 10:30 p m.

The CAUSE OF DEATH* was as follows:

Acute Meningitis

Accidental (Duration) ..... yrs. ..... mos. 8 ds

Contributory (SECONDARY) Fall down stairs

Duration: ..... yrs. 1 mos. ..... ds.

(Signed) J. C. Stewart M. D.

Dec 3 1916 (Address) 1023 Argyle Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. — In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: mountauburn cemetery — DATE OF BURIAL: Dec 4th 1916

20-UNDERTAKER: John H Stadmyer — ADDRESS: 142 Hill

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0133

CERTIFICATE OF DEATH.

5 79 D 0133

REGISTERED NO. (

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.) 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Reed

(Residence in Baltimore: No. Lansing House, Front Fayette St.) 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Aug 25, 1858
(Month) (Day) (Year)

7-AGE, 58 yrs. 3 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer) "

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, William H Reed

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Harriet Ackland

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp.

(Address) Calvert St.

15- DEC 4 - 1916

Filed ....., 191...

ROBERT R. KRAUTER
Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 28, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 25 1916, to Nov 28 1916, that I saw h[illegible] alive on Nov. 28 1916, and that death occurred, on the date stated above, at 3.30 a. m.

The CAUSE OF DEATH* was as follows:

Aortic & Mitral Regurgitation

Chronic Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward A. Smith M. D.

Nov 28 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. 3½ mos. ds. In the State 50 yrs. mos. ds.

Where was disease contracted, if not at place of death? Lansing House

Former or usual residence Lansing House

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL
Commissioner Health.

important. See instructions on back of certificate.

This property contains information which may be property [illegible]. Exact statement of OCCUPATION is very

D 0134

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

105

D 0134

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 617. S. Chapple ST. 3rd WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Felix Christian

(Residence in Baltimore: No. 617. S. Chapple St.: 40 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Don't know (Month), 1 (Day), (Year)

7-AGE: 61 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Pickler
(b) General nature of industry, business, or establishment in which employed (or employer): Schlegels Pickling Plant.

9-BIRTHPLACE (State or country): German Poland.

PARENTS

10-NAME OF FATHER: Don't know

11-BIRTHPLACE OF FATHER (State or country): German Poland.

12-MAIDEN NAME OF MOTHER: Don't know.

13-BIRTHPLACE OF MOTHER (State or country): German Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Rosa Cristian.

(Address): 617 S. Chapel St

DEC 4 - 1916 Filed ....., 191

ROBERT R. KRAUTER REGISTRAR

Burial Permit 0578

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 1 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 30, 1916, to. December 1 1916, that I saw him alive on November 30, 1916, and that death occurred, on the date stated above, at 8.0 m.

The CAUSE OF DEATH* was as follows:

Acute Diarrhoea

(Duration) — yrs. — mos. 6 ds

Contributory (SECONDARY): Exhaustion

(Duration) — yrs. — mos. 2 ds.

(Signed) Frederick E. Hoover M. D.

December 1916 (Address) 112. Broadway E.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Stanislaus. DATE OF BURIAL: Dec 5" 1916.

20-UNDERTAKER: M F. Sadowski. ADDRESS: 905 S. Ann St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0135

CERTIFICATE OF DEATH.

120 D 0135

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 N. Washington ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel L. McCahan

(Residence in Baltimore: No. 10 N. Washington St. St.; 79 yrs., mos. 3 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH Dec. 1st, 1837.
(Month) (Day) (Year)

7-AGE 79 yrs. mos. 3 da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plumber
(b) General nature of industry, business, or establishment in which employed (or employer): Journeyman

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Daniel McCahan

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary Donnelly

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Fannie McCahan

(Address) 10 N Washington St

15-

Filed ..... 191.....

DEC 4 - 1916

ROBERT P. KRAUTH
Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 3, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 1916, to December 3, 1916, that I saw him alive on December 3 1916, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

of Chronic nephritis

(Duration) ..... yrs. ..... mos. 3 da.

CONTRIBUTORY (Secondary) Uraemia

(Duration) ..... yrs. ..... mos. 7 da.

(Signed) G. G. Kraak M. D.

Dec 4, 1916 (Address) 2000 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Dec 6, 1916.

20-UNDERTAKER J. J. Keenan Son — ADDRESS 407 Holliday St.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks. Evan Hoyhlop

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0136

CERTIFICATE OF DEATH.

92 D 0136

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 S Ellwood Ave WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evan Hoyhlop

(Residence in Baltimore: No. 1213 S. Ellwood Ave St.; 6 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Nov (Month) 1 (Day), 1916 (Year)

7-AGE, yrs. mos. 23 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Paul Hoyhlop

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Alexandra Wasiowicz

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Paul Hoyhlop

(Address) 1213 S. Ellwood Ave

15-

Filed DEC 4 - 1916 ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 2nd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 28 1916 to Nov 30th 1916, that I saw her alive on Nov. 30th 1916, and that death occurred, on the date stated above, at 1130 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. Alexander M. D.

Dec 4, 1916 (Address) 727 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Thomas Cem

DATE OF BURIAL. Dec 7, 1916

20-UNDERTAKER Stephen Falkowski

ADDRESS 1019 Ellwood Ave

important. See instructions on back of certificate.

D 0137

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0137

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 919 N. Linden St. 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elias Schmidt

(Residence in Baltimore: No. 2211 Eutaw Place. 64 Yrs. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Oct. 23, 1850
(Month) (Day) (Year)

7-AGE, 66 yrs. 1 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Foreman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balt., Md.

PARENTS.

10-NAME OF FATHER, Joseph Schmidt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Engel

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Engel

(Address) 2013 N. Patterson Ave.

15- Filed DEC 4 - 1916 191 ROBERT R. KRAUTER Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 3, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxiation as the result of Illuminating Gas

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

Dec 5, 1916 (Address) 819 E. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence Home

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet DATE OF BURIAL, Dec 5, 1916

20-UNDERTAKER Harold Sondheim ADDRESS 118 N. Mt. Royal

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

109 D 0138

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Novak

(Residence in Baltimore: No. 701 N Port St St.; 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word.)
Female	white	Married

6-DATE OF BIRTH, Oct (Month) 13 (Day) 1860 (Year)

7-AGE, 56 yrs. 1 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Jos. Unknown

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Novak

(Address) Harford & Dobler Ave

Filed DEC 4 - 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clark

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 2 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 5 1916, to Dec 2 1916, that I saw her alive on Dec 2 1916 and that death occurred, on the date stated above, at 5.15 a. m.

The CAUSE OF DEATH* was as follows:

Ch. Diffuse Nephritis

Dropsy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Cyst & Glandular Hernia

(Duration) 1 yrs. mos. ds.

(Signed) Edward P. Lund M. D.

Dec 2, 191.. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 27 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 701 N. Port St

Former or usual residence 701 N Port St

19-PLACE OF BURIAL OR REMOVAL. Oak Hill Cem. DATE OF BURIAL. Dec 5, 1916

20-UNDERTAKER Philip Henrig ADDRESS 2066 Aisquith

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0139

CERTIFICATE OF DEATH.

91 D 0139

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322 Pennsylvania ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph S Schwartzman

(Residence in Baltimore: No. 1322 Pennsylvania St.: 28 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Unknown (Month) (Day), 1870 (Year)

7-AGE, 46 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cant.
(b) General nature of industry, business, or establishment in which employed (or employer): Dresser

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs L. Schwartzman

(Address) 1322 Penn Ave

15-

Filed DEC 4 - 1916 ROBERT R. KRAUTER

DEC 4 - 1916 191 Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 2nd 1916, to Dec 4th 1916, that I saw him alive on Dec 4th 1916, and that death occurred, on the date stated above, at 5 30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) No further history

(Duration) yrs. mos. ds.

(Signed) Burwell Fauci M. D.

12/4, 1916 (Address) 746 Dolphin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Hebrew Rosedale

DATE OF BURIAL. 12/5, 1916

20-UNDERTAKER Jack Levin

ADDRESS 1411 E Baltimore

Special care and attention to be given to the filling out of the data relative to OCCUPATION as very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0140 HEALTH DEPARTMENT—CITY OF BALTIMORE

× 42 D 0140

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Washington apts ST.; 11 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Corinne Luisita Kirley

(Residence in Baltimore: No. Washington Apts St.; ..... yrs., 7 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, November 1, 1880.
(Month) (Day) (Year)

7-AGE, 36 yrs. 1 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Rochester NY.

PARENTS.

10-NAME OF FATHER, Andrew J Kirley

11-BIRTHPLACE OF FATHER (State or Country), Rochester NY.

12-MAIDEN NAME OF MOTHER Luisita Barbraw

13-BIRTHPLACE OF MOTHER (State or Country), Rochester NY.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J Finnesbury

(Address) Chesapeake Bldg

15- Filed DEC 4 - 1916 HARRY C. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 4, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 24 1916, to Dec. 4 1916, that I saw h er alive on Dec 4 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix
Pathological
two years
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Metastasis Lung
Carcinoma (Duration) about two months yrs. ..... mos. ..... ds.

(Signed) William Neil, Jr. M. D.

12-4-16 191... (Address) 145 E Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 4 mos. ..... ds. In the State ..... yrs. 7 mos. ..... ds.

Where was disease contracted, if not at place of death? Don't know.

Former or usual residence Clear Water Fla.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Sepulchre Cemetery Baltimore	12-5-, 1916

20-UNDERTAKER Henry W Jenkins Sons Co ADDRESS Orchard & McCulloh St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0141

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0141

CERTIFICATE OF DEATH.

REGISTERED No. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 W. Lexington St.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 19.)

2-FULL NAME Arthur G. Jackson

(Residence in Baltimore: No. 1207 W. Lexington St.: Life tenant (Owner, tenant or lodger.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Nov (Month) 22 (Day), 1850 (Year)

7-AGE. 66 yrs. 11 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Express Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Arthur Jackson

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Mary Gray

13-BIRTHPLACE OF MOTHER (State or Country). New York City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Arthur G. Jackson

(Address) 1207 W. Lexington St.

15-

Filed DEC 4 - 1916 191.... HARRY C. REBBER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec (Month) 3 (Day), 1916. (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 1 1914, to Dec 3 1916, that I saw him alive on Dec 3 1916, and that death occurred, on the date stated above, at 9-21 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) about 2 yrs. 4 mos. 7 ds.

CONTRIBUTORY (Secondary) None

(Duration) 4 yrs. 6 mos. 5 ds.

(Signed) Henry C. White M. D.

Dec. 3, 1916. (Address) 1203 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park

DATE OF BURIAL. Dec 5, 1916

20-UNDERTAKER George J. Smith

ADDRESS 1000 W. Fayette St

important. See instructions on back of certificate.

D 0142 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 D 0142

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1114 E Chapel St. ST.: 1 WARD) (Poole)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Winter S. Poole

(Residence in Baltimore: No. 2322 Frederick Ave St.: 34 yrs., - mos. - ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, July 5 1854
(Month) (Day) (Year)

7-AGE, 62 yrs. 4 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Insurance agt
(b) General nature of industry, business, or establishment in which employed (or employer)..... Peerless Life Ins Co

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, Benjamin Poole

11-BIRTHPLACE OF FATHER (State or Country) Md

12-MAIDEN NAME OF MOTHER Anna Berger

13-BIRTHPLACE OF MOTHER (State or Country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William F. Poole

(Address) 2322 Frederick Ave

15-

Filed DEC 4 - 1916, 191.. HARRY C. ... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 3, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said investigation
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Henry Lyell Duncan M. D.
(Coroner.)

Dec 4, 191.6 (Address) 1610 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem — DATE OF BURIAL, Dec 6, 1916

20-UNDERTAKER Joseph B. Cook — ADDRESS 1103 W. Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0143

HEALTH DEPARTMENT—CITY OF BALTIMORE

79 D 0143

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Mc Carthy

(Residence in Baltimore: No. Little Sisters of the Poor St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Wid

6-DATE OF BIRTH, December 1, 1841
(Month) (Day) (Year)

7-AGE, 75 yrs. 3 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Redmond Mc Carthy

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Sarah Montagh

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Little Sisters of the Poor

(Address) Sisters Benedict

15- DEC 4 - 1916 Filed....., —191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 4th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 25 191, to 191, that I saw him alive on Dec 3 1916, and that death occurred, on the date stated above, at 4 20 P.M.

The CAUSE OF DEATH* was as follows:

Valvular Disease of heart

1 m known (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dropsy

(Duration) yrs. mos. ds.

(Signed) H. M. Warner M. D.

Dec 4, 1916 (Address) 133 Valley St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 9 yrs. 4 mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Dec. 7, 1916.

20-UNDERTAKER John Heavran. ADDRESS 901 Hollins St

important. See instructions on back of certificate.

important. See instructions on back of certificate. Entry of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Blks.

D 0144

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0144

CERTIFICATE OF DEATH.

1 170

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 3105 Oakfield St. 45 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Magdalena Mennmert

(Residence in Baltimore: No. 3105 Oakfield Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	white	W. Dow

6-DATE OF BIRTH, April 29, 1826
(Month) (Day) (Year)

7-AGE, 90 yrs. 7 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Rominger Mennmert

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick A. Mennmert

(Address) 3105 Oakfield Ave

15- DEC 4 - 1916 HARRY C. ANDREWS
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 3rd, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1916, to Dec 3 1916, that I saw h... alive on Dec 1 1916, and that death occurred, on the date stated above, at 4:20 p.m.

The CAUSE OF DEATH* was as follows:

.....
(Aortic Regurgitation)
.....
..... (Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchitis (Chronic)
..... (Duration) yrs. 3 mos. ds.

(Signed) [illegible] M. D.

Dec 3rd, 191.6. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	Dec 5th, 1916
20-UNDERTAKER	ADDRESS
Jos Josselson Son	207 S. Pea...

Spec.—5-19-13—M. & T.—500 Bks.

D 0145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 0145

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 N. Carrollton Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sydney Smith

(Residence in Baltimore: No. 717 N Carrollton Ave St.) 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: November 17th, 1881 (Month) (Day) (Year)

7-AGE: 35 yrs. — mos. 16 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Frederick Co, Va.

PARENTS.

10-NAME OF FATHER: Samuel Smith

11-BIRTHPLACE OF FATHER (State or Country): Frederick Co, Va

12-MAIDEN NAME OF MOTHER: Mary Sydenor

13-BIRTHPLACE OF MOTHER (State or Country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Sydenor M.D.

(Address) 717 N. Carrollton Ave

15-

Filed DEC 4 - 1916, 191

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: December 3rd, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 3rd 1916, to Dec 3rd 1916, that I saw h[illegible] alive on Dec. 3rd 1916, and that death occurred, on the date stated above, at 8.35 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Apoplexy

(Duration) yrs. mos. 1 hr. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 3 yrs. mos. ds.

(Signed) Howard Sydenor M. D.

Dec 4th, 1916. (Address) 717 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem

DATE OF BURIAL: Dec. 6., 1916

20-UNDERTAKER: Jos Sanders & Son

ADDRESS: 217 S. Pac

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0146

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0146

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME August Zuckle

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... Unknown (Month) ..... (Day), 1892 (Year)

7-AGE,	If LESS than 1 day,
24 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Georgia

PARENTS.

10-NAME OF FATHER, August Zuckle

11-BIRTHPLACE OF FATHER (State or Country), Georgia

12-MAIDEN NAME OF MOTHER P. Schwartz

13-BIRTHPLACE OF MOTHER (State or Country), Georgia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hosp. Records

(Address) Lombard and Greene Sts

15- DEC 4 - 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 3, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 24 1916, to Dec. 3 1916, that I saw him alive on Dec. 3 1916, and that death occurred, on the date stated above, at 11:40 P. m.

The CAUSE OF DEATH* was as follows:

Peritonitis following intestinal perforation. Operation & Laparotomy with drainage. About 30 hours.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Typhoid Fever

(Duration) About 3 weeks. yrs. ..... mos. ..... ds.

(Signed) C. S. Hall M. D.

Dec. 3, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 10 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown.

Former or usual residence Finksburg, Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Dunbar Md.	Dec. 5th, 1916

20-UNDERTAKER	ADDRESS
Joseph B. Cook	603 W. Balto St.

important. See instructions on back of certificate. ... of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0147

CERTIFICATE OF DEATH.

44 D 0147

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 131-W. Mt Royal Ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ulrich

(Residence in Baltimore: No. 131- W. Mt. Royal ave St.; 52 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, June (Month) 9th (Day) 1856 (Year)

7-AGE,	If LESS than 1 day,
60 yrs. 5 mos. 24 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), New Jersey

PARENTS.

10-NAME OF FATHER, Patrick McCormick

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Mary Dunnigey

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frederick W. Ulrich

(Address) 131 W. Mt Royal Ave

15- Filed DEC 4 - 1916, 191..... HARRY C. ALTHOUSE Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 3rd (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1916, to Dec. 3 1916, that I saw h[illegible] alive on Dec 1st 1916, and that death occurred, on the date stated above, at 7:40 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of face

..... (Duration) 7 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Carcinoma (Epithelial)

..... (Duration) 2 yrs. — mos. — ds.

(Signed) Albert Cullen M. D.

Dec 4, 1916. (Address) 1303 Mad ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral	Dec 5 ....., 191.6

20-UNDERTAKER	ADDRESS
H. M. Cauthorn	1624 Mt Royal ave.

important. See instructions on back of certificate.

D 0148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

D 0148

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 524 N. Pulaski ST. 20 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Stanley Rosser Still

(Residence in Baltimore: No. 524 N. Pulaski St.: 1 yrs. 1 mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: October 18th (Month) (Day), 1861 (Year)

7 AGE: 55 yrs. 1 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Mining Engineer
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Charlotte Co, Virginia

PARENTS

10 NAME OF FATHER: Rev James Gordon Still

11 BIRTHPLACE OF FATHER (State or country): Don't Know

12 MAIDEN NAME OF MOTHER: Eliz. Ann Pugh

13 BIRTHPLACE OF MOTHER (State or country): Charlotte Co Vir

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Walter F Emerson, son in Law
(Address) 524 N Pulaski St

15 Filed DEC 4 - 1916

16 HARRY C. ANDREWS
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec. (Month) 3rd (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1916 to Dec 3rd 1916, that I saw h[illegible] alive on Dec 3rd 1916, and that death occurred, on the date stated above, at 1.30 a.m.
The CAUSE OF DEATH* was as follows:

Tuberculous Pulmonalis
Tuberculous Peritonitis
(Duration) 2+ yrs. mos. ds

Contributory (SECONDARY) Exhaustion
(Duration) yrs. mos. ds.

(Signed) Dayton Cleary M. D.
12/4/16 191 (Address) 400 N Payson St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park. DATE OF BURIAL: Dec. 5 - 1916

20 UNDERTAKER: Geo. L. Schwab & Bro ADDRESS: 210 Lee & Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 0149

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0149

CERTIFICATE OF DEATH.

x147

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Haddaland.

(Residence in Baltimore: No. University Hosp. St.; yrs., mos. 28 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.) Married.

6-DATE OF BIRTH, Sept. (Month) 25 (Day), 1878 (Year).

7-AGE, 38 yrs. 2 mos. 9 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE. (State or Country), England.

PARENTS.

10-NAME OF FATHER, Wm Morton.

11-BIRTHPLACE OF FATHER (State or Country), England.

12-MAIDEN NAME OF MOTHER B. Hagoride.

13-BIRTHPLACE OF MOTHER (State or Country), England.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fred H. Haddaland

(Address) Suddlesville Md

15- DEC 4 - 1916 Filed, 191.. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) - 4 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from 11-6. 1916., to 12-4 1916, that I saw h-r alive on 12-4 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Septicemia 2 days.

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Septic Cellulitis

(Duration) yrs. 2 mos. ds.

(Signed) C. S. Hall M. D.

12/4, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State — yrs. — mos. 7 ds.

Where was disease contracted, if not at place of death? Suddlesville Md

Former or usual residence Suddlesville Md.

19-PLACE OF BURIAL OR REMOVAL, Suddlesville Md

DATE OF BURIAL, 12-[illegible], 1916.

20-UNDERTAKER H. R. Bramming Son

ADDRESS 517 S Edmondson St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0150

CERTIFICATE OF DEATH.

150 D 0150

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 326 S. High St. ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sylvia Boosoff

(Residence in Baltimore: No. 326 S. High Street St.; ..... yrs. 7 mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH August 4, 1916. (Month) (Day) (Year)

7-AGE, ... yrs. 4 mos. — da.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto. city Md

PARENTS.

10-NAME OF FATHER, Abraham Boosoff

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Lena Wax

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Baltost

15- Filed DEC 5 - 1916 ROBERT R. KRAUTH Registrar. Del. ..... Burial Permit .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 4, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 15 1916, to Dec 4 1916, that I saw her alive on Dec 4 1916, and that death occurred, on the date stated above, at 8:30 p. m.

The CAUSE OF DEATH* was as follows:

Congenital Hydrocephalus

(Duration) ..... yrs. (3) mos. ..... da.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) W. J. Baylus M. D.

Dec 4, 1916. (Address) 212 Fairmount Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Workmen circle

DATE OF BURIAL, 12/5, 1916.

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E. Balto St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0151

CERTIFICATE OF DEATH.

1920 D 0151

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 719 N. Durham ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Juda Williams

(Residence in Baltimore: No. 719 N. Durham St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, unknown, 1 (Month) (Day) (Year)

7-AGE, 70 yrs. ~ mos. ~ ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Newman White

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Blanche Williams

(Address) 719 N. Durham St.

15-DEC 5 - 1916 ROBERT R. KRAUTH

Filed....., 191.... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 2, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1916, to Dec. 1, 1916, that I saw h[illegible] alive on Dec. 1, 1916, and that death occurred, on the date stated above, at 2:30 p. m.

The CAUSE OF DEATH* was as follows: Interstitial Nephritis

(Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary) Apoplexy

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. C. Edmunds M. D.

Dec 2 p., 1916 (Address) 1520 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Dec. 5, 1916.

20-UNDERTAKER Charles B. Jones

ADDRESS 235 N. Pine St.

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0152 138 D 0152

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 Hanover St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna C Hirsch

(Residence in Baltimore: No. 1726 Hanover St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 14, 1898 (Month) (Day) (Year)

7-AGE, 17 yrs. 11 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Lawrence A Way

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Margaret A Roberts

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo F. Hirsch

(Address) 1726 Hanover St.

15- DEC 5 - 1916 191.... ROBERT R. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 4, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 3 1916, to Dec 4 1916, that I saw her alive on Dec 4 1916, and that death occurred, on the date stated above, at 11 30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Puerperal Eclampsia

(Duration) yrs. 2 mos. ds.

(Signed) R. R. Campbell M. D.

Dec 4, 1916 (Address) 1644 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery

DATE OF BURIAL, Dec 6, 1916

20-UNDERTAKER E. J. Fanning

ADDRESS 1460 Baltimore Ave

Important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0153

CERTIFICATE OF DEATH.

104 D 0153

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 426 Millington Lane ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph L. Shipley

(Residence in Baltimore: No. 426 Millington Lane St.; yrs., 3 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	single

6-DATE OF BIRTH, Sept (Month) 1 (Day), 1913 (Year)

7-AGE. yrs. 3 mon. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), maryland

PARENTS.

10-NAME OF FATHER. Alexander Shipley

11-BIRTHPLACE OF FATHER (State or Country). maryland

12-MAIDEN NAME OF MOTHER Ida Thomas

13-BIRTHPLACE OF MOTHER (State or Country), maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Shipley

(Address) 426 Millington st.

15- DEC 5 - 1916 Filed....., 191.... ROBERT R. KRAUTER Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Entero-Colitis

(Duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) 1 yrs. mos. 2 hrs

(Signed) James McKeever M. D.
(Coroner)

Dec 4. 1916 (Address) 700 E. Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Rudyard Cemetery Baltimore County Md

DATE OF BURIAL, Dec 6th 1916

20-UNDERTAKER F. O. Wiesefeller 2238 Frederick Ave

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0154

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0154

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 957 Gorsuch Ave. ST.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Rebecca Todd

(Residence in Baltimore: No. 957 Gorsuch ave. St.; .....yrs. .....mos. .....ds.)

Important. See instructions on back of certificate. Statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July 31, 1851
(Month) (Day) (Year)

7-AGE, 65 yrs. 4 mos. 2 ds.

If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Geo. W. Stone

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Martha Ford

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas C. Todd

(Address) 957 Gorsuch ave

15- DEC 5 - 1916 Filed ....., 191.... ROBERT B. KRAUTH Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 2, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from about 18 Mo, 191.., to ....., 191....., that I saw her alive on Dec 2- 1916....., and that death occurred, on the date stated above, at 5.30 P.m.

The CAUSE OF DEATH* was as follows:

.....

Sarcoma of breast

.....

about 18 Mo (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) —

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) H. G. Prentiss M. D.

Dec. 3, 1916. (Address) 634 Gorsuch ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park. DATE OF BURIAL, Dec 5, 1916.

20-UNDERTAKER E. M. Waterfall & Co ADDRESS 1201 W. Fayette

D 0155

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

81 D 0155

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 Whitelock St. St.) 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Vinton Shriner

(Residence in Baltimore: No. 1410 Whitelock St. St.; 24 yrs. mos. ds.)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: Nov. (Month) 12 (Day), 1852 (Year)

7-AGE: 64 yrs. 22 mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Brickmason
(b) General nature of industry, business, or establishment in which employed (or employer): Journeyman

9-BIRTHPLACE (State or country): Carroll Co. Md.

PARENTS

10-NAME OF FATHER: Isaac Shriner

11-BIRTHPLACE OF FATHER (State or country): Carroll Co. Md.

12-MAIDEN NAME OF MOTHER: Mary Valentine

13-BIRTHPLACE OF MOTHER (State or country): Carroll Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Annie Shriner

(Address) 14 10 Whitelock St.

15- Filed DEC 5 - 1916, 191 ROBERT B. KRAUTER Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December (Month) 4th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1916, to, Dec 4th 1916, that I saw him alive on Dec 4th 1916, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Arteria - Sclerosis

About (Duration) 2 yrs mos. ds.

Contributory (SECONDARY) (Duration) yrs mos. ds.

(Signed), E. G. Shower M. D.

Dec 5th 1916. [Address] 1224 N. Northwe

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Shermont Md. DATE OF BURIAL: Dec. 7th. 1916

20-UNDERTAKER: A.S.Marshall ADDRESS: 3539 Falls Road

D 0156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 0156

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 429 W. 26 St. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christian H. Hollenberg

(Residence in Baltimore: No. 429 W. 26-St. St.; yrs. 1 0 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male. 4-COLOR OR RACE, White. 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct. 5th, 1870 (Month) (Day) (Year)

7-AGE, 46 yrs. 1 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Street Cleaner

9-BIRTHPLACE, (State or Country), Md

PARENTS:

10-NAME OF FATHER, John Wollenburg.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER dont know

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Wollenburg.

(Address) 1739 N. Bond st.

15- Filed DEC 5 - 1916 191.... ROBERT B. KRAUTH Burial Permit Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 3, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart Disease

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Valvular Disease of Heart

(Duration) ... yrs. ... mos. ... ds.

(Signed) John H. Morrison M. D. (Coroner.)

Dec. 5, 1916 (Address) 7632 Roland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Dec. 5th 1916

20-UNDERTAKER George J. Ruth

ADDRESS 1735 Hayford ave.

important. See instructions on back of certificate.

D 0157

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0157

CERTIFICATE OF DEATH.

REGISTERED No. C 6 17

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 8t Josephs Hospital St.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida M Ritter

(Residence in Baltimore: No. 402 N Maderia st St.: yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, April 29 1853, 1 (Month) (Day) (Year)

7-AGE, 63 yrs. 7 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: H. W.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER, Henry Beckless

11-BIRTHPLACE OF FATHER (State or Country): MD

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or Country): MD

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Paul Ritter

(Address) 402 N. maderia st

15- Filed DEC 5 - 1916, 191... ROBERT E. KRAUTH, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 3 1916, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquity (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetis

Duration ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Fractured thigh

Duration ... yrs. ... mos. ... ds.

(Signed) ... M. D. (Coroner.)

Dec4 1916, 191... (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 4 ds. In the State 63 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 402 N. Maderia st

Former or usual residence 402 N Maderia st

19-PLACE OF BURIAL OR REMOVAL, Most Holy Redeemer Cemetery — DATE OF BURIAL, Dec 6, 1916

20-UNDERTAKER J. L. Evans & Sons — ADDRESS 14 & 18 S. Charles

CAUSE OF DEATH must explain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0158

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 D 0158

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1910 W Lombard St. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mollie Steidel

(Residence in Baltimore: No. 1910 W Lombard St. 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: July (Month) 3 (Day) 1877 (Year)

7 AGE: 39 yrs. 10 mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Columbia Pa.

PARENTS

10 NAME OF FATHER: Daniel Dietz

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: [illegible]

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Leonard Steidel

(Address) 1910 W Lombard St

15. ROBERT B. KRAUTZ

Filed DEC 5 - 1916 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: December (Month) 3 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1916, to December 2 1916, that I saw h-e alive on December 2nd 1916, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) A H Braeckle M. D.

Dec 4, 1916 (Address) 1328 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Dec 6, 1916

20 UNDERTAKER: George Lehmat & Bro — ADDRESS: 1101 Pratt St

IMPORTANT.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0159

CERTIFICATE OF DEATH.

65 D 0159

REGISTERED NO. C.....

1-PLACE OF DEATH W.

CITY OF BALTIMORE: (No. 767 - Mulberry St ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Johnson

(Residence in Baltimore: No. 767 Mulberry St St.; 3 yrs. ... mos. ... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Blk	Widowed

6-DATE OF BIRTH, ... Unknown (Month) ..... (Day), 1850 (Year)

7-AGE.	If LESS than 1 day,
66 yrs. — mos. — da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Steward
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Essex Co Va

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Loudan

(Address) 767 Mulberry St

15- Filed DEC 5 1916 191.. ROBERT R. KRAUTH Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec (Month) ..... 2 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 14th 1916, to Dec 2nd 1916, that I saw him alive on Dec 1st 1916, and that death occurred, on the date stated above, at 1.50 P. m.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis with Apoplexy

(Duration) 1 yrs. 10 mos. ... da.

CONTRIBUTORY (Secondary) Cerebral Softening

(Duration) ... yrs. ... mos. ... da.

(Signed) Gustav Goldman M. D.

Dec 4th, 1916. (Address) 656 W. Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	Dec 4, 1916
20-UNDERTAKER Samuel I Hawley	ADDRESS 578 W Bal

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0160

CERTIFICATE OF DEATH.

183 D 0160

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 203 N Arch St.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Nelson

(Residence in Baltimore: No. 203 Arch St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Col.	Single

6-DATE OF BIRTH Unknown (Month) (Day) 18 (Year)

7-AGE 44 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Nelson

(Address) 2 Girard Ave

15-

Filed DEC 5 - 1916 ROBERT T. KRAUTH

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 1. (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Wounds in neck Caused by Knife
Severing Carotid Artery & Jugular Vein
(Probable Homicide)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert D Bousell (Coroner) M. D.

Dec 3 1916 (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, Dec 5 1916

20-UNDERTAKER Samuel A Hunt ADDRESS 578 W Saratoga

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospital ST.: 18 WARD) 175 D 0161 REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chester A Leidner

(Residence in Baltimore: No. 193 Carrollton St.: yrs., 26 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	married

6-DATE OF BIRTH, Feb 14, 1890
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
26 yrs. 9 mos. 24 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Tob

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, George Leidner

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Emma Crosson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George F Leidner

(Address) 192 Carlton Ave

15- Filed DEC 5 - 1916 191 ROBERT E. KRAUTH Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture Base Skull
Accidentally Struck by auto
mobile
(Duration) yrs. mos. 1/2 hrs.

CONTRIBUTORY (Secondary) Hemorrhage Int. Brain
(Duration) yrs. mos. 1/2 hrs.

(Signed) James M Kenton (Coroner.) M. D.

Dec 4 1916 (Address) 700 E Lan

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 12 ds. In the State 26 yrs. mos. ds.

Where was disease contracted, if not at place of death? Con Balto & Calhoun St

Former or usual residence 193 S. Carrollton St

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Dec 6, 1916

20-UNDERTAKER John H Ewan & Son — ADDRESS 901 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0162

CERTIFICATE OF DEATH.

92 D 0162

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 W. West St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Coretter Watson

(Residence in Baltimore: No. 504 W West St. 11 yrs., 4 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Aug 3, 1905 (Month) (Day) (Year)

7-AGE, 11 yrs. 4 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Seandrew Watson

11-BIRTHPLACE OF FATHER (State or Country), Delaware

12-MAIDEN NAME OF MOTHER Mary Wright

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Watson

(Address) 504 W West St

15- DEC 5 - 1916 Filed....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 3, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 26 1916, to Dec 3 1916, that I saw h-er alive on Dec 2 1916, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Pleuro-Pneumonia

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) R. Miley Bruce M. D.

Dec 5, 1916 (Address) 729 E Fleet

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Dec 6, 1916

20-UNDERTAKER Jno H Tradium — ADDRESS 1453 Ashland Av

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0163

CERTIFICATE OF DEATH.

1920 D 0163

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 W 23 ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E. Raub

(Residence in Baltimore: No. 401 W. 23. St St.: 66 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dec 10, 1849.
(Month) (Day) (Year)

7-AGE, 66 yrs. 11 mos. 24 dys.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housework

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Samuel L. Fleming

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Elizabeth Tull

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Geo. L. Raub

(Address) 401 W. 23 St.

15- DEC 5 - 1916 Filed....., 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 4th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 19 1916, to Dec 4 1916, that I saw her alive on Dec 4 1916, and that death occurred, on the date stated above, at 1.20 P. m.

The CAUSE OF DEATH* was as follows:
Cerebral Coma

..... (Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration) ....yrs. 6 mos. ....ds.

(Signed) D. Revan M. D.

Dec 4..., 1916. (Address) 865 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore	Dec 6, 1916.
20-UNDERTAKER Wm. Cook	ADDRESS 502 E. Monument

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0164

CERTIFICATE OF DEATH.

79 D 0164

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. Hahnemann Gen. Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Way

(Residence in Baltimore: No. 2923 Guilford Ave St.; 65 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, [illegible], 1 ..... (Month) (Day) (Year)

7-AGE, abt 60 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Jacob Way

11-BIRTHPLACE OF FATHER (State or Country), Baltimore.

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Crump

(Address) 2923 Guilford Ave

15- DEC 5 - 1916 Filed ....., 191.. ROBERT E. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 3, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 28 1916, to Dec 3 1916, that I saw her alive on Dec 3, 1916, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart

2.

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Valvular Heart Disease

(Duration) 6 yrs. mos. ds.

(Signed) Geo. W. Winter M. D.

12/13, 1916 (Address) 2020 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence 2923 Guilford Ave.

19-PLACE OF BURIAL OR REMOVAL, Greenmount

DATE OF BURIAL, Dec 5th, 1916.

20-UNDERTAKER William Cook

ADDRESS 502 E. North Ave.

Important. See instructions on back of certificate.

D 0165

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 0165

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED NO. C 90

CITY OF BALTIMORE: (No. 1813 Braddish St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebeca Byrley

(Residence in Baltimore: No. 1813 Braddish St.; 3 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widowed

6-DATE OF BIRTH March 4 1845 (Month) (Day) (Year)

7-AGE 71 yrs. 9 mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Howard Co Md.

PARENTS

10-NAME OF FATHER John James

11-BIRTHPLACE OF FATHER (State or country) Dont Know

12-MAIDEN NAME OF MOTHER Mary Jenkins

13-BIRTHPLACE OF MOTHER (State or country)

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs E. Dixon

(Address) 1813 Braddish

15- DEC 5 - 1916 Filed ..... 191 ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Dec 4 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July, 1914, to, Dec 4 1916, that I saw h.r alive on Dec 4 1916, and that death occurred, on the date stated above, at 11½ a. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(Duration) 4 yrs. mos. ds.

Contributory (SECONDARY) Acute Dilatation

Heart (Duration) 2 yrs. mos. 1 ds.

(Signed) A. H. C. Keller M. D.

Dec 4 1916 [Address] 2357 Monroe St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL London Park

DATE OF BURIAL Dec 6th 1916.

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

TION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 0166

CERTIFICATE OF DEATH

92 D 0166

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1475 Homestead ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward McGann Sr

(Residence in Baltimore: No. 1475 Homestead St.; 45 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: Unknown (Month) ..... 1 (Day) ..... (Year)

7-AGE: 66 yrs. mos. ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Gardner
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: John McGann

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Callibins

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Margaret McGann

(Address) 1475 Homestead St

15- Filed DEC 5 - 1916 ROBERT R. KRAUTH REGISTRAR

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December (Month) 4 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1916, to, Dec 4 1916, that I saw him alive on December 4 1916, and that death occurred, on the date stated above, at 9.30 a m.

The CAUSE OF DEATH* was as follows:

Acute Lobular Pneumonia
Complicated with Heart Disease

(Duration) 3 yrs. mos ds.

Contributory (SECONDARY) Exhaustion

(Duration) yrs 6 Hours mos ds.

(Signed) F. Young Southwick M. D.

December 4, 1916 [Address] 1615 Gorsuch ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Dec. 7 191 C

20-UNDERTAKER: Cook & Simmons — ADDRESS: 1442 W Pratt

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0167

CERTIFICATE OF DEATH.

1920 D 0167

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 642 W Smith ave ST.; 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cornelius T. Davis

(Residence in Baltimore: No. 642 W Smithave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 19 (Month) (Day), 1864 (Year)

7-AGE, 52 yrs. 5 mos. 19 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): (Bags)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm J Davis

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Matilda McDonnell

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie V Davis

(Address) 642 W Smith ave

15-
Filed DEC 5 - 1916, 191.....
ROBERT B. KRAUTH
Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 3 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 3 1916, to Dec 3 1916, that I saw h[im] alive on Dec 3 1916, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) .... yrs. 11 mos. .... ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(Duration) .... yrs. 6 mos. .... ds.

(Signed) John R Abercrombie M. D.

Dec 4, 1916 (Address) 1316 N Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery

DATE OF BURIAL, Dec 5, 1916

20-UNDERTAKER Robt J Kunst

ADDRESS 1412 W Balto

Important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 0168

CERTIFICATE OF DEATH

78 D 0168

1-PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 658 Raborg St.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Wangus

(Residence in Baltimore: No. 658 Raborg St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Fem

4-COLOR OR RACE: Col.

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: unknown (Month) (Day), 1 (Year)

7-AGE: 22 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Thomas Wangus

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Clara Wangus

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas Wangus

(Address) 658 Raborg St.

15- Filed DEC 5 - 1916, 19... ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 2 (Day), 1916 (Year).

17. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1916, to, Dec 2 1916, that I saw her alive on Dec 2 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(Duration) yrs mos. 10 ds.

Contributory (SECONDARY) unknown

(Duration) yrs. mos. ds.

(Signed) H. S. McLeod M. D.

Dec 5, 1916 [Address] 2005 Druid Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Dec 5, 1916

20-UNDERTAKER: Geo J Corwin Jr — ADDRESS: 911 Hollins

Give CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—S-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0169

CERTIFICATE OF DEATH.

150 D 0169

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1247 James St, St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert & Lizzie Arbaugh

(Residence in Baltimore: No. 1247 James St, St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, December (Month) 3 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
....yrs....mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Robert Arbaugh

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Lillian Lobar

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Stone

(Address) 214 Myrtle ave

Filed DEC 5 - 1916 191.. ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 3 1916, to Dec 4 1916, that I saw h.. alive on Dec 4 1916, and that death occurred, on the date stated above, at 1.15 a. m.

The CAUSE OF DEATH* was as follows:

Malnutrition 3 days Marasmus 2 days

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Stephen A. Wallace M. D.

Dec 6, 191.. (Address) 327 Calhoun St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Peters Cem	Dec 6., 1916

20-UNDERTAKER Wm J. Tickner & Son | ADDRESS 1 & N. Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Mary Clisham

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0170

151

CERTIFICATE OF DEATH.

D 0170

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Clisham

(Residence in Baltimore: No. 602 N. Gilmor St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) ~~Single~~

6-DATE OF BIRTH, Dec. 2, 1916
(Month) (Day) (Year)

7-AGE, # yrs. # mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Joseph N Clisham

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Fitzgerald

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Clisham

(Address) 602 N Gilmor St

15- Filed DEC 5 - 1916 191... ROBERT R. KRAUTH Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 2 1916, to Dec 5 1916, that I saw ~~her~~ alive on Dec 5 1916, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

5

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward L Smith M. D.

Dec 5, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State Life yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 602 N Gilmor St

Former or usual residence 602 N Gilmor St

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Dec. 6, 1916

20-UNDERTAKER Tilly & Zeile ADDRESS 403 S Wolfe St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 D 0171

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2632 Frederick Ave St. 30 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minerva Turner.

(Residence in Baltimore: No. 2632 Frederick Ave St. 72 yrs., 7 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Single

6-DATE OF BIRTH. Sept (Month) 9th (Day), 1844 (Year)

7-AGE.	If LESS than 1 day,
72 yrs. 7 mos. 25 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE. (State or Country). Baltimore City Md.

PARENTS.

10-NAME OF FATHER. Charles Turner

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Eliza J. Price.

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Florence R. Howard

(Address) 1835 Guenmount Ave

15- Filed DEC 5 - 1916 HARRY C. ANDREWS Burial Permit Clerk

DEC 5 - 1916 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. December (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2 1916, to Dec 4 1916, that I saw her alive on December 4 1916, and that death occurred, on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Gastric Ulcer & Gastric Hemorrage (Duration) yrs. mos. 6 ds.

(Signed) Asa T. Wessels M. D.

Dec. 5., 1916. (Address) 2565 Frederick ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cem DATE OF BURIAL. Dec 7th, 1916

20-UNDERTAKER Joseph B Cook ADDRESS 1003 W Balto St

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 0172

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 0172

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 S. Regester ST.; V WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Conrad Landkowski

(Residence in Baltimore: No. 713 S. Regester St.; 24 yrs. 1 mos. 18 ds.)

Important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Oct (Month) 16" (Day), 1892 (Year)

7-AGE.	If LESS than 1 day,
24 yrs. 1 mos. 18 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER, Michael Landkowski.

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Guzanna Schuska.

13-BIRTHPLACE OF MOTHER (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Landkowski.

(Address) 713 S. Regester St.

15- Filed DEC 5 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 4th (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Nov. 29th, 1916, to Dec. 4th 1916, that I saw him alive on Dec. 3 1916, and that death occurred, on the date stated above, at 7½ a. m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) 1 yr. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) John H. Reiberger M. D.

Dec 4, 191... (Address) 1709 Aliceanna St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Dec. 7th, 1916.

20-UNDERTAKER W. F. Sadowski ADDRESS 905 S. Ann St

D 0173 HEALTH DEPARTMENT--CITY OF BALTIMORE 79 D 0173

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 1406 W Franklin St. 19 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Jesse Conway

(Residence in Baltimore: No. 1406 W. Franklin St.: 78 yrs. 1 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Oct 7, 1838 (Month) (Day) (Year)

7 AGE: 78 yrs. 1 mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Wm Conway

11 BIRTHPLACE OF FATHER (State or country): Don't Know

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (State or country): Don't Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Amanda Conway

(Address) 1406 W. Franklin St

15 Filed DEC 5 - 1916, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 3, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 26, 1916, to Dec 3 1916, that I saw him alive on Dec 3, 1916, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) Don't Know yrs. mos. ds

Contributory (SECONDARY) Organic Heart Dis. & Senility

(Duration) Don't Know yrs. mos. ds

(Signed) [illegible] M. D.

Dec 5, 1916 (Address) 242 N Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Dec 7, 1916

20 UNDERTAKER: Chas. E. Franck — ADDRESS: 802 Madison

A correct statement of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 1 D 0174

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 S. Mederia ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George L Redmond

(Residence in Baltimore: No. 24 S Mederia St.; Ele yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Child

6-DATE OF BIRTH, Nov 27 (Month), (Day), 1916 (Year)

7-AGE.	If LESS than 1 day,
....yrs. ....mos. 7 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Harry C Redmond

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Amelia Stelin

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry C. Redmond

(Address) 24 S Mederia St.

15- Filed DEC 5 - 1916, 191.... HALBY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 4 (Month), (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 1 1916, to Dec 4 1916, that I saw h[im] alive on Dec 4 1916, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Inanition
Cause uncertain
(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) Jos L Hutchinson M. D.

Dec 5 1916 (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel

DATE OF BURIAL. Dec 6 1916

20-UNDERTAKER Robt J Turner

ADDRESS 852 W Pratt

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0175

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0175

CERTIFICATE OF DEATH.

REGISTERED NO. C 24 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827 Balt ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Agnes Clark

(Residence in Baltimore: No. 1827 Balt St

St.; 27 yrs., 11 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Dec (Month) 13 (Day) 1888 (Year)

7-AGE, 27 yrs. 11 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thomas Clark

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Duffy

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Clark

(Address) 1827 Baltimore

15- Filed DEC 5 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 3 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 26 1916, to Dec 2 1916, that I saw her alive on Dec 2 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchitis

..... (Duration) ....yrs. 1 mos. 6 ds.

(Signed) Hunter Scott M. D.

12/5, 1916. (Address) 1319 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Cathedral Cemetery — DATE OF BURIAL, Dec. 6, 1916

20-UNDERTAKER H. J. McDonough — ADDRESS 1432 Light St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0176

CERTIFICATE OF DEATH.

1916 D 0176

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Spessard.

(Residence in Baltimore: No. Johns Hopkins Hospital St.: yrs., 1 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH. May 6, 1864 (Month) (Day) (Year)

7-AGE. 52 yrs. 6 mos. 29 ds.

If LESS than 1 day, ~ hrs. or ~ min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Merchant
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Samuel Spessard

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER. Susan Hawkins

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter C. Snyder.

(Address) Johns Hopkins Hosp.

15- Filed DEC 5 - 1916, 191... HARRY O. ANDREWS ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. December 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1 1916 to Dec. 5 1916, that I saw h[illegible] alive on Dec. 5 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chronic diffuse nephritis

(Duration) yrs. 8 mos. + ds.

CONTRIBUTORY (Secondary). Uraemia (Chr.) 1 month; broncho-pneumonia - 2 days

(Duration) yrs. mos. ds.

(Signed) H. Sprunt M. D.

Dec. 5, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. 1 mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Macon, Mississippi.

19-PLACE OF BURIAL OR REMOVAL. Macon Miss. DATE OF BURIAL. Dec. 6, 1916.

20-UNDERTAKER Albert E. Fuller ADDRESS 221 W. Broadway

IMPORTANT. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 0177

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 N. Decker Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patsick Henry Duskin

(Residence in Baltimore: No. 616 N. Decker Ave St.; 68 yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. November 18 1848
(Month) (Day) (Year)

7-AGE. 68 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Day

9-BIRTHPLACE, (State or Country), U.S. Md

PARENTS.

10-NAME OF FATHER. Patrick Duskin

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Nora Dunleria

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Patrick J. Duskin

(Address) 616 N. Decker Ave

15- Filed DEC 5 - 1916 HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 3, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 26 1914, to Dec 3 1916, that I saw him alive on Dec 3 1916, and that death occurred, on the date stated above, at 10.05 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary & Intestinal tuberculosis (Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary & Intestinal tuberculosis (Duration) 2 yrs. mos. ds.

(Signed) Geo. H. Ellis M. D.

12-4-, 1916. (Address) 197 S. Youngst

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral — DATE OF BURIAL. Dec 6th 1916

20-UNDERTAKER John A Moran — ADDRESS Bank & Aisquith

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0178

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 D 0178

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2328 Fleet ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Martin Kowalewski

(Residence in Baltimore: No. 2328 Fleet St.: yrs. 10 hours mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dec. 4, 1916. (Month) (Day) (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, 10 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Martin Kowalewski

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Irene Podlesney

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mabel Beet M.D.

(Address) 613 Park Ave.

15- DEC 6 - 1916 ROBERT R. KRAUTER
Filed ....., 191.... Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 4, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 4 1916, to Dec. 4 1916, that I saw him alive on Dec 4 1916, and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Mabel Beet M. D.

Dec 4, 1916 (Address) 613 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Dec 6, 1916

20-UNDERTAKER William Fialkowski — ADDRESS 1618 Eastern Ave.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0179 — 108 — D 0179

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH U. S. Marine Hospital

CITY OF BALTIMORE: (No. U. S. Marine Hospital St.; Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Treyler

(Residence in Baltimore: No. 2216 Jefferson St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, January 1 (Month) (Day) (Year)

7-AGE, 30 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seaman
(b) General nature of industry, business, or establishment in which employed (or employer): Water Tug Boat

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Eugene Treyler

11-BIRTHPLACE OF FATHER (State or Country). — Md

12-MAIDEN NAME OF MOTHER Laura Nolan

13-BIRTHPLACE OF MOTHER (State or Country). — Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Hospital record (Informant)
(Address) U. S. Marine

15- DEC 6 - 1916 Filed ... 191... ROBERT E. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 5 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 4 191 6, to Dec 5 191 6, that I saw h im alive on Dec 5 191 6, and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:
Appendicitis (Perforation)
1 week
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Peritonitis
(Duration) yrs. mos. ds.

(Signed) Chas. H. Vogel M. D.
, 191... (Address) U. S. Marine Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? Cuba
Former or usual residence 2216 Jefferson St

19-PLACE OF BURIAL OR REMOVAL, Butts Cemetery — DATE OF BURIAL, Dec 6, 1916

20-UNDERTAKER Wm Cook — ADDRESS 504 E Ward

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0130

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0130

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1821 Harford Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William W. Garrett

(Residence in Baltimore: No. 1821 Harford Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Widower

6-DATE OF BIRTH, Jan. 4th (Month) (Day), 1834 (Year)

7-AGE, 82 yrs. 11 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Edward W. Garrett

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Bull

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Garrett

(Address) 2724 Liberty Heights

15. DEC 6 - 1916 Filed ....., 191.... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1916, to Dec 4 1916, that I saw him alive on Dec 4 1916, and that death occurred, on the date stated above, at 5.15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. 9 mos. ....ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) yrs. 4 mos. ....ds.

(Signed) John T. Avery M. D.

Dec 5, 1916 (Address) 1603 E. Broadway.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Hamilton — DATE OF BURIAL, Dec. 6th, 1916.

20-UNDERTAKER William Cook — ADDRESS 505 North Ave

Important. See instructions on back of certificate.

Dr Avery 1603 E Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0181

CERTIFICATE OF DEATH.

28 D 0181

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2357 N. Milton Ave ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Merson (Merson)

(Residence in Baltimore: No. 2357 N Milton Ave St.; ..... yrs. ..... mos. ..... ds.)

Important. See instructions on back of certificate. Date statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Sept 20, 1888
(Month) (Day) (Year)

7-AGE, 28 yrs. 2 mos. 13 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm F Ward

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Anna Schroeder

13-BIRTHPLACE OF MOTHER (State or Country), Somerset Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Merson

(Address) 2357 N Milton Ave

15- Filed DEC 6 - 1916, 191.... ROBERT P. KRAUTER Registrar

Burial Perm ... Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 3, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 2 1916, to Dec 3 1916, that I saw her alive on Dec 2 1916, and that death occurred, on the date stated above, at 2:30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Intermittent

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Edward J Keator M. D.

12/4, 191.6 (Address) 413 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel	Dec. 6, 1916
20-UNDERTAKER Philip Henry	ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0182

CERTIFICATE OF DEATH.

30 D 0182

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital St.; WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ollie Wellington

(Residence in Baltimore: No. 816 Hampson St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1907 (Year)

7-AGE, 9 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William Wellington

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lizzie Long

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Chas Wellington

(Address) 816 Hampson

15- Filed DEC 6 - 1916, 191 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 5, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 24 1916, to Dec 5 1916, that I saw him alive on Dec 5 1916 and that death occurred, on the date stated above, at 24 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elmer Newcomer M. D.

Dec 5, 1916. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 12 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 816 Hampson

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem DATE OF BURIAL, Dec 7, 1916

20-UNDERTAKER Samuel Stanley ADDRESS 578 W

Burial Permit

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0183

CERTIFICATE OF DEATH.

114 D 0183

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 903 Druid Hill Ave St. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary R Krauter

(Residence in Baltimore: No. 903 Druid Hill Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1874 (Year)

7-AGE. 32 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Pt Occupation

9-BIRTHPLACE. (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, [illegible]

11-BIRTHPLACE OF FATHER (State or Country) Md

12-MAIDEN NAME OF MOTHER [illegible]

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm W. Lee

(Address) 810 Druid Hill Ave

15- Filed DEC 6 - 1916, 191... ROBERT R. KRAUTER Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 3, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jurors (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart failure from
Dropsy of 2 days
(Duration) yrs. mos. ds.
CONTRIBUTORY Pneumonia
(Secondary)
(Duration) yrs. mos. ds.

(Signed) H. Wiltbank M. D.
(Coroner)
Dec 5, 1916 (Address) 2 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Dec 6, 1916

20-UNDERTAKER: Samuel Keasbey — ADDRESS: 5 St W Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 0181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

168 D 0181

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 Division St.; 14 WARD) REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Powers

(Residence in Baltimore: No. 1721 Division St.: 2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fmal

4-COLOR OR RACE, Colon

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sgle

6-DATE OF BIRTH, June, 1880
(Month) (Day) (Year)

7-AGE, 36 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) Pd Occupation

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm Powers

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Rachel Starr

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Addie Vessels

(Address) Seabrook P.O. Md

15-

Filed DEC 6 - 1916 191...

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Dec 5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 26 191.., to Dec 5 1916.

that I saw h[illegible] alive on Dec 5 1916.

and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Ac Peritonitis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Pregnancy [illegible]

(Duration) 2 yrs. 1 mos. ds.

(Signed) Edw Short M. D.

Dec 5, 191.. (Address) 1612 Druid Drive

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sea Brook P.O. Md DATE OF BURIAL, Dec 7, 191..

20-UNDERTAKER Samuel Stansbury ADDRESS Forest Hill

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0185 64 D 0185

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1931 Bryant St ST.; 14 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Comorah Suiter

(Residence in Baltimore: No. 1931 Brunt St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, (Month) February (Day) 2, (Year) 1882

7-AGE, 34 yrs. 5 mos. 3 ds. If LESS than 1 day, hrs. or mis.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Jerd Taylor

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mayrett Dennis

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maxwell Montgomery

(Address) 1931 Brunt St

15- Filed DEC 6 - 1916, 191..

ROBERT B. KRAUTER. Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) Dec. (Day) 5, (Year) 1916

17- I HEREBY CERTIFY, That I attended deceased from Nov. 28 1916, to Dec 5 1916, that I saw h,er alive on Dec. 5 1916, and that death occurred, on the date stated above, at 4.40 p.m.

The CAUSE OF DEATH* was as follows:

Hemiplegia Cerebral Hemorrhage

Right Side

Bronchial Pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. H. Wyatt M. D.

Dec 7, 1916 (Address) 1209 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn DATE OF BURIAL, Dec 7, 1916

20-UNDERTAKER Clarence E. Wright ADDRESS 614 Mary

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0186

CERTIFICATE OF DEATH.

50 D 0186

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 Eutaw Place St.; 14 WARD) REGISTERED NO. C .....

(If death occurred in a hospital or Institution, give its NAME Instead of street and number and fill out No. 18.)

2-FULL NAME Agatha Santen

(Residence in Baltimore: No. 1810 Eutaw Place St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE. White | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, June (Month) 11 (Day), 1849 (Year)

7-AGE, 67 yrs. 5 mos. 23 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Switzerland

PARENTS.

10-NAME OF FATHER, Joseph Schmidy

11-BIRTHPLACE OF FATHER (State or Country) Switzerland

12-MAIDEN NAME OF MOTHER Theresa Wagner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Agatha Santen

(Address) 1810 Eutaw Place

15- Filed DEC 6 - 1916 191.. ROBERT R. KRAUTER, Burial Permit Clerk, Registrar.

D. A. C. Pole 2038 Madison ave

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 3 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 1916, to December 3 1916, that I saw her alive on December 3 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 12 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Nephritis

Suppression of Urine - Uraemia

(Duration) ..... yrs. ..... mos. about one month ds.

(Signed) A. C. Pole M. D.

Decem. 6, 1916. (Address) 2038 Madison Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem | DATE OF BURIAL: Dec 7 1916

20-UNDERTAKER: W. Tidwell Sons | ADDRESS: Monument

Important. See instructions on back of certificate.

D 0187

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 D 0187

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2532 Frances ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W Counsell

(Residence in Baltimore: No. 2532 Frances St.; 3 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Feb (Month) 6 (Day), 1859 (Year)

7-AGE: 57 yrs. 9 mos. 29 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Watchman in
(b) General nature of industry, business, or establishment in which employed (or employer): Bank

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Francis Counsell

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Mary Meredith

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Araena Counsell

(Address) 2532 Frances st

15- Filed DEC 6 - 1916, 191.....

ROBERT P. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 30, 1916, to, Dec 6 1916, that I saw h-- alive on Dec 5 1916, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

1 Lobular Pneumonia

(Duration) 1 yrs mos 5 ds

Contributory (SECONDARY) Exhaustion

(Duration) yrs mos ds.

(Signed), Fred C Jewett M D.

Dec 5 1916 [Address] 2516 Pennsa

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Dec 7, 1916

20-UNDERTAKER: Josiah Lyter

ADDRESS: 1601 N North ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Nadine De Baer.

D 0188

HEALTH DEPARTMENT—CITY OF BALTIMORE

61 X

D 0188

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3008 N. North Ave St. 15 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nadine De Baer

(Residence in Baltimore: No. 3008 N. North Ave St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Oct. 30, 1902
(Month) (Day) (Year)

7-AGE, 13 yrs. 1 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Henry V. De Baer

11-BIRTHPLACE OF FATHER (State or Country), Balto., Md.

12-MAIDEN NAME OF MOTHER Jennie Lohan

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lohan

(Address) 3008 N. North Ave

15-

Filed DEC 6 - 1916 ROBERT P. KRAUTER Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 4, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebro-Spinal Meningitis

12 hours
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Germs

(Duration) yrs. mos. ds.

(Signed) J. Wilson Miller M. D.
(Coroner)

Dec 6, 1916. (Address) 15 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Dec. 7, 1916

20-UNDERTAKER Geo. A. Gatley ADDRESS Balto. & Payson Sts

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0189

CERTIFICATE OF DEATH.

50 D 0189

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 931 N. Bond ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Kaspar

(Residence in Baltimore: No. 931 N. Bond St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Dec. 8th, 1838
(Month) (Day) (Year)

7-AGE, 77 yrs. 11 mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Wenceslaus Wisert

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Rosa Student

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Kaspar

(Address) 931 N. Bond st

15-
Filed DEC 6 - 1916, 191.....
ROBERT R. KRAUTER
Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 5th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 10 1916, to Dec 5 1916, that I saw h[illegible] alive on Dec 4 1916, and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH* was as follows:

Diabetes.

(Duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Laceration of Left Foot

(Duration) 2 yrs. 1 mos. ..... ds.

(Signed) Chas. E. Kellum M. D.

Dec 6, 1916 (Address) 1114 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer Cem. DATE OF BURIAL. Dec. 7th, 1916

20-UNDERTAKER Geo. McTiernan ADDRESS 811 N. Wolfe St.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0190

CERTIFICATE OF DEATH.

92 D 0190

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 130 Pearl ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evagelos Mavromihales

(Residence in Baltimore: No. 130 Pearl St.; yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (Write the word.) S.

6-DATE OF BIRTH, March 25, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 8 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Louis Mavromihales

11-BIRTHPLACE OF FATHER (State or Country), Greece

12-MAIDEN NAME OF MOTHER Evterpe Chambers

13-BIRTHPLACE OF MOTHER (State or Country), Greece

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Mavromihales

(Address) 130 N Pearl

15-

Filed DEC 6 - 1916 ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12-5, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11-26 1916, to 12-5 1916, that I saw h-im alive on 12-4 1916, and that death occurred, on the date stated above, at 7a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Tuberculosis Pulmonalis

(Duration) yrs. mos. 11 ds.

(Signed) S. D. Sarantos M. D.

12-6, 1916 (Address) 1604 Gilmor

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem

DATE OF BURIAL, 12/6, 1916

20-UNDERTAKER J. E. Cookson

ADDRESS 17 S Calhoun St

Important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0191

D 0191

CERTIFICATE OF DEATH.

159

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) Hotel Hermann Eutaw & Pratt ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard C. Reamer

(Residence in Baltimore: No. 2644 N. Charles St. St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Nov 23. (Month) (Day), 1864 (Year)

7-AGE, 52 yrs. ? mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William C. Reamer

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Abigail E. Mann

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Reamer

(Address) 2644 N. Charles St.

15- Filed DEC 6 - 1916 191... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 3 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and, from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol Shot Wound in Head.
Suicide

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Albert L. Driscoll M. D.
(Coroner)
Dec. 5, 1916 (Address) 312 N. Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Dec. 6, 1916
20-UNDERTAKER	ADDRESS
E. M. Mitchell & Co.	1201 W. Fayette St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D·0192

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 0192

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1528 Mulberry St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Washington

(Residence in Baltimore: No. 1528 Mulberry St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
female	colored	single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1897 (Year)

7-AGE.	If LESS than 1 day,
17 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Pvt. family

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Leonard Washington

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ann Cannon

13-BIRTHPLACE OF MOTHER (State or Country), Delaware

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hattie Washington

(Address) 1528 Mulberry st

15-

Filed DEC 6 - 1916 ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 4, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 25 1916, to Dec 4 1916, that I saw her alive on Dec 2 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

..... Pneumonia

..... (Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) ..... Exhaustion

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Walter W. Mute M. D.

Dec. 4, 1916 (Address) 1101 E. Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodberry Cemetery	Dec 7, 1916
20-UNDERTAKER	ADDRESS
Joseph A Farrell	2319 Division

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0193

CERTIFICATE OF DEATH.

28

D 0193

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 N. Caroline ST., 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Marion Binnix

(Residence in Baltimore: No. 915 N Caroline st St.; 70 yrs., 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, October (Month) 2 (Day) 1846 (Year)

7-AGE, 70 yrs. 1 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Saleslady
(b) General nature of industry, business, or establishment in which employed (or employer): O'Neill & Co.

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E. H. Wilson

(Address) 506 N. Broadway

DEC 6 - 1916

Filed....., 191.... ROBERT R. KRAUTER Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 5. (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1. 1916, to Dec. 5. 1916, that I saw h[illegible] alive on " 4 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

I. Pulmonary Tuberculosis

(Duration) 5 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Hemoptysis

(Duration) 3 hours yrs. mos. ds.

(Signed) Geo. H. Wellmann M. D.

Dec. 5., 1916. (Address) 1121 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, Dec. 7th, 1916.

20-UNDERTAKER George Schilling & Sons

ADDRESS 1016 E Monument

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0194

CERTIFICATE OF DEATH.

30 D 0194

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Mary Belle Thomas

(Residence in Baltimore: No. 319 Tyson St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, not known ..... (Month) ....., 1 ..... (Day) (Year)

7-AGE, 20 yrs. # mos. # ds.

If LESS than 1 day, ... hrs. or ..... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Thomas

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elenor Summers

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp.

(Address) Calvert St.

15- Filed DEC 6 - 1916 191.... ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 4, 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec 1 1916, to Dec 4 1916, that I saw her alive on Dec. 4 1916 and that death occurred, on the date stated above, at 7.30 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis
and Peritonitis
(Duration) Days yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) 2 yrs. mos. ds.

(Signed) Everett A. Smith M. D.
Dec 4 1916 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State 11 yrs. # mos. # ds.

Where was disease contracted, if not at place of death? 319 Tyson St.

Former or usual residence 319 Tyson St

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, Dec 6, 1916

20-UNDERTAKER George H. Holland ADDRESS 517 Robert St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0195

79 D 0195

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Freymuth

(Residence in Baltimore: No. German Aged Home (Baltimore and Payson St.; 40 yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Widowed

6-DATE OF BIRTH, January 11, 1841.
(Month) (Day) (Year)

7-AGE, 75 yrs. 10 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Franz Peters

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Caroline Kletzky

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. J. Smith

(Address) Johns Hopkins Hospital

15. DEC 6 - 1916 ROBERT R. KRAUTER
Filed....., 191.... Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 5, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 4 1916, to December 5 1916, that I saw h.. alive on December 5 1916, and that death occurred, on the date stated above, at 12.05 a.m.

The CAUSE OF DEATH* was as follows:

Heart block

..... (Duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis, Chr

..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) W. B. Marten M. D.

Dec 6, 191.. (Address) Johns Hopkins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 1 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

German Aged Home

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Paul's Cem. DATE OF BURIAL, Dec 6, 191..

20-UNDERTAKER Jos. B. Cook & Co. ADDRESS 100 W. Balto

Important: See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0196 28

CERTIFICATE OF DEATH.

D 0196

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 E Monument St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katharine Lyons

(Residence in Baltimore: No. 1605 E Monument St St.; 20 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, April 22nd (Month) (Day), 1869 (Year)

7-AGE, 47 yrs. 7 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Tiernan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Cathern Dolan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Lyons

(Address) 1605 E. Monument St

15-

Filed DEC 6 1916 191.... ROBERT E. KRAUTH Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 5th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1st 1916, to Dec 5th 1916, that I saw h[illegible] alive on Dec 5th 1916, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) [illegible]

CONTRIBUTORY (Secondary) [illegible]

(Duration) — yrs. — mos. — ds.

(Signed) [illegible] M. D.

Dec 6th 1916 (Address) 2846 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Dec 7, 1916

20-UNDERTAKER, Wm J Schaefer — ADDRESS 847 Front St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0197

CERTIFICATE OF DEATH.

154 D 0197

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 Lindenave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Louisa Cooper.

(Residence in Baltimore: No. 1216 Lindenave. St.; 1 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, March (Month) 9th (Day), 1824. (Year)

7-AGE.	If LESS than 1 day,
92 yrs. 8 mos. 26 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Dorgan.

11-BIRTHPLACE OF FATHER (State or Country). Maryland.

12-MAIDEN NAME OF MOTHER Elizabeth Ridgeway.

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mariana E. Spedden

(Address) 1216 Lindenave E.

15- Filed DEC 6 - 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov - 16 1916, to Dec - 5 1916, that I saw her alive on Dec - 5 1916, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

(Signed) John D. King M. D.

Dec 6, 1916 (Address) 1425 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Greenmount	12—6..., 1916

20-UNDERTAKER Wm Jenkins Son Co ADDRESS Mt Calvert St

Important. See instructions on back of certificate.

Dr John King Mother's Eutaw Place

Spec.—8-24-14—M. & T.—2000 Bks.

D 0198

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0198

CERTIFICATE OF DEATH.

REGISTERED NO. C 120

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1H E Eighteenth Front St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Parker

(Residence in Baltimore: No. 1 St. Paul St St.; 1 yrs. 2 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	colored	single

6-DATE OF BIRTH. Oct 2, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 2 mos. da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Allan Parker

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER. mary Parker

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Allan Parker
(Address) 519 Brunn St.

15-
Filed DEC 6 - 1916, 191
HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec 6, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1916, to Dec 6 1916, that I saw h alive on Dec 5 1916, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:
Chronic Diffuse Nephritis
(Duration) 2 yrs. mos. da.
CONTRIBUTORY (Secondary) Pyelitis
(Duration) 2 yrs. mos. da.

(Signed) Edgar S Redmond M. D.
Dec. 6, 1916. (Address) 610 S Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. da. In the State yrs. mos. da.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn	Dec 7, 1916.
20-UNDERTAKER Daniel Earhart	ADDRESS 916 Eutaw Ave

Important. See instructions on back of certificate.

D 0199 HEALTH DEPARTMENT—CITY OF BALTIMORE D 0199

CERTIFICATE OF DEATH.

REGISTERED No. C 175

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Fr. M. & R. R. Ry St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sherley Dare Thomas B. Boland

(Residence in Baltimore: No. 3942 Reisterstown Road St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug. (Month) 10 (Day), 1896 (Year)

7-AGE, 20 yrs. 3 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Bethlehem Steel Co

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER. Thomas B. Boland

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Anna Megginhart

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas B. Boland

(Address) 3942 Reisterstown Road

15- HARRY D. [illegible] Registrar.

Filed DEC 6 - 1916, 191... Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 4 (Day), 191 6 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture of Skull by Train striking from Accident

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Contusion

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. W. Chatham M. D.
(Coroner)

Dec 5, 1916. (Address) 814 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). None

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL. Woodlawn DATE OF BURIAL. Dec 7 1916

20-UNDERTAKER Chas. E. Branch ADDRESS 802 Madison Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 6200 HEALTH DEPARTMENT—CITY OF BALTIMORE D 6200

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1043 N. Lanvale ST. 16 WARD) REGISTERED No. C 479

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis J. Romney

(Residence in Baltimore: No. 1043 N Lanvale St.; yrs.. mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, June (Month) 19 (Day), 1843 (Year)

7-AGE, 73 yrs. 5 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Grain Inspector
(b) General nature of industry, business, or establishment in which employed (or employer) at Home

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, William Jones

11-BIRTHPLACE OF FATHER (State or Country), Pennsa

12-MAIDEN NAME OF MOTHER, Eliza Carol

13-BIRTHPLACE OF MOTHER (State or Country), Maine

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Son

(Address) 1043 N Lanvale

15-

Filed DEC 6 - 1916 191.. HARRY C. ANDREW

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intussusception of Jejunum

Mesenteric Embolism

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. Wellington M. D.
(Coroner)

Dec 6, 1916 (Address) 819 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Woodrich Maine

19-PLACE OF BURIAL OR REMOVAL, Woodrich Maine

DATE OF BURIAL, Dec 6, 1916

20-UNDERTAKER Chas. E. Tromch

ADDRESS 802 Madison Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0201 HEALTH DEPARTMENT—CITY OF BALTIMORE

168

CERTIFICATE OF DEATH.

REGISTERED NO. C D 0201

PLACE OF DEATH

CITY OF BALTIMORE (No. 400 St. Paul St.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Godfrey Sayres

(Residence in Baltimore: No. 400 St. Paul St. 1 yrs., — mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 3 d yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Advertising man
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), N. J.

PARENTS.

10-NAME OF FATHER, Sam. Sayres

11-BIRTHPLACE OF FATHER (State or Country), N. J.

12-MAIDEN NAME OF MOTHER Martha Brady

13-BIRTHPLACE OF MOTHER (State or Country), N. J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. Sayres

(Address) Race & Millville N. J.

15- Filed DEC 6 - 1916 191 HARRY C. ANDREWS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 3, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diphtheria & Acute Glomerulonephritis

Gas accidental

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. T. Riley M. D. (Coroner.)

Dec 6, 1916 (Address) 1437 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 400 St Paul St

Former or usual residence Millville N.J.

19-PLACE OF BURIAL OR REMOVAL, Millville N.J. DATE OF BURIAL, Dec 7, 1916

20-UNDERTAKER Robt J Turner ADDRESS 1142 Madison

CAUSE OF DEATH to be written in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0202

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0202

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 E 28th St ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Ann Eads

(Residence in Baltimore: No. 614 E 28th St St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July (Month) 20th (Day) 1859 (Year)

7-AGE, 57 yrs. 4 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, David Kirkpatrick

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Maria Richardson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John M Eads

(Address) 614 E 28th

15- Filed DEC 6 - 1916, 191... HARRY C. ANDREWS Registrar. Special Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 5th (Day) 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from April 1st 1916, to Dec 5th 1916, that I saw her alive on Dec 5th 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. W. Murgatroyd M. D.

Dec 5th, 1916. (Address) 753 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Dec 7, 191...

20-UNDERTAKER William Cook

ADDRESS 3028 Fait

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0203 HEALTH DEPARTMENT—CITY OF BALTIMORE D 0203

CERTIFICATE OF DEATH.

42

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 N Duncan St.; 8 Ward)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret A. Shipley

(Residence in Baltimore: No. 1819 N Duncan St.: —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH. May 7th, 1869
(Month) (Day) (Year)

7-AGE. 47 yrs. 6 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE. (State or Country), Pa.

PARENTS.

10-NAME OF FATHER. Adam Schaffer

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Catherine Flower

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Celia V. Saouffer

(Address) 1819 Duncan St.

15- DEC 6 - 1916 Filed....., 191.... Registrar.

HARRY C. ANDREWS
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 6, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 25 1916, to Dec 6 1916, that I saw h alive on Dec 4 1916, and that death occurred, on the date stated above, at 1.20 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Extensive

(Duration) yrs. mos. ds.

(Signed) R. B. Norment M. D.

Dec 6, 1916 (Address) 3547 Chestnut Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATH OF BURIAL,
St. Mary's Flander	Dec 8, 1916.
20-UNDERTAKER Wm Cook	ADDRESS 509 E Mulb

Norman - 3547 Chestnut Ave.

Spec.—8-24-16—M. & T.—2000 Bks.

D 0204

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0204

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3514 Roland Ave. St.; 13 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ann Smith

(Residence in Baltimore: No. 3514 Roland Ave. St.; 14 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Aug. (Month) 23 (Day), 1838 (Year)

7-AGE, 78 yrs. 3 mon. 11 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Geo. W. Price

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Freeland

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John W. Smith

(Address) 3514 Roland Ave.

15- Filed DEC 6 - 1916, 191.... HARRY C. ANDERSON Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1916, to Dec — 1916, that I saw h[er] alive on Dec 2 — 191..., and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Arteri Sclerosis

(Duration) ... yrs. 7 mos. ... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ... 1 yrs. ... mos. ... ds.

(Signed) Henry E. Hagan M. D.

Dec 6, 1916 (Address) 3640 Roland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Jesup's Dalto. Co. DATE OF BURIAL, Dec. 7, 1916

20-UNDERTAKER Horace Burgee & Son ADDRESS 3631 Falls Road

Important. See instructions on back of certificate. Must be filled out before Burial Permit will be issued.

D 0205 HEALTH DEPARTMENT--CITY OF BALTIMORE D 0205

CERTIFICATE OF DEATH

40

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2902 Mosher St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Virginia Kistler

(Residence in Baltimore: No. 2902 Mosher St.; 57 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female — 4-COLOR OR RACE: White — 5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: June 3rd (Month) (Day), 1859 (Year)

7-AGE: 57 yrs. 6 mos. ... ds. — If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE (State or country): Balto Md.

PARENTS

10-NAME OF FATHER: Geo W Guest

11-BIRTHPLACE OF FATHER (State or country): Lorraine

12-MAIDEN NAME OF MOTHER: Sarah L Crawford

13-BIRTHPLACE OF MOTHER (State or country): New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr Martin Kell

(Address) 2902 Mosher St

15- Filed DEC 6 - 1916 191... HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1, 191..., to, Dec 5, 191..., that I saw h... alive on Dec 5, 191..., and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum + Renal Stone

(Duration) yrs 10 mos ... ds.

Contributory (SECONDARY) ...

(Duration) ... yrs ... mos ... ds.

(Signed), Harry Boyd M. D.

Dec 6, 191... [Address] 1 E Columbia

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Dec 7 1916

20-UNDERTAKER: Geo A Gerby — ADDRESS: Balto Hayward St

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0206

CERTIFICATE OF DEATH.

D 0206

1-PLACE OF DEATH Colored Forrest Hospital REGISTERED NO. C

CITY OF BALTIMORE: (No. 927 N. Carey ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hazel Matilda Burns.

(Residence in Baltimore: No. 108 N. Gilmor St. 2 yrs. 3 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. Aug 14th, 1914. (Month) (Day) (Year)

7-AGE. 2 yrs. 3 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Wm. E. Burns

11-BIRTHPLACE OF FATHER (State or Country). Hollofield Ind

12-MAIDEN NAME OF MOTHER. Ethel Ford

13-BIRTHPLACE OF MOTHER (State or Country). A-a. Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William E. Burns

(Address) 108 No. Gilmor St

15- Dec. 7 - 1916. ROBERT R. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 5th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 23 1916, to Dec 5 1916, that I saw her alive on Dec 5th 1916, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows: acute Catarrhal Pulmonary Edema

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Not Known

(Duration) yrs. mos. ds.

(Signed) W. B. Platt M. D.

Dec. 5, 1916. (Address) 602 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 12 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 108 N. Gilmor St City.

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cem. DATE OF BURIAL. Dec. 7th, 1916.

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 W. Baltimore St

Important. See instructions on back of certificate. ...CERTIFICATE OF OCCUPATION is very

D 0207. HEALTH DEPARTMENT--CITY OF BALTIMORE 31 D 0207.

CERTIFICATE OF DEATH

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospital St.: 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Johnston.

(Residence in Baltimore: No. 932 S. Eutaw St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Oct (Month) 13 (Day), 1903 (Year)

7-AGE: 13 yrs. 1 mos. 22 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): VA

PARENTS

10-NAME OF FATHER: Geo Johnson

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Emma Edwards

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lucy Roth

(Address) 932 S. Eutaw St

15 DEC 7 - 1916 Filed ..... 19.. ROBERT R. KRAUTER Social Parole Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 5 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1916. to Dec. 5, 1916. that I saw h[illegible] alive on Dec. 5, 1916. and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Tubercular Peritonitis.

(Duration) yrs. 2 mos. ds

Contributory (SECONDARY) Unknown

(Duration) yrs. mos. ds.

(Signed) Albert J. Chambers. M.D.

Dec 5, 1916 (Address) 1017 N. Lafayette, Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 29 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 932 S. Eutaw

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn St

DATE OF BURIAL: Dec 7, 1916

20 UNDERTAKER: C. E. Brown and Son

ADDRESS: 108 W. Mount St

State CAUSE OF DEATH in plain terms. so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0208

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

89 D 0208

1-PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE (No. 843 Vine ST. 18 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Eliza Smith

(Residence in Baltimore: No. 843 Vine St.; yrs. mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Col.

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July (Month) 28 (Day), 1916 (Year)

7-AGE: ..... yrs. 4 mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country): City

PARENTS

10-NAME OF FATHER: Eliza Smith

11-BIRTHPLACE OF FATHER (State or country): City

12-MAIDEN NAME OF MOTHER: Lillian Brown

13-BIRTHPLACE OF MOTHER (State or country): City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lillian Brown

(Address) 843 Vine St

15. Filed DEC 7 - 1916 ROBERT N. KRAUTER Special Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 5 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1916, to Dec 5 1916, that I saw h[illegible] alive on Nov 30, 1916, and that death occurred, on the date stated above, at 5.45 p m.

The CAUSE OF DEATH* was as follows:

Asthenia Infantum
(Marasmus)

(Duration) yrs. 2 mos. ds

Contributory (SECONDARY) Bronchitis

(Duration) yrs. 1 mos. ds.

(Signed) J. L. Stoop M. D.

Dec 6, 1916. (Address) 917 N. Fay St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Interburn Cemetery

DATE OF BURIAL: Dec 7, 1916

20-UNDERTAKER: Alfred Hacela[illegible]

ADDRESS: 1174 Schroder St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0209

CERTIFICATE OF DEATH.

28 D 0209

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2032 Wilkens Ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Burton Joe Sollers

(Residence in Baltimore: No. 2032 Wilkens Ave St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, March 28, 1872
(Month) (Day) (Year)

7-AGE, 44 yrs. 8 mos. 7 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Telegrapher
(b) General nature of industry, business, or establishment in which employed (or employer): Operator

9-BIRTHPLACE, (State or Country), N. Y.

PARENTS.

10-NAME OF FATHER, Andrew J. Sollers

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Frances Frazier

13-BIRTHPLACE OF MOTHER (State or Country), N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs John P. Sollers

(Address) 2032 Wilkens Ave

15-

Filed DEC 7 1916 191.....

ROBERT R. KRAUTER
Burial Permit Register.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 5, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 27 1916, to Dec 5 1916, that I saw him alive on Dec 4 1916, and that death occurred, on the date stated above, at 6.50 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm Neal M. D.

Dec 6, 1916. (Address) 108 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Dec 7th, 1916.

20-UNDERTAKER Geo. Weber & Son

ADDRESS 2503 Edmondson Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0210

CERTIFICATE OF DEATH.

91 D 0210

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 165 Preston ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Russell

(Residence in Baltimore: No. 165 Preston St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH. Feb. 14th, 1916
(Month) (Day) (Year)

7-AGE. ..... yrs. 9 mos. 27 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Edward Russell

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Sadie White

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha White

(Address) 165 Preston St.

15- Filed DEC 7 - 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 6th, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 3d 1916, to Dec. 6th 1916, that I saw h— alive on Wed. 5th 1916, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) ..... yrs. ..... mos. 1 4 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. Lee Hall M. D.

Dec 6, 1916. (Address) 912 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Md DATE OF BURIAL. Holland Point Calvert Co. Dec. 7, 1916.

20-UNDERTAKER Daniel Easton ADDRESS 916 Penna ave

Important. See instructions on back of certificate.

over

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0211

CERTIFICATE OF DEATH.

64 D 0211

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 931 Poplar Grove ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Madison

(Residence in Baltimore: No. 931 Poplar Grove St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Sept 8th, 1847
(Month) (Day) (Year)

7-AGE, 69 yrs. 2 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Captain
(b) General nature of industry, business, or establishment in which employed (or employer)..... Grading Machine Retired 1 year ago

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John H. Madison

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna E. Osterman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Madison

(Address) 931 Poplar Grove St.

15- DEC 7 - 1916 ROBERT R. KRAUTH Registrar.

Filed....., 191.... Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 4th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 2— 1916, to Dec. 4— 1916, that I saw h— alive on Dec 3— 1916, and that death occurred, on the date stated above, at 3A m.

The CAUSE OF DEATH* was as follows:

Central Hemorrhage —
(Hemiplegia)

(Duration) 2 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Bronchial Asthma —

(Duration) yrs. 9 mos. ds.

(Signed) Fritz A. Mueller — M. D.

Dec. 5, 1916. (Address) 125 E. Madison —

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
London Park Cem.	Dec. 7, 1916.
20-UNDERTAKER H. Sander Sons	ADDRESS 1711 East St

Important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 0212

CERTIFICATE OF DEATH

79 D 0212

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 S. Kenwood Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose B. Burmeister

(Residence in Baltimore: No. 627 S. Kenwood Ave St.; 9 yrs. 11 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Single

6-DATE OF BIRTH: Dec. (Month) 15th (Day), 1906 (Year)

7-AGE: 9 yrs. 11 mos. 19 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto City Md.

PARENTS

10-NAME OF FATHER: Bernhard Burmeister

11-BIRTHPLACE OF FATHER (State or country): Balto City Md.

12-MAIDEN NAME OF MOTHER: Sadie Reinhold

13-BIRTHPLACE OF MOTHER (State or country): Balto City Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bernhard Burmeister

(Address) 627 S. Kenwood Ave

15- Filed DEC 7 - 1916 ROBERT R. KRAUTER - Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 4 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June, 1916, to, Dec. 1916, that I saw her alive on Dec. 3rd 1916, and that death occurred, on the date stated above, at 4:20 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) ..... yrs. 1 mos. 2 ds.

Contributory (SECONDARY) Mitral Incompetency, Pulmonary Emp.

(Duration) 6 yrs. 6 mos. 4 ds.

(Signed) J. Albert Keller M.D.

12/5/1916 [Address] 2737 Eastern Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Paul's Cemetery

DATE OF BURIAL: Dec. 7th 1916

20-UNDERTAKER: H. Sauder Sons

ADDRESS: 1710 Pratt st

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0213

CERTIFICATE OF DEATH.

40 D 0213

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 N. Bond Ston ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice D. Temple

(Residence in Baltimore: No. 101 N. Bond Ston St.; ..... yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, January 26, 1867 (Month) (Day) (Year)

7-AGE. 49 yrs. 10 mos. 10 da. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Andrew J. Carrick

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry W. Temple

(Address) 600 Dukeland Ave

15- DEC 7 - 1916 ROBERT R. KRAUTER
Filed ....., 191. DEPUTY CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1st 1914, to Dec 6, 1916, that I saw her alive on Dec 6th 1916, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Cerebral Hemorrhage

(Duration) 2 yrs. 11 mos. ..... da.

CONTRIBUTORY (Secondary) .....

(Duration) 2 yrs. 6 mos. 9 da.

(Signed) Charles Horn M. D.

Dec 7th, 1916. (Address) 406 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Dallo Cemetery

DATE OF BURIAL, Dec 8, 1916

20-UNDERTAKER Peter J. Conway

ADDRESS 90 Hollins

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0214

D 0214

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1642 St. Joseph ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Randolph

(Residence in Baltimore: No. 1642 St. Joseph St.; ...yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Single

6-DATE OF BIRTH, 4 (Month) 29 (Day), 1916 (Year)

7-AGE, ...yrs. 7 mos. 7 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Thomas Randolph

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary Baker

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Randolph

(Address) 1642 St. Joseph

15- Filed DEC 7 - 1916, 191... ROBERT A. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 30 1916, to Dec 5 1916, that I saw h— alive on Dec. 5 1916, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) ...yrs. ...mos. 8 ds.

CONTRIBUTORY (Secondary) Teething

(Duration) ...yrs. ...mos. ...ds.

Signed R. Garland Linzell M. D.

Dec 6, 1916 (Address) 1534 O St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Dec. 7, 1916.

20-UNDERTAKER Mrs. K. A. Elliott — ADDRESS 506 East St.

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0215

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0215

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2131 N. Calvert St.; 12 WARD) REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Claggett Gray

(Residence in Baltimore: No. 2131 N. Calvert St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov 12, 1856.
(Month) (Day) (Year)

7-AGE, 60 yrs. X mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: U. S. Gauger
(b) General nature of industry, business, or establishment in which employed (or employer): Int. Rev. Service

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER, George Gray

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Claggett

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella L. Gray

(Address) 2131 N. Calvert St.

15- Dec. 7 - 1916 191.... ROBERT R. KRAUTER Registrar.
Filed
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 6, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1916, to Dec 12 1916, that I saw h[illegible] alive on Dec 11 1916, and that death occurred, on the date stated above, at 3.30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
b Cerebral Embolism

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(Duration) yrs. 3 mos. ds.

(Signed) Maurice Rees M. D.

Dec 7, 1916. (Address) 20 E. Madison St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Dec 8, 1916.
20-UNDERTAKER	ADDRESS
Edw. Mitchell & Co	1220 E. Fayette

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0216 HEALTH DEPARTMENT—CITY OF BALTIMORE D 0216

CERTIFICATE OF DEATH. 164

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 336 Garrison ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gaither S. Hutchinson Jr

(Residence in Baltimore: No. 336 Garrison St.; ....yrs., 4 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 19, 1911. (Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 16 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, G. H. Hutchinson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Nellie Stevens

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. H. Hutchinson

(Address) 336 Garrison Ave

15- Filed DEC 7 - 1916 ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 5, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 25 1916, to Dec 5 1916, that I saw him alive on Dec 4 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Acute Mastoiditis

(Duration) ....yrs. ....mos. 20 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

(Signed) H. A. Kassell M. D.

12/5, 1916. (Address) Gramercy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, Dec 7, 1916

20-UNDERTAKER Geo L Lohmeyer & Bro — ADDRESS 2101 Eutaw Ave

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0217

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0217

CERTIFICATE OF DEATH

28

1-PLACE OF DEATH St. Vincents Infant Asylum

REGISTERED NO. C

CITY OF BALTIMORE: (No. St. Vincents Infant Asylum ST. 14th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Flavia Denie

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; 1 yrs., 6 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May (Month) 12 (Day), 1915 (Year)

7-AGE, 1 yrs. 6 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincent's Inf. Asylum

(Address) 701 Division St

15- Filed DEC 7 - 1916, 191..., ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 15 1916, to Dec 5 1916, that I saw h er alive on Dec 4 1916 and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Phthisis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. E. Poulton M. D.

Nov. 5, 1916 (Address) 6 W. Columbia Alley.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 8 mos. 14 ds. In the State 1 yrs. 8 mos. 24 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lauthedal Lawn — DATE OF BURIAL, Dec 7, 1916

20-UNDERTAKER Martin Fahey Son — ADDRESS 106 Lafayette Ave

important. See instructions on back of certificate.

important. See instructions on back of certificate. Exact statement of OCCUPATION is very properly classified. Any one who is willing to make a false statement is liable to prosecution.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0218

CERTIFICATE OF DEATH.

172 D 0218

1-PLACE OF DEATH Balto. Dry Docks & Ship Bldg Co. REGISTERED NO. C

CITY OF BALTIMORE (No. Foot of Cross St. St.: [illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Mullen.

(Residence in Baltimore: No. 420 Grindall St. St.: 44 yrs., 7 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White.	Single.

6-DATE OF BIRTH, April 10th. 1872. (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
44 yrs. 7 mos. 24 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Rigger's helper.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Patrick Mullen.

11-BIRTHPLACE OF FATHER (State or Country) Baltimore, Md.

12-MAIDEN NAME OF MOTHER Minnie Aman.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs, Minnie Beck. (Mother)

(Address) 420 Grindall St.

15- DEC 7 - 1916 Filed ..... ROBERT R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 4th. 1916. (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the Skull.
Accidental.

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Otto H. Reinhardt (Coroner) M. D.

Dec. 5, 1916. (Address) 1017 S. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Comel. Cem. DATE OF BURIAL, Dec. 7th 1916

20-UNDERTAKER E & B Hark ADDRESS 115 E. Lexington St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0219

CERTIFICATE OF DEATH.

40 D 0219

REGISTERED NO. C

1-PLACE OF DEATH # 624 N. Hamburg. ST.; 21 WARD)

CITY OF BALTIMORE: (No

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roberta Lee Lynn.

(Residence in Baltimore: No. #624 N. Hamburg St.; 7 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May 15 (Month) (Day) 1869 (Year)

7-AGE, 47 yrs. 6 mos. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work.
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country): Virginia

PARENTS.

10-NAME OF FATHER, William Cordell.

11-BIRTHPLACE OF FATHER (State or Country), Virginia.

12-MAIDEN NAME OF MOTHER Mary Steen.

13-BIRTHPLACE OF MOTHER (State or Country), Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Lynn.

(Address) #624 N. Hamburg St

15- Filed DEC 7 - 1916, 191... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 5 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1915, to Dec 5 1916, that I saw h[illegible] alive on " " 1916, and that death occurred, on the date stated above, at 3 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Pathological Specimen)

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Stasis

(Duration) 1 yrs. mos. ds.

(Signed) Stephen A. Rees M. D.

Dec 6, 1916. (Address) 1232 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Brunswick Md. DATE OF BURIAL, Dec 8, 1916

20-UNDERTAKER E & B Hartlus ADDRESS 115 E West St

It may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0220

CERTIFICATE OF DEATH.

1916 D 0220

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph Hospital St.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George C Dorsey

(Residence in Baltimore: No. 2106 E Fayette St.: yrs. 32 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH: November 7, 1884 (Month) (Day) (Year)

7-AGE: 32 yrs. mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Structural Iron
(b) General nature of industry, business, or establishment in which employed (or employer): Worker

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Frederick J Dorsey

11-BIRTHPLACE OF FATHER (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Elizabeth Urban

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): F. J. Dorsey

(Address): 2106 E Fayette St

15-

Filed DEC 7 - 1916 ROBERT R. KRAUTER Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Dec 6/16, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism. struck by falling iron beam. accidental

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed): Robert Sutter (Coroner.) M. D.

Dec. 6. 1916 (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Central Gas & Water Co.

Former or usual residence 2106 E. Fayette St.

19-PLACE OF BURIAL OR REMOVAL: Trinity Cemetery

DATE OF BURIAL: Dec 8/16 19...

20-UNDERTAKER: Christian Miller

ADDRESS 2334 Jefferson St

Please answer all questions in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B D 0221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 0221

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 N. Madaira ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August Leonard Büttner

(Residence in Baltimore: No. 1518 N Madaira St; St.; 6 yrs., 5 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 25, 1910 (Month) (Day) (Year)

7-AGE, 6 yrs. 5 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Walter Büttner

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Margaret Kautsch

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Büttner

(Address) 1518 N. Madaira St

15-

Filed DEC 7 1916 191.....

ROBERT P. KRAUTER

Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 1st, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1916, to Dec 1st 1916, that I saw h.. alive on Dec 1st 1916, and that death occurred, on the date stated above, at 7:30 a. m.

The CAUSE OF DEATH* was as follows:

.....Bronchitis Acute.....

..... (Duration) 6 yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

..... (Duration) 4 yrs. 2 mos. 4 ds.

(Signed) Walter Knight M. D.

Dec 6, 1916 (Address) 1410 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Dec 7, 1916

20-UNDERTAKER Christian Miller

ADDRESS 233 S Jefferson St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0222

113 D 0222

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 Riverside Ave ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William F Shakespeare

(Residence in Baltimore: No. 112 Riverside Ave St.; 57 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, December (Month), 1 (Day) (Year)

7-AGE, 57 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boiler Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Jonathan Shakespeare

11-BIRTHPLACE OF FATHER (State or Country), Ind

12-MAIDEN NAME OF MOTHER Amanda Shakespeare

13-BIRTHPLACE OF MOTHER (State or Country), Ind

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Shakespeare

(Address) 663 W Fayette St

15- Filed DEC 7 1916 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 6th (Month) (Day); 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 4th 1916, to Dec 6th 1916, that I saw him alive on Dec 5th 1916, and that death occurred, on the date stated above, at 5-30 m.

The CAUSE OF DEATH* was as follows:

Dysentery Chronic

3 months

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) F K Wiles M. D.

Dec 6, 1916 (Address) 1712 N Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, LOUDON PARK — DATE OF BURIAL, DEC 8 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. — ADDRESS 715 Light St

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0223

CERTIFICATE OF DEATH.

120

D 0223 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 Hanover ST., 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Frederick Deering

(Residence in Baltimore: No. 604 Hanover St. St. Lives yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	widowed

6-DATE OF BIRTH, July 29, 1837. (Month) (Day) (Year)

7-AGE, 77 yrs. 4 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Grocer
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Henry C. Deering

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Florence Deering

(Address) 604 Hanover St.

15- Filed DEC 7 1916, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 6, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 1915, to Dec 6 1916, that I saw Him alive on Dec 5 1916, and that death occurred, on the date stated above, at 1.30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchitis Chronic

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 2 yrs. mos. ds.

(Signed) J. Edward Lynch M. D.

Dec 6, 1916 (Address) 710 Eight St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, BALTIMORE CEMETARY. DATE OF BURIAL, DEC. 8 1916

20-UNDERTAKER, ARMSTRONG-DENNY CO. ADDRESS 715 Eight St

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 0224

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0224

CERTIFICATE OF DEATH.

REGISTERED NO. C 151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 Pearl st ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Palacardo

(Residence in Baltimore: No. 128 Pearl st St.; yrs., mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem. 4-COLOR OR RACE, white 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sing.

6-DATE OF BIRTH, 12 - 5 (Month) (Day), 1916 (Year)

7-AGE, ...yrs. ....mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Vincent Palacardo

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Giovanna Pompeo

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L. Dinaro

(Address) 226 E Howard st

15- Filed DEC 7 - 1916, 191.. ROBERT R. KRAUTER Burial Permit Clerk... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) - 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12-5- 1916, to 12-7- 1916, that I saw h alive on 191, and that death occurred, on the date stated above, at 8 H m.

The CAUSE OF DEATH* was as follows:

congenital debility

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Peter Pero M. D.

....., 191... (Address) 210 Pearl st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincent Cemetery DATE OF BURIAL, Dec 7 1916

20-UNDERTAKER John L Dahey ADDRESS 1318 light

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X45 D 0225

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Md General Hosp ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John N. Campbell

(Residence in Baltimore: No. Md. General Hosp St.; ...yrs., ...mos. 8 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Married

6-DATE OF BIRTH, ...Nov... (Month) ...1... (Day) ... (Year)

7-AGE. 60 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Owner

9-BIRTHPLACE, (State or Country). Virginia

PARENTS.

10-NAME OF FATHER. Warner Campbell

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Esther Campbell

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Md. General Hosp

(Address) Linden & Madison

15- Filed DEC 7 - 1916, 191... ROBERT R. KRAUTER Clerk
Burial Permit ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 6, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 25 1916, to Dec 6 1916, that I saw h[illegible]ive on Dec 6 1916, and that death occurred, on the date stated above, at 6 4 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

Operation

(Duration) ... yrs. ... mos. 5 ... da.

CONTRIBUTORY (Secondary) Nephritis

(Duration) ... yrs. ... mos. 4 ... da.

(Signed) Edward Newcomer M. D.

12-6-, 191... (Address) Md. General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 6 ds. In the State ... yrs. ... mos. 8 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Amherst Va

19-PLACE OF BURIAL OR REMOVAL. North End Va — DATE OF BURIAL. Dec 7, 1916

20-UNDERTAKER Chas E. Hoswell — ADDRESS 801 Madison Ave

important. See instructions on back of certificate.

(Over)

D 0226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 3 0 D 0226

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1102 E 20th St. 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Denison S Hooker

(Residence in Baltimore: No. 1102 E 20th St.; yrs., 4 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, June 29, 1825
(Month) (Day) (Year)

7-AGE, 88 yrs. 5 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Ontario N Y

PARENTS.

10-NAME OF FATHER, Fredrick Hooker

11-BIRTHPLACE OF FATHER (State or Country) Ontario N Y

12-MAIDEN NAME OF MOTHER Emily Hathaway

13-BIRTHPLACE OF MOTHER (State or Country) Ontario N Y

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. D. Hooker

(Address) 1102 E. 20th St

15- Filed DEC 7 - 1916, 191... ROBERT R. KRAUTER Burial Permit Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 6, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Jurors
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Indigestion

Exhaustion

(Duration) ....yrs....mos....ds.

CONTRIBUTORY
(Secondary)

(Duration) ....yrs....mos....ds.

(Signed) J. Bryce Jones M.D.
(Coroner)

Dec. 6, 1916 (Address) Cannon & E. 20th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Ontario N Y — DATE OF BURIAL, Dec 9, 1916

20-UNDERTAKER Wm Cook — ADDRESS 1102 E 20th St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0227

CERTIFICATE OF DEATH.

92 D 0227
REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Groom

(Residence in Baltimore: No. 822 N. Vincent St. St.; 2 yrs., 6 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Negro.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 4, 1914
(Month) (Day) (Year)

7-AGE, 2 yrs. 5 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Groom

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Lilly Jackson

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Groom

(Address) 822 Vincent

15-

Filed DEC 7 - 1916, 191.... ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 5, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 2 1916, to Dec 5 1916, that I saw h[illegible] alive on Dec 5 1916, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) yrs. mos. 1 ds.

(Signed) Henry Russell M. D.

DEC 7, 1916 (Address) 5E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 822 Vincent St.

19-PLACE OF BURIAL OR REMOVAL, W Auburn — DATE OF BURIAL, DEC 8, 1916

20-UNDERTAKER Sam'l Case Sn — ADDRESS 1400 Mosher

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0228

CERTIFICATE OF DEATH.

28 D 0228
REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital ST.; 5 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Collins

(Residence in Baltimore: No. 104 Forrest St - St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1844 (Year)

7-AGE.	If LESS than 1 day,
72 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE. (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Collins

11-BIRTHPLACE OF FATHER (State or Country), (?)

12-MAIDEN NAME OF MOTHER Harriett Seales.

13-BIRTHPLACE OF MOTHER (State or Country), (?)

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15-

Filed ....., 191.... ROBERT R. KRAUTER. Registrar.

DEC 7 - 1916 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 3, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 14 1916, to Dec 3 1916, that I saw him alive on Dec 3 1916, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
Tuberculosis
Several years
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ?
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frank L. Marcy M. D.
Dec 7, 1916. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 19 ds. In the State 57 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 104 Forrest st

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL. ....., 191...
20-UNDERTAKER	ADDRESS

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—3000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D-0229

CERTIFICATE OF DEATH.

78 D 0229

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 Rutland Ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Purcell

(Residence in Baltimore: No. 1115 Rutland Ave St.; 58 yrs. 10 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 11, 1858 (Month) (Day) (Year)

7-AGE, 58 yrs. 10 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, G Henry Pottgusir

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lee Purcell

(Address) 1115 Rutland Ave

15-

Filed DEC 7 - 1916, 191.. ROBERT R. KRAUTER Registrar.

Burial Permit [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 7 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1916, to Dec 7 1916, that I saw h[illegible] alive on Dec 7 1916, and that death occurred, on the date stated above, at 4 p m.

The CAUSE OF DEATH* was as follows:

Endocarditis

Thrombosis

(Duration) ....yrs. 8 mos. ....ds.

CONTRIBUTORY (Secondary) Acute Dilatation

(Duration) ....yrs. ....mos. 1 ds.

(Signed) Mark R. Clark M. D.

Dec 7, 191 6 (Address) 1 E 19th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, Dec 9, 191..

20-UNDERTAKER Henry Hoeck Son — ADDRESS 301 E Eager St

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0230

D 0230

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 549 McMechen ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ocie Carney

(Residence in Baltimore: No. 549 McMechen St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH. August 28, 1898
(Month) (Day) (Year)

7-AGE. 18 yrs. 3 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm E. Carney.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary E. Ross.

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm E. Carney

(Address) Goldsboro, Md

15-

Filed DEC 7 - 1916, 191.... HARRY O. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 6, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 26 1916, to Dec 6 1916, that I saw h[illegible] alive on Dec 6 1916, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. mos. ds.

(Signed) Edward S Hart M. D.

Dec 7, 1916 (Address) 1512 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Goldsboro Md

DATE OF BURIAL. Dec 7, 1916.

20-UNDERTAKER John A Owens

ADDRESS 1122 Druid Hill Ave

Important. See instructions on back of certificate.

D 0231

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 D 0231

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 502 Pearl ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Holland Brown

(Residence in Baltimore: No. 502 Pearl St. St.: 0 yrs. 2 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colord

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7 AGE: 78 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9 BIRTHPLACE (State or country): N C

PARENTS

10 NAME OF FATHER: William Brown

11 BIRTHPLACE OF FATHER (State or country): N C

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Brown

(Address) N C

DEC 7 - 1916

Filed ....., 191.... HARRY G. ANDERS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec. 4, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1916 to Dec. 4 1916. that I saw h[illegible] alive on Dec. 3, 1916. and that death occurred, on the date stated above, at 5½ P m. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 0 yrs. 0 mos. 3 ds

Contributory (SECONDARY): none

(Duration) yrs. mos. ds.

(Signed) R B Thompson M. D.

Dec 4, 1916 (Address) 422 S Green

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Charlotte N.C. DATE OF BURIAL: Dec 7, 191[illegible]

20 UNDERTAKER: Samuel Hawley ADDRESS: 5, 18 W Balto

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0232

HEALTH DEPARTMENT—CITY OF BALTIMORE

50 D 0232

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 1 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Guiseppi Gorguillo

(Residence in Baltimore: No. 2321 Eager Place St.; 40 yrs., — mos. — ds.)

Important. See instructions on back of certificate. Accuracy of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Mrd

6-DATE OF BIRTH, Mar 19, 1861 (Month) (Day) (Year)

7-AGE, 55 yrs. 8 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Francisco Gorguillo

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Mary

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hosp.

(Address) Calvert St

15- DEC 7 - 1916 Filed....., 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 4 1916, to Dec 7 1916, that I saw him alive on Dec 7 1916, and that death occurred, on the date stated above, at 1.40 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Don't Know (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)..... (Duration) 2 yrs. 1 mos. ds.

(Signed) Edward E. Smith M. D.

Dec 7, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 3 ds. In the State 10 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 2321 Eager Pl.

Former or usual residence 2321 Eager Pl.

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Dec 9, 1916

20-UNDERTAKER Frank Crack & Son — ADDRESS 1806 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 0233

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 0233

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1464 Woodall ST.; 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Schroyer

(Residence in Baltimore: No. 1464 Woodall Stnd St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Feb (Month) 19 (Day), 1848 (Year)

7-AGE, 68 yrs. 9 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Nebraska

PARENTS.

10-NAME OF FATHER, William R Tilghman

11-BIRTHPLACE OF FATHER (State or Country). Linn Ohio

12-MAIDEN NAME OF MOTHER Maria Wright

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George D. Schroyer

(Address) 1464 Woodall

15- Filed DEC 7 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 15 1916, to Dec 5 1916, that I saw her alive on Dec 4 1916, and that death occurred, on the date stated above, at 5:45 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) — yrs. 9 mos. — ds.

CONTRIBUTORY (Secondary).....

(Duration) ... yrs. ... mos. ... ds.

(Signed) D. Hamilton M. D.

12/7/, 1916. (Address) 122 W. Fay St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Oaklawn Cemetery — DATE OF BURIAL, Dec. 9., 1916

20-UNDERTAKER William Cook — ADDRESS 502 E Watts

Dr. Franklin 122 W — Fay St

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.--8-24-14—M. & T.—2000 Blks.

D 0234

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 D 0234

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 429 N Castle St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Hohman

(Residence in Baltimore: No. 429 N Castle St.; ..... yrs., ... mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dec 3, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. 3 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, August A Hohman

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Louise Rothamph

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) August Hohman

(Address) 429 N Castle

15- DEC 7 - 1916 HARRY C. ANDERSON
Filed....., 191.... DEPUTY COMPTROLLER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 7, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 3 1916, to Dec 7 1916, that I saw him alive on Dec 6 1916, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Premature birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Gundwood M. D.

Dec 7, 1916 (Address) 102 E 26th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Dec 6, 1916
20-UNDERTAKER Philip Henry	ADDRESS 2016 Orleans

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0235

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

REGISTERED NO. D 0235

CITY OF BALTIMORE: (No. 1302 St Paul ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry C. Matthews

(Residence in Baltimore: No. 1302 St Paul St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Mall	White	Married

6-DATE OF BIRTH, Unknown, 18.... (Month) (Day) (Year)

7-AGE, 71 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lumber
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER, Joseph Matthews

11-BIRTHPLACE OF FATHER (State or Country). Balto. Md.

12-MAIDEN NAME OF MOTHER Brooks

13-BIRTHPLACE OF MOTHER (State or Country). Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Henry C. Matthews

(Address) 1302 St. Paul St.

15- Filed DEC 7 1916 191... HARRY C. ANDREW Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 25 1916, to Dec 6 1916, that I saw h.. alive on Dec 6 1916, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver
Intestinal hemorrhage

(Duration) several days.

CONTRIBUTORY (Secondary) Pulmonary edema

(Duration) yrs. mos. 2 ds.

(Signed) Henry B. Thomas M. D.

Dec 7, 1916 (Address) 1307 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Friends Cemetery	12-8, 1916
20-UNDERTAKER	ADDRESS
Henry W. Feuchs & Son Co	Pulaski & Orchard

important. See instructions on back of certificate. ...CAUSE, DURATION OF OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0236

CERTIFICATE OF DEATH.

92 D 0236

REGISTERED NO. C 225

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 Warner ST.; D)

2-FULL NAME Julia Robinson

(Residence in Baltimore: No. 512 Warner St.; yrs. mos. ds.)

important. See instructions on back of certificate. Early attention to OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Married

6-DATE OF BIRTH, April (Month) 25 (Day), 1873 (Year)

7-AGE, 43 yrs. 7 mos. 10 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Asa Bevans

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Margaret Cornish

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Robinson (Son)

(Address) 512 Warner st.

15- DEC 7 - 1916 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1916, to Dec 5 1916, that I saw her alive on Dec 5 1916, and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Primary - Lobar Pneumonia

Immediate - Exhaustion

(Duration) ....yrs. 1 mos. X ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. 1 mos. X ds.

(Signed) J. P. Young M. D.

Dec 7, 1916 (Address) 516 Hanover st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cem	Dec 7, 1916
20-UNDERTAKER	ADDRESS
A. N. Brown & Son	1870 Pratt st

Spec.—8-24-14—M. & T.—2000 Blks.

D 0237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 0237

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 149 W Hamburg ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Williams & Johnson

(Residence in Baltimore: No. 149 W Hamburg St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) ..... (Day) 1856 (Year)

7-AGE, 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer) at large

9-BIRTHPLACE, (State or Country), W. Va

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie E. Hammond

(Address) 149 W Hamburg

15-

Filed DEC 7 - 1916, 191...

HARRY C. ANDREWS
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 25 1916, to Dec 6 1916, that I saw h— alive on Dec 5 1916, and that death occurred, on the date stated above, at 2.50 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis Chronic

(Duration) ... yrs. ... mos. 8 ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) ... yrs. ... mos. 8 ds.

(Signed) C. H. Finch M. D.

Dec 7, 191... (Address) 716 S. Stricker

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Ct

DATE OF BURIAL, Dec 8, 191...

20-UNDERTAKER J. W. Bruns & Son

ADDRESS 118 N. Howard

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 0238

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 0238

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 633 W Lanvale ST.: 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Singleton

(Residence in Baltimore: No. 633 W Lanvale St.: 10 yrs., mos., ds.)

important. See instructions on back of certificate. ... DESCRIPTION OF OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1847
(Month) (Day) (Year)

7-AGE, 79 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm Green

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER Mary Thompson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs M Singleton

(Address) 633 W Lanvale

15-

Filed DEC 7 - 1916 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 6, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 26 1916, to Dec 6 1916, that I saw her alive on Dec 6 1916, and that death occurred, on the date stated above, at 6.15 p.m.

The CAUSE OF DEATH* was as follows:

1a Lobar Pneumonia

(Duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas E Short M. D.

Dec 8 191 6 (Address) 1512 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury Cem DATE OF BURIAL, Dec 8 1916

20-UNDERTAKER JAMES H. DENNIS ADDRESS 1303 PRESSTMAN ST.

D 0239

HEALTH DEPARTMENT—CITY OF BALTIMORE

167 D 0239

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1703 Johannsen St. 16th WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian J. Johnson

(Residence in Baltimore: No. 703 N. Bruce St.; yrs. 16 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the Word.)
Female	Col'd	Single

6-DATE OF BIRTH, Sept 29, 1902
(Month) (Day) (Year)

7-AGE, 14 yrs. 2 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Emanuel Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Ida Penden

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 703 N Bruce

15- DEC 7 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 6, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shot by James Brown
Father and Husband
Accidental
Homicide (Duration) Coal Stove yrs. mos. ds.
CONTRIBUTORY (Secondary) Carbon Monoxide Gas
Called Coroner after
(Duration) 24 hours yrs. mos. ds.
(Signed) [illegible] M. D.
(Coroner)
Dec 7, 1916 (Address) 624 E Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 703 N Bruce St

Former or usual residence 703 N Bruce

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery — DATE OF BURIAL, Dec 8, 1916

20-UNDERTAKER James H. Dennis — ADDRESS 1303 Pressman

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0240

D 0240

CERTIFICATE OF DEATH.

79

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2542 Fleet ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene Lewis

(Residence in Baltimore: No. 2542 Fleet St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Aug. (Month) 28 (Day), 1840 (Year)

7-AGE, 76 yrs. 3 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Commission Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Francis Chevallier

11-BIRTHPLACE OF FATHER (State or Country), France

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. E. Lewis

(Address) New York

15- DEC 7 - 1916 Filed, - 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 6 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1- 191 6, to Dec 6 191 6, that I saw h[illegible] alive on Dec 6 191 6, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Broken Compensation

(Duration) yrs. mos. 1 ds.

(Signed) Geo Clinton Blades M. D.

12/9/16 (Address) 1402 E Broad

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Dec. 9, 191 6

20-UNDERTAKER E J Fanning

ADDRESS 1938 E Lafayette Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 D 0241

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 163 Presstman ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Holland.

(Residence in Baltimore: No. 1631 Presbury St.; 25 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Widow

6-DATE OF BIRTH. December 1st, 1876 (Month) (Day) (Year)

7-AGE. 70 yrs. — mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country) Prince George Co. Md

PARENTS.

10-NAME OF FATHER, Daniel Robinson

11-BIRTHPLACE OF FATHER (State or Country) Prince George Co. Md

12-MAIDEN NAME OF MOTHER Nellie Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Prince George Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel Holland

(Address) 1631 Presbury St.

15- DEC 7 - 1916 HARRY [illegible]

Filed....., 191.. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. December 6th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10th 1916, to Dec 5th 1916, that I saw h[illegible] alive on Dec 5th 1916, and that death occurred, on the date stated above, at 8 30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(Duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (Duration) 2 yrs. 6 mos. — ds.

(Signed) William Sinclair M. D.

Dec 6th, 1916. (Address) 1701 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Peters Cemetery DATE OF BURIAL. Dec 8, 1916

20-UNDERTAKER Felix B Pyle ADDRESS 1028 Eutaw

Important. See instructions on back of certificate.

D 0242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED NO. C D 0242

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 509 N. Exeter St. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mable Tyler

(Residence in Baltimore: No. 509 N. Exeter St. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	Black	Single

6-DATE OF BIRTH, March 21, 1900
(Month) (Day) (Year)

7-AGE, 16 yrs. 8 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... Domestic

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, William Tyler

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Bessie Brandy

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bessie Brandy

(Address) 509 N. Exeter

15- Filed DEC 7 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 6, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Duration 1 yrs. 2 mos. 0 ds.

CONTRIBUTORY (Secondary) Pneumonia Influenza

(Duration) yrs. mos. ds.

(Signed) H. Wiley M. D.
(Coroner.)

Dec 7, 191.6 (Address) 1629 Bruns

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Laurel County — DATE OF BURIAL, Dec 7, 1916

20-UNDERTAKER Felix B Pyle — ADDRESS 102 E Fulton

CAUSES OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0243

HEALTH DEPARTMENT—CITY OF BALTIMORE

120

D 0243

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1939 Madison Ave St.; 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James O'Brien

(Residence in Baltimore: No. 1939 Madison Ave St.; 91 yrs., 1 mos. 11 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, Oct 20th, 1825
(Month) (Day) (Year)

7-AGE, 91 yrs. 1 mos. 11 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession; or particular kind of work: Business (Real Estate) retired some yrs
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, James O'Brien

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Margaret Tuttle

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Chas E Trull

(Address) 1939 Madison Ave

15- DEC 7 - 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 6, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1st 1916, to Dec 6 1916, that I saw h~~im~~ alive on Dec 5 1916, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, chronic nephritis, terminal pneumonia

2 A (Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Terminal pneumonia

(Duration) yrs. mos. ds.

(Signed) Leonard K. Hirshberg M. D.

Dec 6, 1916. (Address) 1937 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Dec 8, 1916.
20-UNDERTAKER	ADDRESS
H. M. Cauthy	624 N Eutaw St.

important. See instructions on back of certificate.

Spec.—8 24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0214

CERTIFICATE OF DEATH.

79 D 0244

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 E Preston st ST.; 8 WARD) REGISTERED NO. C

2-FULL NAME Georgeianna Ilgenfritz

(Residence in Baltimore: No. 1625 E Preston st

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St. 6 Life yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH. Jan. 27 1840 (Month) (Day), 1 (Year)

7-AGE. 76 yrs. 10 mos. 11 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). At Home

9-BIRTHPLACE, (State or Country), MD

PARENTS.

10-NAME OF FATHER. John Nicolson

11-BIRTHPLACE OF FATHER (State or Country), U S

12-MAIDEN NAME OF MOTHER Catherine Reed

13-BIRTHPLACE OF MOTHER (State or Country), U S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Georgeinna Mandt

(Address) 1625 E Preston

15-

Filed DEC 8 - 1916, 191 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 5 1916 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1916, to Dec 5 1916, that I saw her alive on Dec 5 1916, and that death occurred, on the date stated above, at 10a m.

The CAUSE OF DEATH* was as follows:

Biliary Calculi

(Duration) yrs. mos. 4 da.

CONTRIBUTORY (Secondary) Mitral Regurtation

(Duration) yrs. 6 mos. da.

(Signed) [illegible] M. D.

Dec 6 1916 (Address) 2938 E Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. mos. da. In the State 75 yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Oak Lawn

DATE OF BURIAL. Dec. 8, 1916

20-UNDERTAKER H. Sander & Sons

ADDRESS 120 Fleet St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0245

D 0245

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 Barnes ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Shott

(Residence in Baltimore: No. 1605 Barnes St.; 6 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 20th, 1909
(Month) (Day) (Year)

7-AGE, 6 yrs. 8 mos. 17 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Andrew Shott

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Teresa Knopf

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Shott

(Address) 1605 Barnes St

15-

Filed DEC 8 - 1916, 191.. ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 3 1916, to Dec 7 1916, that I saw h[illegible] alive on Dec 7 1916, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Meningitis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) Wm. L. Peale M. D.

Nov 7, 191.. (Address) 1028 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Mathews Cem. DATE OF BURIAL, Dec 8, 191.6

20-UNDERTAKER Geo M. Fisher ADDRESS 811 N. Wolfe st

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0246 **CERTIFICATE OF DEATH.** 157 D 0246

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 W 36th St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn J. Clinton DeHaven

(Residence in ~~Baltimore~~: No. (5-11/2 months Fulton) St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Dec (Month) 6 (Day), 1916. (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or 20 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, J. Clinton DeHaven

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Cora Maud Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Clinton DeHaven

(Address) 704 W. 36th St.

15-

Filed DEC 8 - 1916, 191.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 6 1916, to Dec 6 1916, that I saw h[illegible] alive on Dec 6 1916, and that death occurred, on the date stated above, at 11.20 PM

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

.....(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary).....

.....(Duration)....yrs....mos....ds.

(Signed) R. B. Vincent M. D.

Dec 7, 1916. (Address) 3347 Hamilton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Dec 8 1916 — DATE OF BURIAL

20-UNDERTAKER, L. Hartman Simmons — ADDRESS

important. See instructions on back of certificate. ... statement of OCCUPATION is very

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 0247. **CERTIFICATE OF DEATH** D 0247.

120

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 239 Colvin St.: 5 WARD) Registered No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME James Tillary

(Residence in Baltimore: No. 239 Colvin St.: ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male | 4-COLOR OR RACE: Colored | 5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: ..... (Month) ..... (Day), 1866 (Year)

7-AGE: 50 yrs. ... mos. ... ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Annapolis Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Maria Tillary

(Address) 239 Colvin St

15. Filed DEC 8 - 1916, 191 ROBERT R. KRAUTER REGISTRAR

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. 7th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 1916, to Dec 7th 1916, that I saw him alive on Dec 5th 1916, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

..... (Duration) ... yrs. 6 mos. ... ds

Contributory (SECONDARY) Ex. Uremia

..... (Duration) ... yrs. ... mos. ? ds.

(Signed) J. E. Lilly M. D.

Dec 7, 1916 (Address) 328 E Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL | DATE OF BURIAL: DEC 7 - 1916, 191

20-UNDERTAKER: Commissioner Health. | ADDRESS

Spec.—8-24-14—M. & T.—2000 Bks.

D 0248

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0248

CERTIFICATE OF DEATH.

REGISTERED NO. C 45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Mason

(Residence in Baltimore: No. 2 months 5 days (Johns Hopkins Hosp'l St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, December 24, (Month) (Day) 1838 (Year)

7-AGE, 78 yrs. 11 mos. 13 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, James W. Mason

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Martha Cook

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15- Filed DEC 8 - 1916, 191 ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 7, (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 2 1916, to December 7 1916, that I saw him alive on December 7 1916, and that death occurred, on the date stated above, at 10 7a m.

The CAUSE OF DEATH* was as follows:

Epithelioma of prostate involving bladder and rectum. Renal hydronephrosis & Uraemia of Coma at autopsy. (Duration) 1 yr. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of prostate. (Duration) 1 yrs. mos. ds.

(Signed) H. L. Eccl. M. D.

Dec 7, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. 2 mos. 5 ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Culpeper Va.

19-PLACE OF BURIAL OR REMOVAL, Culpeper Va. DATE OF BURIAL, Dec. 8, 1916

20-UNDERTAKER Wm J Schaffer Son ADDRESS 816 Monument St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0249

CERTIFICATE OF DEATH.

D 0249

1-PLACE OF DEATH 323 N. Eutaw St. Baltimore 9 W REGISTERED NO. C

CITY OF BALTIMORE: (No. ..... ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Matthew Walker

(Residence in Baltimore) No. 323 N. Eutaw St

St.; 92 yrs., 11 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH January 8th, 1824
Jan. (Month) 8 (Day) 1824 (Year)

7-AGE, 92 yrs. 10 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Jeweller
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Jacob A. Walker

11-BIRTHPLACE OF FATHER (State or Country), Lititz Penn.

12-MAIDEN NAME OF MOTHER Mary D'Aigle

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Mary D. Walker

(Address) 323 N. Eutaw St

15- DEC 8 1916 191.....

ROBERT R. KRAUTER
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 7, 1916
12 (Month) 7 (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 20th 1916, to Dec 7th 1916, that I saw h alive on ..... 191, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Age & Exhaustion

..... (Duration) — yrs. — mos. 17 ds.

(Signed) H. D. Schaus Jun M. D.

191... (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 323 N. Eutaw St.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral Cem	12—9....., 1916
20-UNDERTAKER Henry W. Jenkins Sons Co	ADDRESS Orchard Ine Cullon Sts

important. See instructions on back of certificate.

D 0250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 0250

REGISTERED NO. C

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Southwest Cor Fulton Ave and Franklin St WARD 20)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mrs. Susan E Barbour

(Residence in Baltimore: No. Home for the Aged of the M E Church St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: March (Month) 24 (Day), 1822. (Year)

7 AGE: 94 yrs. 8 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: Jeremiah Whetlle

11 BIRTHPLACE OF FATHER (State or country): Annapolis Md.

12 MAIDEN NAME OF MOTHER: Ann E. Hall

13 BIRTHPLACE OF MOTHER (State or country): Pennsylvania

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. R. Merriman

(Address) M. E. Home for Aged

15 Filed DEC 8 - 1916 ROBERT R. KRAUTH REGISTRAR

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 8 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 2, 1916, to, Dec. 8 1916, that I saw h[er] alive on Dec 6, 1916, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Pericarditis

(Duration) — yrs. 3 mos. — ds

Contributory (SECONDARY): Old age

(Duration) yrs. mos. ds.

(Signed) George C. Shriver M. D.

Dec 8, 1916 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 8 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Home for Aged

Former or usual residence: Home for Aged.

19 PLACE OF BURIAL OR REMOVAL: Methodist Evangelical Cem

DATE OF BURIAL: Dec 9, 1916

20 UNDERTAKER: Geo J Smith

ADDRESS: 1000 W. Fayette

D 0251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 0251

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 829 N. Fremont St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Solomon E. Haught

(Residence in Baltimore: No. 829 N. Fremont St.; 16 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, July 12, 1853
(Month) (Day) (Year)

7-AGE, 63 yrs. 4 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Solomon S. Haught

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Virginia C. Chapman

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. Haught

(Address) 829 N. Fremont

15-
DEC 8 - 1916
Filed....., 191.... Harry C. Ambler
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH Dec 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) And that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Influenza
(b) Bronchitis
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Interstitial Nephritis
(Duration) yrs. mos. ds.

(Signed) S. G. H. Tuttle M. D.
(Coroner.)
....., 191.. (Address) 817 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds. None

Where was disease contracted, if not at place of death?.....

Former or usual residence None

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Woodlawn	Dec 10th, 1916.
20-UNDERTAKER Graham & Waeber	ADDRESS 733 W. Lafayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0252

CERTIFICATE OF DEATH.

REGISTERED NO. C D 0252

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 4 Elizabeth Terrace ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Bruce

(Residence in Baltimore: No. 1 4 Elizabeth Terrace St.; 4 WARD)

(Residence in Baltimore: No. 1 St Paul St. St.; ..... yrs. 3 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	colored	

6-DATE OF BIRTH, ... Dec ..... (Month) 30 ..... (Day), 1916 (Year)

7-AGE, ... 0 yrs. 3 mos. 7 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- DEC 8 - 1916 Filed ....., 191. HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 30 1916, to Dec 7 1916, that I saw her alive on Dec 6 1916, and that death occurred, on the date stated above, at 1 50 P m.

The CAUSE OF DEATH* was as follows:

Alimentary Deconstruction

(Chronic Severe Malnutrition)

..... (Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Edgar B Freedenwald M. D.

Dec 7, 1916 (Address) 1616 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0253

CERTIFICATE OF DEATH.

38 D 0253

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital STR. WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Spencer

(Residence in Baltimore: No. 118 Hughes St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, Unknown (Month) (Day), 187? (Year)

7-AGE, 44 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Elija Spencer

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15- DEC 8 - 1916 Filed, 191... HARRY C. ANDREAS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 5 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12/2/16 1916, to 12/5/16 1916, that I saw him alive on 12/5 1916, and that death occurred, on the date stated above, at 10.40 A.m.

The CAUSE OF DEATH* was as follows:

Pneumonia
Bronchial
Exhaustion
Tuberculosis of Lung
Contributory Syph (Duration) yrs. mos. 14 ds.
CONTRIBUTORY (Secondary) Nephritis
(Duration) yrs. 1 mos. ds.

(Signed) Frank C. Marino M. D.
Dec. 8, 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Not Known.

Former or usual residence 118 Hughes St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	DEC 8 1916
20-UNDERTAKER	ADDRESS
Commissioner Health. Per Wm. F. WOODALL	

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0254

D 0254

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2843 W. Lafayette Ave 16 ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Schlining

(Residence in Baltimore: No. 2843 W. Lafayette Ave St.; Lifetime yrs. mos. ds.)

important. See instructions on back of certificate. ... or property entitled. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Nov (Month) 16 (Day), 1880 (Year)

7-AGE: 36 yrs. — mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Millwright
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimor City

PARENTS.

10-NAME OF FATHER: William H. Schlining

11-BIRTHPLACE OF FATHER (State or Country): Baltimor City

12-MAIDEN NAME OF MOTHER: Mary L. Kraft

13-BIRTHPLACE OF MOTHER (State or Country): Baltimor, City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary L. Schlining

(Address) 2843 W. Lafayette

15- DEC 8 - 1916 HARRY C. ... Registrar.

Filed....., 191.... Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 6th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 5th 1916, to Dec 6th 1916, that I saw him alive on Dec 6th 1916, and that death occurred, on the date stated above, at 5:55 p.m.

The CAUSE OF DEATH was as follows:*

Pulmonary Tuberculosis

(Duration) 4 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) — yrs. — mos. — ds.

(Signed) Frank N. Kelly M. D.

Dec 7th, 1916. (Address) 1828 Edmondson Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore — DATE OF BURIAL, 12/9, 1916.

20-UNDERTAKER William Cook — ADDRESS 601 E. Balto

1828 Edmondson Ave

D 0255 HEALTH DEPARTMENT—CITY OF BALTIMORE D 0255

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 452 Hanover St. 12 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. A. Kenn

(Residence in Baltimore: No. 452 Hanover st St.; yrs., 5 mos., 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ...May... (Month) ...17... (Day) ...1866... (Year)

7-AGE, ...50... yrs. ...6... mos. ...21... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ...Candy...
(b) General nature of industry, business, or establishment in which employed (or employer) ...Salesman...

9-BIRTHPLACE, (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER, Wm R Kenn

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary Hammer

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Alice B. Kenn

(Address) 452 Hanover St

15- Filed DEC 8 - 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...Dec 8... (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ...Inquest... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ...Inquest... (Inquest, autopsy or inquiry.) find that said deceased came to ...his... death on the day stated above.

The CAUSE OF DEATH* was as follows:

...Tuberculosis of Lungs...

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) ... (Coroner.) M. D.

Dec 8, 1916 (Address) 632 Rutland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State. ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem. DATE OF BURIAL, Dec 10, 1916

20-UNDERTAKER Wm Cook ADDRESS 502 E Northern

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state

D 0256

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0256

CERTIFICATE OF DEATH.

79

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Light & Ostend Sts. ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard C.Wright.

(Residence in Baltimore: No. 1829 Belt Ave. St.; 50 yrs.. 5 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married.

6-DATE OF BIRTH, July 6th. 1866. (Month) (Day) 1 (Year)

7-AGE, 50 yrs. 5 mos. 0 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter. (House)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Charles J.Wright.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Ellen Byrne.

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs.Guida C.Wright.(Wife)
(Address) 1829 Belt Ave.

15- Filed DEC 8 - 1916, 191.. Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 6th. 1916. (Month) (Day) 191.. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto M. Rembardt M. D.
(Coroner.)
Dec.8, 1916. (Address) 1017 S.Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, Dec. 10, 1916

20-UNDERTAKER William Cook ADDRESS 502 6 North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0257 D 0257

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2036 Linden Ave ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Moses J Jackson

(Residence in Baltimore: No. 2036 Linden Ave St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 16 (Day), 1870 (Year)

7-AGE, 45 yrs. 4 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Comercial
(b) General nature of industry, business, or establishment in which employed (or employer): Market

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Jacob Jackson

11-BIRTHPLACE OF FATHER (State or Country), Germ

12-MAIDEN NAME OF MOTHER Lotta Fruchtl

13-BIRTHPLACE OF MOTHER (State or Country), Germ

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Hattie

(Address) 2036 Linden

15- Filed DEC 8 - 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1916, to Dec 1916, that I saw him alive on Dec 7 1916, and that death occurred, on the date stated above, at 8P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(a)..... (Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(b)..... (Duration) yrs. mos. ds.

(Signed) Abraham Samuels M. D.

Dec 8, 1916 (Address) 1778 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Washgtn DC	Dec 10, 1916
20-UNDERTAKER David Gruber	ADDRESS 78 [illegible]

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0258

CERTIFICATE OF DEATH.

64 D 0258

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 E. Lexington ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosetta Wabels

(Residence in Baltimore: No. 200 E. Lexington St.: [illegible] ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. Jan. (Month) 7 (Day), 1842 (Year)

7-AGE, 74 yrs. 11 mos. 1 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Michael Wabels

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Elizabeth Kilholland

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Grace

(Address) 200 E. Lexington st.

15- Filed DEC 8 - 1916, 191.... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 5 1916, to Dec 8 1916, that I saw her alive on Dec. 8 1916, and that death occurred, on the date stated above, at 11.42 a m.

The CAUSE OF DEATH* was as follows:

Paralysis agitans & Cerebral Softening

(Duration) 4 months

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. da.

(Signed) J. Bunj. Dorsey M. D.

Dec 8..., 1916. (Address) 1216 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL St Patricks Cem | DATE OF BURIAL, Dec 11, 1916

20-UNDERTAKER Chas F. Evans & Son ADDRESS 1180 Mt Royal Ave

Cause of death to be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0259

HEALTH DEPARTMENT—CITY OF BALTIMORE

108

D 0259

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1 Franklin Square Hosp. REGISTERED NO. C

CITY OF BALTIMORE: (No. [illegible] St.; [illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Roach

(Residence in Baltimore: No. 1347 Cookesie St.; 18 yrs., 8 mos. 7 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, March 30, 1898 (Month) (Day) (Year)

7-AGE, 18 yrs. 8 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, Edward Roach

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md.

12-MAIDEN NAME OF MOTHER Catherine Kluane

13-BIRTHPLACE OF MOTHER (State or Country), Alabama

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dominick Roach

(Address) 1347 Cookesie St

15-

Filed DEC 8 - 1916 HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10 1916, to Dec 6 1916, that I saw her alive on Dec 6 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows: Rupturing of lung abscess

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Was appendix?

(Duration) yrs. 1 mos. 12 ds.

(Signed) J. W. Thomas M. D.
Per W. J. Ferguson

, 191... (Address) 1228 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence 1347 Cookesie St

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, Dec. 7, 1916.

20-UNDERTAKER, W. J. & J. G. Flynn — ADDRESS 1432 Light St

IMPORTANT—Please print plainly, as that may be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0260

91 D 0260

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 Ellwy ST.; 17 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith Ringgold

(Residence in Baltimore: No. 1324 Ellwy ST St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Single

6-DATE OF BIRTH, Oct 2, 1916
(Month) (Day) (Year)

7-AGE, yrs. 2 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Charles Ringgold

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Minnie Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Ringgold

(Address) 1324 Ellwy St

15- Filed DEC 9 - 1916 191 ROBERT R. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 7 1916, to Dec 7 1916, that I saw h[illegible] alive on Dec 7 1916, and that death occurred, on the date stated above, at 9P m.

The CAUSE OF DEATH* was as follows: Pneumonia Broncho

(Duration) (3) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

12-7, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Dec 9, 1916

20-UNDERTAKER Geo H. Holland

ADDRESS 577 Robert St

(Over)

Be sure that every item is properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 0261

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2820 N. Calvert St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert B. N. Dew

(Residence in Baltimore: No. 2820 N Calvert St St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May (Month) 26th (Day), 1850 (Year)

7-AGE, 66 yrs. 6 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... Bartlett Hayward Co

9-BIRTHPLACE (State or Country), Framington Leamington England

PARENTS.

10-NAME OF FATHER, William Dew

11-BIRTHPLACE OF FATHER (State or Country) Oxford England

12-MAIDEN NAME OF MOTHER Ann Feller

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A N Dew

(Address) 2820 N Amst Ave

15- Filed DEC 9 - 1916, 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

Dr Geo Ingalls 4 E Chase St

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 7th (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 12th 1916, to Dec 7th 1916, that I saw h(im) alive on Dec 7th 1916, and that death occurred, on the date stated above, at 1.45a m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....Myocarditis.....Oedema of Lungs.....

..... (Duration).....yrs.....2 mos.....ds.

CONTRIBUTORY (Secondary).....Nephritis - Chronic.....

..... (Duration).....yrs.....4 mos.....ds.

(Signed).....C. W. Mitchell.....M. D.

Dec 7th, 191... (Address).....9 E Chase St.....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem — DATE OF BURIAL, Dec 9., 1916.

20-UNDERTAKER Wm J. Tickner & Sons — ADDRESS Fred'ck

Type or write in plain letters. It is important that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0262

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0262

CERTIFICATE OF DEATH.

79

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2213 Madison ave St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria A Metter

(Residence in Baltimore: No. 2213 Madison ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug 5 (Month) (Day) 1857 (Year)

7-AGE. 59 yrs. 4 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). None

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. John Brown

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Elizabeth Auld

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martin R Metter

(Address) 2213 Madison Ave

15-

DEC 9 - 1916

Filed....., 191.... ROBERT P. KRAUTH

Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 7th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 7th 1916, to Dec 7th 1916, that I saw her alive on Dec 6 1916, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Aortic Regurgitation

Chronic Myocarditis

(Duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) ....yrs. ....mos. ....ds.

(Signed) E. P. Freeman M. D.

12/7, 191.6 (Address) 412 E Chestnut St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cem. DATE OF BURIAL, Dec 9th, 1916.

20-UNDERTAKER W. J. Tuckerman ADDRESS 1st north Penn

Dr. Freeman Cathedral 20

Important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

D 0263

HEALTH DEPARTMENT—CITY OF BALTIMORE

79 D 0263

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Hahnemann Gen. Hosp. St.; 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Sands.

(Residence in Baltimore: No. 500 S. Charles St.; ....yrs., ...mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower.

6-DATE OF BIRTH, ... Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, ... 76 yrs. — mos. — da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cemetary attendant
(b) General nature of industry, business, or establishment in which employed (or employer)..... Ex and Soldiers

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Himself (Thos Sands)

(Address)..... 500 S. Charles St.

15- Filed DEC 9 - 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... December ..... 9 ....., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 20 1916 to Dec 9 1916, that I saw him alive on December 8 1916, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

..... Mitral Regurgitation and .....
..... Dilatation of Heart .....
..... (Duration) — yrs. 8 mos. — da.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

..... (Duration) — yrs. — mos. 4 da.

(Signed) Chas. E. Clark M. D.

Dec 9, 1916. (Address) 1310 N. Gilmor St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 6 da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 500 S Charles St

19-PLACE OF BURIAL OR REMOVAL, ~~New Cathedral~~ St Peters

DATE OF BURIAL, 12 — 11, 191...

20-UNDERTAKER H. C. Brauning & Son

ADDRESS 511 N Eutaw St

CAUSE OF DEATH to be plainly written, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 0264

CERTIFICATE OF DEATH

40 D 0264

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 11 N. Wolfe ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Regina Kiefner

(Residence in Baltimore: No. 11 N. Wolfe St.; 50 yrs. ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Oct. (Month) 16 (Day) 1847 (Year)

7-AGE: 72 yrs. 1 mos. 21 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Ensemble.

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Not Known

11-BIRTHPLACE OF FATHER (State or country): Ger.

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or country): Ger.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Kiefner

(Address) 231 N. Rose St.

15- Filed DEC 9 - 1916 ROBERT B. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 7 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1916, to, Dec 7 - 1916, that I saw h[illegible] alive on Dec 6 1916, and that death occurred, on the date stated above, at 1.30 PM

The CAUSE OF DEATH* was as follows:

Hepatic Carcinoma

(Duration) ... yrs. ... mos. 45 ds.

Contributory (SECONDARY) Exhaustion

(Duration) ... yrs. ... mos. 1 ds.

(Signed), Geo Clinton Blades M. D.

12/8/16, 191... [Address] 140 N Biron

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Dec. 11 191 6

20-UNDERTAKER: Jos. J. Kerr — ADDRESS: 156 W. Lafayette ave

D 0265

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

9 D 0265

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 926 N. Fulton Ave ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2 FULL NAME William Lesbia Day

(Residence in Baltimore: No. 926 N Fulton Ave St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Oct. 23 (Month), 1912 (Year)

7 AGE: 4 yrs. 1 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: William U. Day

11 BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Mable Fuller

13 BIRTHPLACE OF MOTHER (State or country): Conn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm U. Day

(Address) 926 N. Fulton Ave.

15 Filed DEC 9 - 1916 ROBERT R. KRAUTER Burial Permit 5101A REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 8 th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 7th, 1916, to date of death, 1916, that I saw h-im alive on Dec 8th, 1916, and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Diphtheria (Laryngeal)

about 30 hrs (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) D. L. Davis M. D.

Dec 8, 1916 (Address) 832 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Green Mount Cemetery

DATE OF BURIAL: Dec 9, 1916

20 UNDERTAKER: E. M. Mitchell & Co

ADDRESS: 1201 W. Fayette St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0266

CERTIFICATE OF DEATH

81

D 0266

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3739 Roland Ave. St.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert F. Reynolds

(Residence in Baltimore: No. 3739 Roland Ave. St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: July (Month) 5th. (Day) 1853 (Year)

7-AGE: 63 yrs. 5 mos. 2 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Clerk Office
(b) General nature of industry, business, or establishment in which employed (or employer): Pork Engineering Co

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Perry Reynolds

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Elizabeth Ford

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Sarah Reynolds

(Address) 3739 Roland Ave,

15- DEC 9 - 1916 Filed ..... 191.. ROBERT B. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 20, 1916, to, Dec 7 1916, that I saw him alive on Dec 7 1916, and that death occurred, on the date stated above, at 10 5 7 PM

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis.

1 (Duration) 3 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Oedema of Lungs.

(Duration) ..... yrs. ..... mos. 12 hours

(Signed) J. O'Reilly M. D.

Dec 9 1916 [Address] 3849 Roland Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Dec. 10th 1916

20-UNDERTAKER: A.S. Marshall

ADDRESS: 3539 Falls Road

Spec.—8-24-14—M. & T.—2000 Bks.

D 0267. HEALTH DEPARTMENT—CITY OF BALTIMORE 79 D 0267

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hospital REGISTERED No. C 5720

CITY OF BALTIMORE: (No. 733 E. Baltimore St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nicholas Furlong

(Residence in Baltimore: No. 733 E. Baltimore St.: ....yrs., ...mos. ....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-(SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December 25, 1868 (Month) (Day) (Year)

7-AGE, 48 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Walter Furlong

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Anastasia Moran

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Phillip Furland

(Address) 1739 N. Broadway

15- Filed DEC 9 - 1916, 191.... ROBERT B. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 22 1916, to Dec 7 1916, that I saw h[illegible] alive on Dec 7 4 1916, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Streptococcus infection

Erysipelas of face

(Duration) 1 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ....yrs. mos. 20 ds.

(Signed) P. J. Crowell M. D.

Dec. 7, 1916. (Address) 1 W. Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. mos. 15 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Cemetery DATE OF BURIAL, Dec. 11, 1916

20-UNDERTAKER M. Fahey & Sons ADDRESS 606 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B D 0268

40 D 0268

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 E. Biddle ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael J. McCourt

(Residence in Baltimore: No. 1013 E. Biddle St.; ..... yrs., ... mos. ..... ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Jan 6 (Month) (Day), 1857 (Year)

7-AGE, 59 yrs. 11 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Marble Works

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. Peter McCourt

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Bridget Cassidy

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Sullivan

(Address) 915 W. Lombard St.

15- DEC 9 - 1916 Filed....., 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 7th (Day), 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 25th 1916, to Dec 7th, 1916, that I saw him alive on 2.30 p.m. Dec 7th 1916, and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:

Cancer of the Stomach

Metastasis Kidney

(Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Asthenia Post Haemorrhage from Stomach

(Duration) ..... yrs. ..... mos. 12 ds.

(Signed) Wilmer Brinton, M. D.

Dec 8th, 191.6 (Address) Cathedral & Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Dec 11, 1916.

20-UNDERTAKER A. C. Friedfeld

ADDRESS 914 Fremont Av

Spec.—8-24-14—M. & T.—2000 Blks.

Boyd E. Surwick

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0269

CERTIFICATE OF DEATH.

170 D 0269

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 N. Poplar St.; 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Boyd Edward Surwick

(Residence in Baltimore: No. 107 N. Poplar St.; yrs., mos. da.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Sept 25, 1867 (Month) (Day) (Year)

7-AGE. 49 yrs. 2 mos. 13 da. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Salesman
(b) General nature of industry, business, or establishment in which employed (or employer). Furniture Polish

9-BIRTHPLACE. (State or Country). Virginia

PARENTS.

10-NAME OF FATHER. George W Surwick

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER. alice Chalton

13-BIRTHPLACE OF MOTHER (State or Country). Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Mary E Surwick

(Address). 107 N Poplar

15- Filed DEC 9 - 1916 191 ROBERT B. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec 8, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1916, to Dec 8 1916, that I saw him alive on Dec 7 1916, and that death occurred, on the date stated above, at 3-35 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Nephritis

(Duration) yrs. 4 mos. da.

CONTRIBUTORY (Secondary) Mitral stenosis

(Duration) yrs. 6 mos. da.

(Signed) D Wesley Frost M. D.

Dec 9, 1916 (Address) 729 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Western Cemetery

DATE OF BURIAL. Dec 10, 1916.

20-UNDERTAKER Wilbur H Shriner

ADDRESS 1018 Edmondson Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0270

CERTIFICATE OF DEATH

40 D 0270

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 610 Cathedral St., ST. 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Margaret C. Rankin

(Residence in Baltimore: No. 610 Cathedral St., St.; 2 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: February 5th, 1855 (Month) (Day) (Year)

7 AGE: 61 yrs. 10 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Virginia

PARENTS

10 NAME OF FATHER: Dr. D. Murphey

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Margaret Harry

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William J. Hull

(Address) 610 Cathedral St.,

15. DEC 9 - 1916 ROBERT R. KRAUTER
Filed 19 Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: December Ninth, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May Sixth, 1916 to December 9 1916, that I saw her alive on December 8, 1916, and that death occurred, on the date stated above, at 12 15 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(Duration) yrs. 7 mos. 3 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) D. Murphey M. D.

Dec. 9, 1916. (Address) 1022 W Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cheraw, S.C. DATE OF BURIAL: Dec. 9th, 1916

20 UNDERTAKER: Chas. E. Franck, ADDRESS: 812 Madison Ave

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 0271

CERTIFICATE OF DEATH

1920 D 0271

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1638 Light St. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary P Stallings

(Residence in Baltimore: No. 1638 Light St.; 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH July 27th (Month) (Day) 1847 (Year)

7-AGE 69 yrs. 4 mos. 11 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE (State or country) Calvert Co. Md

PARENTS

10-NAME OF FATHER John Ware

11-BIRTHPLACE OF FATHER (State or country) Calvert Co. Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) F. C. Stallings

(Address) 1638 Light

15- DEC 9 - 1916 ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Dec 8th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1, 1916, to, Dec 8, 1916, that I saw h.. alive on Dec 8, 1916, and that death occurred, on the date stated above, at 5-Wa m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) years yrs mos ds.

Contributory (SECONDARY)

(Duration) yrs mos ds.

(Signed) Chas. F. Moore M. D.

Dec 9, 1916 [Address] 1 Mount

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Cedar Hill Cem. DATE OF BURIAL Dec 12 1916

20-UNDERTAKER E. Schlosnagle ADDRESS 1037 Hanover St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0272 D 0272

CERTIFICATE OF DEATH.

X102

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Warnick

(Residence in Baltimore: No. University Hospital St.; yrs. mos. 4 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH Unknown, 1884
(Month) (Day) (Year)

7-AGE. 32 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Self.

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, A. Warnick

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER H. Otto

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital records

(Address) Lombard & Greene Sts.

15-

Filed DEC 9 - 1916 ROBERT R. KRAUTER Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 8, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 4, 1916, to Dec 8 1916, that I saw him alive on Dec 8 1916, and that death occurred, on the date stated above, at 6 4 m.

The CAUSE OF DEATH* was as follows:

(a) Gastric Ulcer

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage

(Duration) yrs. 2 mos. ds.

(Signed) Bernard J. Fury M. D.

12/8, 1916. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Greenwood, Del.

19-PLACE OF BURIAL OR REMOVAL. Bruns Co. DATE OF BURIAL. Dec 9th, 1916

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 W. Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0273

CERTIFICATE OF DEATH.

1790 D 0273

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Gonzales

(Residence in Baltimore: No. 830 W. Baltimore St. St.; ....yrs., ...mos. ....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 22 (Day) 1845 (Year)

7-AGE, 71 yrs. 6 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Cuba

PARENTS.

10-NAME OF FATHER, Joseph Gonzales

11-BIRTHPLACE OF FATHER (State or Country), Canary Islands

12-MAIDEN NAME OF MOTHER Francesca Moreno

13-BIRTHPLACE OF MOTHER (State or Country), Cuba

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Gonzales

(Address) Calvert St.

15- Filed DEC 10 1916, 191.... ROBERT B. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 7 191 6, to Dec 8 191 6, that I saw h[illegible] alive on Dec 8 191 6, and that death occurred, on the date stated above, at 12 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Did not know

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) 0 yrs. 1 mos. ....ds.

(Signed) Edward C. Smith M. D.

Dec 8, 191 6 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State 2 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 830 W. Balto St.

Former or usual residence 830 W. Balto St.

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Dec. 10 1916.

20-UNDERTAKER Knell & Son

ADDRESS 1729 W Baltimore St

Spec.—8-24-14—M. & T.—2000 Bks.

D 0274

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 D 0274

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 29 E. York ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Salvatore Chiapetti

(Residence in Baltimore: No. 29 E. York St.; ....yrs. ....mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... Dec. (Month) 1 (Day), 1916 (Year)

7-AGE.	If LESS than 1 day,
....yrs. ....mos. 9 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Chiapetti

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Teresa Comella

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Chiapetti (Father)

(Address) 29 E. York St.

15- Filed DEC 10 1916, 191.... ROBERT R. KRAUTER, Registrar.

Burial Permit ISSUED

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1916, to Dec 9, 1916, that I saw h[illegible] alive on Dec. 7, 1916, and that death occurred, on the date stated above, at 6.15 P m.

The CAUSE OF DEATH* was as follows:

Eight months' miscarriage

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Eugene L Passagno M. D.

Dec 9, 1916 (Address) 2314 E. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
St. Peters Cemetery	Dec 11, 1916
20-UNDERTAKER	**ADDRESS**
H. Doyle & Son	12 E. Lee St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0275

CERTIFICATE OF DEATH.

D 0275

REGISTERED NO. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1145 Riverside ave ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine A. Freburger.

(Residence in Baltimore: No. 1145 Riverside Ave. St.; Ref. yrs, mos. ds)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March 17th (Month) (Day), 1840 (Year)

7-AGE 76 yrs. 8 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Unknown.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore.

12-MAIDEN NAME OF MOTHER Elizabeth Stunk

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Jordan

(Address) 1145 Riverside ave

15- DEC 10 1916 Filed....., 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 10, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 1 1916, to December 9th 1916, that I saw h-er alive on December 9th 1916, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. P. Eckert Brack M. D.

Dec. 10 1916. (Address) 1412 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Dec. 13., 1916.

20-UNDERTAKER Margaret S. Flynn

ADDRESS 1422 Light St

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0276

D 0276.

1PLACE OF DEATH

CERTIFICATE OF DEATH.

186 3

REGISTERED NO. C

CITY OF BALTIMORE (No. St Josephs Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morris Caplan

(Residence in Baltimore: No. 1128 E lombard st St.: yrs., mos., da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Boy

6-DATE OF BIRTH, Dec 24 1908 (Month) (Day) 1 (Year)

7-AGE, 8 yrs. 11 mos. 14 da.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Boy

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Samuel Caplin

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Ida Sirkesky

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Caplan

(Address) 1128 E Lombard St

15-

DEC 10 1916 Filed, 191

ROBERT B. KRAUTH Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 8 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest or Inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or Inquiry.) Inquiry found that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism Pile of lumber fell on him Accidental

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) E. J. Smith (Coroner.) M. D.

Dec 10 1916 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 1 da. In the State 5 yrs....mos....da.

Where was disease contracted, if not at place of death? ....

Former or usual residence 1128 E Lombard St

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel DATE OF BURIAL, Dec 12, 19 16

20-UNDERTAKER J. Lipman & Bro ADDRESS 1107 E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

D 0277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x37 D 0277

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

2-FULL NAME James Johnson

(Residence in Baltimore: No. 575 Furnace Row. Sparrows Pt. St.; ....yrs.,....mos.....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Unknown, 1..... (Month) (Day) (Year)

7-AGE, 20 yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Sparrows Point

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Albert Johnson

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Martha Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... P. Phelps.

(Address)..... Johns Hopkins Hosp.

15- Filed DEC 10 1916, 191... ROBERT R. KRAUTER Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 8, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 26 1916, to Dec 8 1916, that I saw h imalive on Dec 8 1916, and that death occurred, on the date stated above, at 1.50 a m.

The CAUSE OF DEATH* was as follows:

Ludwig's Angina (B. Coli) Left Thigh

Phlegmon Pregnancy

Operation Ludwig's Angina

Duration..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary) Syphilis

Duration (?) yrs..... mos..... ds.

(Signed) J. E. Rogers, M. D.

Dec. 8, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos. 12 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 575 Furnace Row S. Pt.

19-PLACE OF BURIAL OR REMOVAL, Pleasant Bay Virginia — DATE OF BURIAL, Dec. 11, 1916

20-UNDERTAKER A. A. Hodney — ADDRESS 1728 Eden St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0278

CERTIFICATE OF DEATH.

× 64 D 0278

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Infirmary ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Alford

(Residence in Baltimore: No. 506 Rossiter Ave., Govans St.; ..... yrs., 4 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, May (Month) 20 (Day) 1857 (Year)

7-AGE, 59 yrs. 6 mos. 18 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerical
(b) General nature of industry, business, or establishment in which employed (or employer): Dry Goods

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James E. Alford

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Mary J Edmondson

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. C. Alford

(Address) 506 Rossiter Ave

15- Filed DEC 10 1916, 191.... ROBERT R. KRAUTER Registrar, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 6 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 6 1916, to Dec 8 1916, that I saw h.. alive on Dec 8 1916, and that death occurred, on the date stated above, at 7:15 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

..... (Duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary) Cerebral arteria-sclerosis (Duration) 2 yrs. ..... mos. ..... ds.

(Signed) C. M. Harrison M. D.

12-8., 191.6. (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State 59 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 2

Former or usual residence 506 Rossiter Ave Govans

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL Dec 10, 1916

20-UNDERTAKER, Wm. Cook ADDRESS 502 E North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0279

CERTIFICATE OF DEATH.

104 D 0279

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1164 Sargeant ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evelyn Irene Pearman

(Residence in Baltimore: No. 1164 Sargeant St.; yrs. 8 mos. 22 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March 16, 1916
(Month) (Day) (Year)

7-AGE, yrs. 8 mos. 22 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Edw. James Pearman

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Carry Louisa Burgdt

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Edw. James Pearman

(Address) 1164 Sargeant St.

15- Filed DEC 10 1916 191 ROBERT B. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 8, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 4 1916, to Dec. 8, 1916, that I saw her alive on Dec. 7 1916, and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Colitis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Jas. C. Lumpkin M. D.

Dec. 10 1916. (Address) 818 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery — DATE OF BURIAL, Dec 10, 1916

20-UNDERTAKER John F. Fields — ADDRESS 1200 N. Eutaw St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 0280

CERTIFICATE OF DEATH.

28 D 0280

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 Cathedral ST.: W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Alberta L. Field

(Residence in Baltimore: No. 601 Cathedral St.: 10 yrs., mos. dys.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH. August 27 (Month) (Day), 1871 (Year)

7-AGE. 43 yrs. 3 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country), Baltimore County Md

PARENTS.

10-NAME OF FATHER. Geo A. Sondheim

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Alba A. Webb

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas D Field

(Address) 601 Cathedral St

15-

Filed DEC 10 1916. 191.. ROBERT R. KRAUTER Clerk

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 9th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1916, to Dec 8th 1916, that I saw h[illegible] alive on Dec 8th 1916, and that death occurred, on the date stated above, at 11.25 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Insipidus

(Duration) yrs. 10 mos. 2 ds.

CONTRIBUTORY (Secondary) Nephritis & Diabetes

(Duration) yrs. mos. ds.

(Signed) C O Altvater M. D.

Dec 9, 1916. (Address) 711 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount Cemetery. DATE OF BURIAL, Dec 11, 1916.

20-UNDERTAKER Henry H Jenkins Sons Co 1 N Carrollton & Orchard Sts.

GREEN—THIS IS A PERMANENT RECORD
PENCIL—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 0281

REGISTERED No. C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 914½ E. Fayette St.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Pinkitzky

(Residence in Baltimore: No. 914 E. Fayette St. St.: yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	white	Married

6-DATE OF BIRTH, Unknown (Month) — (Day), 1879 (Year)

7-AGE, 37 yrs. — mos. — da. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E Baltimore St

15- Filed DEC 10 1916, 191... ROBERT R. KRAUTER, Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broken neck accidental fall down stairs

Initial ... (Duration) ... yrs. ... mos. ... da.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... da.

(Signed) W. L. Hirsh (Coroner.) M. D.

Dec 8, 1916 (Address) 1627 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale

DATE OF BURIAL, Dec 10, 1916

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Baltimore St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 0282

CERTIFICATE OF DEATH.

81 D 0282

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 Aisquith ST.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Kinneav

(Residence in Baltimore: No. 1819 aisquith St.; yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH: March 23rd, 1833 (Month) (Day) (Year)

7-AGE: 83 yrs. 8 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoe Manufacturer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: Alex Kinneav

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Nanny Crawford

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Mrs. Kinneav

(Address): 1819 Aisquith St.

15-

Filed DEC 10 1916 191.. ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 9th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 8 1916, to Dec 9th 1916, that I saw h[illegible] alive on Dec 9th 1916, and that death occurred, on the date stated above, at 12-15 a.m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) yrs. [illegible] mos. ds.

CONTRIBUTORY (Secondary): Arterio Sclerosis

(Duration) 10 yrs. mos. ds.

(Signed) [illegible] M. D.

Dec 9., 1916. (Address) 4-E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cem. DATE OF BURIAL: Dec 11, 1916

20-UNDERTAKER: Chas. F. Evans & Son ADDRESS: 1[illegible] Mont Royal ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0283

CERTIFICATE OF DEATH.

84 D 0283

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 E 20th St.; 17 Ward) REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Becker

(Residence in Baltimore: No. 413 E 20th St.; 61 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~, (Write the word.) Widowed

6-DATE OF BIRTH, May (Month) 20 (Day), 1836 (Year)

7-AGE, 80 yrs. ..... mos. 17 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Tailor retired .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... 10 yrs. .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L. Becker

(Address) 413 E. 20th St.

15-

Filed DEC 10 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 5th 191 6, to Dec 8th 191 6, that I saw h[illegible] alive on Dec 8th 191 6, and that death occurred, on the date stated above, at 11.32 a.m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Heart failure

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Reginald J. Dorsey M. D.

Dec 8, 191 6 (Address) 414 N. Monroe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Balto Cem

DATE OF BURIAL, Dec 11, 1916

20-UNDERTAKER J. Herring & Co

ADDRESS 2008 Eutaw

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0284

CERTIFICATE OF DEATH.

1320 D 0284

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Hanson

(Residence in Baltimore: No. 1668 Cliftview Ave. St.; ....yrs., 6 weeks (or ds.))

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ...Jan.....27....., 1854
(Month) (Day) (Year)

7-AGE. 64 yrs. 10 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)..... B.&O.R.R. Co.

9-BIRTHPLACE, (State or Country), Penna

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), [illegible]

12-MAIDEN NAME OF MOTHER Sarah Woodward

13-BIRTHPLACE OF MOTHER (State or Country). Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sadie Jacobs

(Address) 1668 Cliftview

15-

Filed DEC 10 1916 191.... ROBERT R. KRAUTER

Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...December.....8....., 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1916, to Dec. 8 1916, that I saw h[illegible] alive on Dec 8 1916, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis & Chronic interstitial Nephritis

..... (Duration) not known ds.

CONTRIBUTORY (Secondary) Acute Cardiac failure

..... (Duration) ....yrs....mos. 1½ hrs

(Signed) H. M. Force M. D.

Dec. 8, 1916 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 21 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Balto Cemetery

DATE OF BURIAL. Dec. 11, 1916

20-UNDERTAKER Harry W. Ehlen

ADDRESS 1944 W. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 0285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 0285

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 N. Dallas ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry J. Mitchell

(Residence in Baltimore: No. 1822 N. Dallas. St. Life yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Married

6-DATE OF BIRTH, ... (Month) Unknown; 1 (Day) ..... (Year)

7-AGE, 45 Years. ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Coach
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Driver

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Henry Mitchell

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Margaret Gross

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. Mitchell.

(Address) 1822 N. Dallas st

15-

Filed DEC 10 1916, 191.....

HARRY A. BRATTON
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 7, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1916, to Dec 7, 1916, that I saw him alive on Dec 7 1916, and that death occurred, on the date stated above, at 8.45 A. m.

The CAUSE OF DEATH* was as follows:

Labor pneumonia

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Robert J. Green M. D.

Dec 7, 1916. (Address) 120½ Aisquith st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Dec. 10, 1916
20-UNDERTAKER	ADDRESS
George J. Ruth.	1735 Harford Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0286

CERTIFICATE OF DEATH.

61 D 0286

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1440 Reynold. St ST.; 24th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislaw. Ozewicz.

(Residence in Baltimore: No. 1440 Reynold. St.: 1 yrs., 1 mos. 8 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Nov 1, 1915 (Month) (Day) (Year)

7-AGE, 1 yrs. 1 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nony
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Stanislaw Ozewicz.

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Marie Sparzak.

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Ozewicz

(Address) 1440 Reynolds

15- Filed DEC 10 1916 191.... ROBERT B. KRAUTER Registrar. Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 8 1916, to Dec 9 1916, that I saw him alive on Dec 8 191.6, and that death occurred, on the date stated above, at 8309 m.

The CAUSE OF DEATH* was as follows:

Epidemic Cerebro-Spinal Meningitis

(Duration)....yrs....mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Maurice Jones M. D.

Dec 9 191.6 (Address) 423 Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Dec 11, 191.6

20-UNDERTAKER Wm Frankowski — ADDRESS 648 Eastern Ave

Spec.—5-19-13—M. & T.—500 Bks.

B D 0287

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 0287

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 3036 St. Paul St. ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hugh Sisson

(Residence in Baltimore: No. 3036 St. Paul Street St.; 62 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK. THIS IS A LEGAL RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widowed

6-DATE OF BIRTH, March 20, 1854, (Month) (Day) 1 (Year)

7-AGE, 62 yrs. 8 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Marble Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Hugh Sisson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Sarah Lippincott

13-BIRTHPLACE OF MOTHER (State or Country), Westmoreland Co., Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hugh J. Sisson

(Address) 3036 St. Paul St.

15- Filed DEC 10 1916, 191 ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 8th (8th), 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 12th 1912, to December 8th 1916, that I saw h[illegible] alive on December 8th 1916, and that death occurred, on the date stated above, at 4.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, paralysis left side + paralysis of respiratory centers

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Chronic Bright's Disease Nephritis

(Duration) yrs. mos. ds.

(Signed) Clement A. Norris M. D.

Dec. 9th 1916 (Address) 21 W. Mt. Royal Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery. DATE OF BURIAL, 12/11, 1916.

20-UNDERTAKER Henry W. Oliver & Son ADDRESS 605 N. Calvert St

Spec.—5-19-13—M. & T.—500 Bks.

D 0288

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0288

CERTIFICATE OF DEATH.

43

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 St. Paul ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine C. Falck

(Residence in Baltimore: No. 1704 St. Paul Street St.: 64 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, March 30, 1843, 1 (Month) (Day) (Year)

7-AGE, 73 yrs. 8 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Philadelphia, Pa.

PARENTS.

10-NAME OF FATHER, Alexander Stinson

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Susanna Fox

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John P. Falck

(Address) 1704 St. Paul St.

15- Filed DEC 10 1916 191 ROBERT B. KRAUTER Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 8th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 30th 1916, to Dec 8th 1916, that I saw her alive on Dec 8th 1916, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cancer of the Breast and Stomach

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 6 mos. ds.

(Signed) E. F. Rutherford M. D.

191... (Address) 115 W. Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, 12/11, 191.

20-UNDERTAKER Mowry & Means & Son

ADDRESS 8 & 10 N. Calvert St

Spec.—8-24-14—M. & T.—2000 Bks.

D 0289

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0289

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 5 WARD) 29

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith Childs

(Residence in Baltimore: No. 236 Colvin St. St.: ....yrs.. ....mos. ....ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. ....Unknown...., ...1.... (Month) (Day) (Year)

7-AGE. ....2.... yrs. ....—.... mos. ....—.... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....None....
(b) General nature of industry, business, or establishment in which employed (or employer) ....

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Clarence Childs

11-BIRTHPLACE OF FATHER (State or Country). S C.

12-MAIDEN NAME OF MOTHER Rose Lauten

13-BIRTHPLACE OF MOTHER (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15-

Filed DEC 10 1916, 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Dec 9th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 27th 1916 to Dec 9th 1916, that I saw h[illegible] alive on Dec 9th 1916, and that death occurred, on the date stated above, at 2.45 A m.

The CAUSE OF DEATH* was as follows:

....Pulmonary Tuberculosis....

....(a)....

.... (Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) ....

.... (Duration) ....yrs. ....mos. ....ds.

(Signed) ....Wm. B. Canada.... M. D.

Dec. 9, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. — mos. — ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence 236 Colvin St.

19-PLACE OF BURIAL OR REMOVAL. Laurel Cemetery

DATE OF BURIAL. Dec 11th 1916.

20-UNDERTAKER Felix B. Pyle

ADDRESS 102 E. Fayette St

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0290

CERTIFICATE OF DEATH.

64 D 0290

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital St.: 6 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evans Taylor

(Residence in Baltimore: No. 2515 Fairmount ave St.: yrs., mos. da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Aug 14 1862 (Month) (Day), 1 (Year)

7-AGE, 54 yrs. 3 mos. 24 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cotton tester
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Colmore Taylor

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Julia Gross

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Roy Gill

(Address) 2515 Fairmount ave

15- DEC 10 1916 Filed, 191 ROBERT R. KRAUTER Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 8 1916 (Month) (Day) (Year) 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquirt (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) (Coroner) M. D.

Dec 8 1916 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. 3 da. In the State 44 yrs. mos. da.

Where was disease contracted, if not at place of death? patterson Park

Former or usual residence 2515 Fairmount Ave

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemt. DATE OF BURIAL, Dec 10 1916

20-UNDERTAKER Zirkler & Zirkler ADDRESS 1739 E. Eager st

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0291

CERTIFICATE OF DEATH.

D 0291

REGISTERED NO. C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 629 Pen Alley ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Edward Smiley

(Residence in Baltimore: No. 629 Pen alley St.: yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col	Single

6-DATE OF BIRTH, Feby 6, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. 10 mos. 4 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Mary Land

PARENTS.

10-NAME OF FATHER, Alonzo Smiley

11-BIRTHPLACE OF FATHER (State or Country), Alabama

12-MAIDEN NAME OF MOTHER Annie Jones

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Smiley

(Address) 629 Pen Alley

15- Filed DEC 10 1916, 191.. ROBERT R. KRAUTER Registrar. Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Convulsions following Whooping Cough

(Duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) .....

(Duration) .... yrs. .... mos. .... ds.

(Signed) Albert D. Duvall M. D.
(Coroner)

Dec 10 1916 (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cem	Dec 12, 1916

20-UNDERTAKER Charles B Jones

ADDRESS 235 N Fine St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0292

CERTIFICATE OF DEATH.

28 D 0292

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 903 N. Howard ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thos Kind

(Residence in Baltimore: No. 903 N. Howard St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. ..... (Month) 1888 (Year) ....., 1 (Day)

7-AGE. 28 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Tailor Shop

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Johnson

(Address) 337 W. Fayette St.

15- DEC 10 1916 Filed ....., 191..... ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Wed Sept (Month) (Day) ....., 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11/14, 1916, to Wed. Sept 6, 1916, that I saw h[illegible] alive on Wed Sept 6, 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Fatal

..... (Duration) ..... yrs. ..... mos. 2 da.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) A. Lee Tolbert M. D.

Dec 8, 1916. (Address) 914 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, Dec 10, 1916

20-UNDERTAKER Samuel J. Brantley ADDRESS 518 N. Bradford

D 0293 HEALTH DEPARTMENT—CITY OF BALTIMORE 134 D 0293

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital St. 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie ~~Hall~~ Bell

(Residence in Baltimore: No. 724 W. Franklin St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: Unknown (Month) ....., 1 (Day) (Year)

7-AGE: 25 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House maid & Cook
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Washington D.C.

PARENTS.

10-NAME OF FATHER: John Bell

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Katie Bell

13-BIRTHPLACE OF MOTHER (State or Country): Washington D. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John J Barbour

(Address) 2446 E 2nd St Washington

15- Filed DEC 10 1916, 191.....

ROBERT B. KRAUTER Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, ~~and held~~ an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) and Autopsy and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Nephritis

(Contributed to Pneumonia Dec 11 - to find out how to?)

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) abortion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. T. Riley M. D.
(Coroner.)

Dec 10 1916 (Address) 1639 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 days yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Washington D.C. DATE OF BURIAL, Dec 10, 1916.

20-UNDERTAKER Saunders & Hemsley ADDRESS 515 W Pratt

Samuel Faulig

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 0294
1 PLACE OF DEATH

16 D 0294
REGISTERED NO. C

CITY OF BALTIMORE (No. Expenmental Apartments ST. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Faulig

(Residence in Baltimore: No. Experimental Apartments St.: 57 yrs. 11 mos. 20 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: December 20, 1859 (Month) (Day) (Year)

7-AGE: 57 yrs. 11 mos. 20 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Clothing

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Dave Faulig

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Hamman

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr Faulig

(Address) Monument East.

15. DEC 10 1916 ROBERT B. KRAUTH Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December 10, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 7, 1916, to December 10 1916, that I saw him alive on December 10, 1916, and that death occurred, on the date stated above, at 1 45 m.
The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) ..... yrs. 4 mos. ..... ds

Contributory (SECONDARY) Arteriosclerosis

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) R. C. A. Mayer M. D.

XII. 10, 1916 (Address) 2428 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Balto Hebrew

DATE OF BURIAL: Dec 12, 1916

20-UNDERTAKER: Howard Sondheim

ADDRESS: 118 a Lombard

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0295

CERTIFICATE OF DEATH.

13 D 0295

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 517 Ottenbein ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Haug

(Residence in Baltimore) No. 517 Ottenbein St.; 69 yrs., 11 mos. 26 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. December 12, 1846 (Month) (Day) (Year)

7-AGE, 69 yrs. 11 mos. 26 da. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grund Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. unknown

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fredericka Haug

(Address) 517 Ottenbein St

15- Filed DEC 10 1916, 191.... ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. December 8th, 1916 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from December 1st 1916, to December 8 1916, that I saw h[illegible] alive on December 8 1916, and that death occurred, on the date stated above, at 7:00 m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Hepatitis

unknown (Duration) ? yrs. mos. ds.

(Signed) G. F. Buxton M. D.

Dec 8, 1916 (Address) 301 E. Cross St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park Cem. DATE OF BURIAL. Dec. 10th, 1916

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 W. Balto St

D 0296

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 D 0296

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 S. Port St. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Biggerman

(Residence in Baltimore: No. 600 S. Port St.; 62 yrs. 5 mos. 5 ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: July 3rd (Month) (Day), 1854 (Year)

7-AGE: 62 yrs. 5 mos. 5 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retired Fireman
(b) General nature of industry, business, or establishment in which employed (or employer): Gibbs Preserving Co.

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: John Biggerman

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Lena Aloff

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Biggerman

(Address) 600 Port St.

15- DEC 10 1916 ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 8- (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 2- 1916, to Dec 8 1916, that I saw h[illegible] alive on Dec 7- 1916, and that death occurred, on the date stated above, at 8:10 a.m.

The CAUSE OF DEATH* was as follows:

Hyper. Arteriolo Liver

(Duration) ..... yrs. ..... mts. 36 ds.

Contributory (SECONDARY) Cerebral Hem

(Duration) ..... yrs. ..... mts. 1 ds.

(Signed) Geo. C. Wade M. D.

12-8-16 1916 [Address] 1427 N. Eutaw

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Sacred Heart

DATE OF BURIAL: Dec 11th, 1916

20-UNDERTAKER: Lilly-Zeiler

ADDRESS: 403 S. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0297

T/B 0297

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hospital for Women of Maryland REGISTERED NO. C

CITY OF BALTIMORE: (No. John St + Lafayette Ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Guthrie

(Residence in Baltimore: No. Hospital for Woman of Md St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH. October (Month) 1 (Day), 1856 (Year)

7-AGE. 60 yrs. 2 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). West Virginia

PARENTS.

10-NAME OF FATHER. James Kuykendall

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER. Hannah Blue. Susan Kuykendall

13-BIRTHPLACE OF MOTHER (State or Country). Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) B. E. Teagle.

(Address) Woodlawn Md.

15- Filed DEC 10 1916, 191. ROBERT B. KRAUTER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. December 10 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 2 1916, to December 10 1916, that I saw her alive on December 10 1916, and that death occurred, on the date stated above, at 1.06 a m.

The CAUSE OF DEATH* was as follows:

Uraemia

Chronic Interstitial Nephritis

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Pernicious Anemia

(Duration) 1? yrs. 6 mos. ds.

(Signed) Charles L. Warner M. D.

Dec. 10, 1916 (Address) Womens Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? West Virginia.

Former or usual residence Romney. West Virginia.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Romney W Va.	Dec 12 1916
20-UNDERTAKER	ADDRESS
H M Routson	230 N Green

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

MD 0298

CERTIFICATE OF DEATH.

x5 D 0298

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Brandenburg

(Residence in Baltimore: No. University Hosp. St.; yrs., mos. 6 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1847.
(Month) (Day) (Year)

7-AGE, 69 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jack Donenburg

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Ryan

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Deceased

(Address) above

15- Filed DEC 11 1916, 191. HARRY C. ALDERSON Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 10, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 4 1916, to Dec 10 1916, that I saw her alive on Dec 10 1916, and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH* was as follows:

Emphysema 1 Yr Old Malady

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(Duration) yrs. Don't know mos. ds.

(Signed) [illegible] M. D.

Dec 10, 1916. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State yrs. mos. ds. Life

Where was disease contracted, if not at place of death? unknown

Former or usual residence Woodbine, Md.

19-PLACE OF BURIAL OR REMOVAL. Bennett Md. DATE OF BURIAL. Dec 13 1916

20-UNDERTAKER Jas. R. Steer ADDRESS Sykesville Md

Spec.—8-24-14—M. & T.—2000 Bks.

D 0299

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0299

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St.: 14 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Virginia Lewis

(Residence in Baltimore: No. 1608 Mt. Royal av. City St.: 59 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH. Sept 15, 1842
(Month) (Day) (Year)

7-AGE. 74 yrs. 2 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. at Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Wash D.C.

PARENTS.

10-NAME OF FATHER. Henry H. Lewis

11-BIRTHPLACE OF FATHER (State or Country). Harrison Va

12-MAIDEN NAME OF MOTHER Anne Abbe Taylor

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry H. Lewis

(Address) 1608 Mt. Royal av

15- Filed DEC 11 1916, 191.. HARRY C. ADLER, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 10, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 6 1916, to Dec 10 1916, that I saw h er alive on Dec 10 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Asthenia

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) J. M. Harrison M. D.

1-2-10 1916. (Address). Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State 69 yrs. [illegible] mos. 6 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1608 Mt. Royal av City

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Dec 13, 1916.

20-UNDERTAKER Wm Cook — ADDRESS 502 E Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0306 HEALTH DEPARTMENT—CITY OF BALTIMORE D 0300

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 Compston, ST.; 24 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myrtle L. Schlagel

(Residence in Baltimore: No. 1016 Compston St.; Life yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female.	White.	Married

6-DATE OF BIRTH, Sept. 1, 1896 (Month) (Day) (Year)

7-AGE, 20 yrs. 3 mos. 8 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS:

10-NAME OF FATHER, Wm P. Schley

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Grace E. Gallion

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm P. Schley

(Address) 1016 Compston St.

15- Filed DEC 11 1916, 191.... HARRY C. ABELL Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 8, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 30 191.., to Dec 8 191.., that I saw her alive on Dec 7 191.., and that death occurred, on the date stated above, at 7.15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

from Cirlosy (Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Emack M. D.

Dec. 8, 1916. (Address) 910 Eight St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Greenmount	Dec. 11, 1916.
20-UNDERTAKER	ADDRESS
Wm Cook	502 E Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0301

CERTIFICATE OF DEATH.

< 109 D 0301

1-PLACE OF DEATH University Hospital

REGISTERED NO. C

CITY OF BALTIMORE: (No. ..... St.: 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Cooper.

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. 19 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown, 18.64
(Month) (Day) (Year)

7-AGE, ... 32 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jas. Cooper.

11-BIRTHPLACE OF FATHER (State or Country), unknown.

12-MAIDEN NAME OF MOTHER Rachel Mays

13-BIRTHPLACE OF MOTHER (State or Country), unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Cooper

(Address) White Hall Md

15- Filed DEC 11 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Dec. 10th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 21 1916, to Dec 10 1916, that I saw h im alive on Dec 10th 1916, and that death occurred, on the date stated above, at 6.05 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Intestinal adhesions. unknown.

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. S. Hooke M. D.

Dec 10th 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 19 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? University Hospital.

Former or usual residence White Hall Md.

19-PLACE OF BURIAL OR REMOVAL, White Hall, Md — DATE OF BURIAL, Dec 13th, 1916.

20-UNDERTAKER P. Mahaney Son — ADDRESS White Hall Md

D 0302

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0302

CERTIFICATE OF DEATH.

REGISTERED NO. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hopkins hospital ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry C McAfee

(Residence in Baltimore: No. 200 Monastery ave St.: 40 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Aug 18 1852 (Month), 1 (Day) (Year)

7-AGE, 64 yrs. 3 mos. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Night watchman
(b) General nature of industry, business, or establishment in which employed (or employer): West construction co

9-BIRTHPLACE, (State or Country), MD

PARENTS.

10-NAME OF FATHER, John E McA fee

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Sophia Walters

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H Carrol McAfee

(Address) 200 Monastery Ave

15- Filed DEC 11 1916, 191; HARRY C. ANDREWS Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 9 1916 (Month) (Day) (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) (Coroner.) M. D.

Dec 10 1916 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 0 ds. In the State 40 yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 200 Monastery Ave

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem — DATE OF BURIAL, Dec 12, 1916

20-UNDERTAKER Joseph B Cook — ADDRESS 1003 W Balto St

B D 0303

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

170 D 0303

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2528 Ellamont Ave St.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James + Ann McAfee

(Residence in Baltimore: No. 2528 Ellamont Ave St.: 40 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widower

6-DATE OF BIRTH: April 7, 1839 (Month) (Day) (Year)

7-AGE: 77 yrs. 8 mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Contractor
(b) General nature of industry, business, or establishment in which employed (or employer): + Builder

9-BIRTHPLACE (State or country): Balto Co. Md

PARENTS

10-NAME OF FATHER: John McAfee

11-BIRTHPLACE OF FATHER (State or country): England

12-MAIDEN NAME OF MOTHER: Sophia Walters

13-BIRTHPLACE OF MOTHER (State or country): England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Cora M. Bond

(Address) 2528 Ellamont Ave

DEC 11 1916 Filed 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec 9, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1915, to Dec 9, 1916, that I saw him alive on Dec 9, 1916, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY) Nephritis (Chronic)

(Duration) 1 yrs. mos. ds.

(Signed) J Thomas Fulton M. D.

Dec 10, 1916 (Address) 1103 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Dec 10, 1916

20-UNDERTAKER: Joseph L Cook

ADDRESS: 603 N Gilmor St

Spec.—8-24-14—M. & T.—2000 Blks.

D 0304

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0304

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1023 Hollins ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barnes Virginia Whelan

(Residence in Baltimore: No. 1023 Hollins St.: yrs., mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word.) Single

6-DATE OF BIRTH, Dec (Month) 10 (Day), 1916 (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm Whelan

11-BIRTHPLACE OF FATHER (State or Country), Ill.

12-MAIDEN NAME OF MOTHER Anne E Brehm

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William P. Whelan

(Address) 1023 Hollins St

15- DEC 11 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10 1916, to Dec 10 1916, that I saw h- alive on Dec 10 1916, and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) E V Cowlenberg M. D.

Dec 11, 1916. (Address) 714 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cem

DATE OF BURIAL, Dec 11, 1916

20-UNDERTAKER Joseph B Cook

ADDRESS 1003 Mills St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0305 66 D 0305

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2406 Madison ave ST.; 13 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Edwin Tennyson

(Residence in Baltimore: No. 2406 Madison ave St.; 48 yrs., — mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, Nov 27th (Month) (Day), 1840 (Year)

7-AGE, 67 yrs. 6 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Tobacco

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Lewis Tennyson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Sarah Patton

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Minnie Tennyson

(Address) 2406 Madison Ave

15-

Filed DEC 11 1916 HARRY C. ADDEMS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 10 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from March 1 1916, to Dec 10 1916, that I saw him alive on Dec 10 1916, and that death occurred, on the date stated above, at 9.30 p.m.

The CAUSE OF DEATH* was as follows:

Hemiplegia - Kidney

Cardiac Dilatation

Duration 12 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

Duration 3 yrs. mos. ds.

(Signed) C. W. McCollum M. D.

Dec., 1916 (Address) 1415 Linden ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Dec 13th, 1916

20-UNDERTAKER, Wm. Lobe & Sons — ADDRESS 1523 N. Eutaw St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0306

CERTIFICATE OF DEATH.

43 D 0306

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannah Pennington

(Residence in Baltimore: No. 610 Crawford St.; —yrs.—mos.—ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, Dec 24, 1862
(Month) (Day) (Year)

7-AGE. 53 yrs. 11 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Fred Eastman

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Charlotte Remilter

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace Pennington

(Address) 610 Crawford St

15- Filed DEC 11 1916 1916 HARRY C. ANDREWS Burial Permit Clerk
DEC 11 1916 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 11, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 1916, to Dec 11 1916, that I saw her alive on Dec 11 1916, and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxaemia

(Duration) yrs. mos. ds.

(Signed) Edward P. Smith M. D.

11/12, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. X ds. In the State —yrs.—mos.—ds.

Where was disease contracted, if not at place of death? 610 Crawford St

Former or usual residence 610 Crawford St

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Dec. 13, 1916

20-UNDERTAKER Wm Cook

ADDRESS 502 North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0307.

D 0307.

92

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward A. Caulk

(Residence in Baltimore: No. 3021 Grayson St St.; 20 yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word.)
Male	White	Married

6-DATE OF BIRTH, Sept 22, 1861
(Month) (Day) (Year)

7-AGE, 55 yrs. 2 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ship Capt
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry R. Caulk

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sara S. Whitman

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St

15-

Filed DEC 11 1916 HARRY [illegible] Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 9, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 6 1916, to Dec 9 1916, that I saw him alive on Dec 9 1916, and that death occurred, on the date stated above, at 6.30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward A. Smith M. D.

Dec 9, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State 20 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 3021 Grayson St

Former or usual residence 3021 Grayson St

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Dec. 11, 1916

20-UNDERTAKER, E. W. Mitchell & Co — ADDRESS 1201 W. Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0308

81 D 0308

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital St.; 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth B. Price

(Residence in Baltimore: No. 2444 Maryland ave St.; — yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH, January (Month) 10 (Day), 1839 (Year)

7-AGE, 77 yrs. 11 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jos. Burton

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. B. Thurston

(Address) 2444 Maryland ave.

15- DEC 11 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 8 1916, to Dec 10 1916 that I saw h[illegible] alive on Dec 10 1916, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis & General Senility

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elmer Hunsicker M. D.

12-10-, 1916 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2444 Maryland ave

18-PLACE OF BURIAL OR REMOVAL: Mount Olivet — DATE OF BURIAL: Dec 12, 1916

20-UNDERTAKER: E. W. Mitchell & Co — ADDRESS: 2011 E. Fayette

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0309

92 D 0309

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 811 Plowman St ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Angelo Benvenuti

(Residence in Baltimore: No. 811 Plowman St St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white.	Married

6-DATE OF BIRTH, Nov (Month) 28 (Day), 1871 (Year)

7-AGE 44 yrs. 11 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Plasterer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Bechtel

(Address) 811 Plowman St

15. DEC 11 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 10 (Day), 1916 (Year).

17-I HEREBY CERTIFY, That I attended deceased from Dec 9 1916, to Dec 10 1916, that I saw him alive on Dec 10 1916, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration)....yrs....mos. 3 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration)....yrs....mos....ds.

(Signed) Luigi D. DiStefano M. D.

Dec. 11, 1916. (Address) 407 N. Exeter St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL.
St Vincents	Dec 11, 1916

20-UNDERTAKER	ADDRESS
Wendel Pippel and Son	31 S. Linn

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92

D 0310

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nicodemus Ryczynsky

(Residence in Baltimore: No. 105 S. Eutaw St.; 29 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Divorced

6-DATE OF BIRTH. March, 1869
(Month) (Day) (Year)

7-AGE. 47 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Tailor
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Rabinowitz

(Address) 609 N. Gaymor St.

15- Filed DEC 11 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 8 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 6 1916, to Dec. 8 1916, that I saw him alive on Dec. 8 1916, and that death occurred, on the date stated above, at 5-10 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) None

(Duration) ....yrs. ....mos. ....ds.

(Signed) M. Mettler M. D.

1219, 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. mos. 2 ds. In the State 29 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 105 S. Eutaw St

19-PLACE OF BURIAL OR REMOVAL. St. Stanislaus — DATE OF BURIAL. Dec. 11, 1916

20-UNDERTAKER John Grebliunas — ADDRESS 504 S. Paca St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B 0311

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0311

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 E 41st St. ST.; 9 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Charles Nickel

(Residence in Baltimore: No. 902 E 41st St. St.; —yrs., —mos. —ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, unknown (Month), 1 (Day), ... (Year)

7-AGE, 56 about yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Retired

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Peter Nickel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Nora Lubking

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nellie V. Nickel (nephew)

(Address) 902 E. 41st St.

15-

Filed DEC 11 1916, 191.. HARRY C. ANDELOT Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1916, to Dec 10 1916, that I saw h[illegible] alive on Dec 9 1916, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

[illegible]

Unknown

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY ~
(Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Cravens M. D.

Dec 10 1916 (Address) 502 Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. ds. In the State Many years yrs. mos. ds.

Where was disease contracted, if not at place of death? [illegible]

Former or usual residence [illegible]

19-PLACE OF BURIAL OR REMOVAL, Greenmount

DATE OF BURIAL, Dec 11, 1916

20-UNDERTAKER Wm J Tickner & Son

ADDRESS North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 0312

HEALTH DEPARTMENT—CITY OF BALTIMORE

79 D 0312

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST. 70 ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda Callan

(Residence in Baltimore: No. Little Sisters of the Poor St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~ WIDOWED, ~~OR DIVORCED~~, (*Write* the word.) Wid.

6-DATE OF BIRTH, Oct 12, 1851 (Month) (Day) (Year)

7-AGE 65 yrs. 1 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, James Standerford

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Standerford

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- Filed DEC 11 1916, 191.... HARRY C. ALDER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 7 191.., to ..... 191.., that I saw her alive on Dec 9 1916, and that death occurred, on the date stated above, at 4½ a m.

The CAUSE OF DEATH* was as follows:

Hypostatic Degeneration

Unknown (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Acute Indigestion

4 Days (Duration) ... yrs. ... mos. ... ds.

(Signed) F. A. Warner M. D.

Dec 9, 1916. (Address) 1122 Valley St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 3 yrs. 2 mos. ds. In the State 50 yrs. mos. ds.

Where was disease contracted, if not at place of death? Little Sisters of the Poor

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, Dec 11, 1916

20-UNDERTAKER H. C. Wiedefeld — ADDRESS 914 Greenmount Av.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0313

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

D 0313

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 620 S Bond St ST. 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Chimnicki

(Residence in Baltimore: No. 620 S Bond St St., yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Labor (Day)
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), ~~Baltimore Md.~~ German Poland

PARENTS.

10-NAME OF FATHER, Thomas Chimnicki

11-BIRTHPLACE OF FATHER (State or Country), German Poland

12-MAIDEN NAME OF MOTHER Mary Markiewicz

13-BIRTHPLACE OF MOTHER (State or Country), German Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Chimnicki

(Address) 620 S. Bond St.

15-

Filed DEC 11 1916, 191.... HARRY C. [illegible]
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 9, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thomas Dunn Kelly (Coroner) M. D.

Dec 10, 1916. (Address) 1610 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Rosary	Dec 12, 1916.
20-UNDERTAKER	ADDRESS
M. F. Sadowski	405 S Ann St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0314

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0314

64

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 540 E 23rd St. 12 Ward)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr Francis Jebbisch (Deppish)

(Residence in Baltimore: No. 540 East 23rd St. St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, April (Month) 2nd (Day), 1841. (Year)

7-AGE, 75 yrs. 8 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Corkmaker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Edward Jebbisch

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Magdalena Scheuber

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Kauer

(Address) 540 E. 23rd St

15- DEC 11 1916 HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 9th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 9 1916, to Dec 9th 1916, that I saw him alive on Dec 9th 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration)....yrs....mos....1....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Horace Byers M. D.

....., 191... (Address) 724 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Baltimore

DATE OF BURIAL. Dec 11, 191..

20-UNDERTAKER Hoff & Schumer

ADDRESS 1424 W. North Ave.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0315

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 0315

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Lisburn ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H Haughey

(Residence in Baltimore: No. 1621 Lisburn St.; 10 yrs., 2 mos. 0 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dec 6 (Month), (Day), 1877 (Year)

7-AGE.	If LESS than 1 day,
42 yrs. 0 mos. 3 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Steel Labor
(b) General nature of industry, business, or establishment in which employed (or employer): Worked for City

9-BIRTHPLACE, (State or Country): Balto Co Md

PARENTS.

10-NAME OF FATHER: Father Haughey

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A Haughey

(Address) 1621 Lisburn St

15-

Filed DEC 11 1916, 191... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 9 (Month) (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Nov 7 1916, to Dec 9 1916, that I saw him alive on Nov 17 1916, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

(Duration) ...yrs. ...mos. 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis (?)

(Duration) ? yrs. ? mos. ? ds.

(Signed) John W. Donaldson M. D.

Dec 11, 1916 (Address) 714 N Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer	Dec 12, 1916
20-UNDERTAKER	ADDRESS
Robt V Turner	422 Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

D 0316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 0316

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maurice Bidderson

(Residence in Baltimore: No. 2224 Penna ave St.; 35 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED or DIVORCED (write the word.)
Male	White	Married

6-DATE OF BIRTH, May 7, 1862
(Month) (Day) (Year)

7-AGE, 54 yrs. 7 mos. 2 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Motorman
(b) General nature of industry, business, or establishment in which employed (or employer)..... U.R.R. Co.

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Bendego Bidderson

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Mc Sherrow

13-BIRTHPLACE OF MOTHER (State or Country) Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Bidderson

(Address) 2224 Penna ave

15- Filed DEC 11 1916, 191.... HARRY C. ANDREW, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 9, 191.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 8 191.., to Dec 9 191.., that I saw h.. alive on Dec 9 191.., and that death occurred, on the date stated above, at 9:10 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) .... yrs. .... mos. 9 ds.

CONTRIBUTORY (Secondary) & Uraemia

(Duration) .... yrs. .... mos. .... ds.

(Signed) Elwood Smith M. D.

Dec 9, 191.. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. 1 ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? 2224 Penna ave

Former or usual residence 2224 Penna ave

19-PLACE OF BURIAL OR REMOVAL, St Charles Cemetery — DATE OF BURIAL, Dec 12, 1916

20-UNDERTAKER, Pikesville — ADDRESS Josiah Depfer 600 W North ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0317

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0317

CERTIFICATE OF DEATH.

104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henderson Randolph.

(Residence in Baltimore: No. 1024 N. Wolfe St. St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH. Feb. (Month) 17, (Day) 1915 (Year)

7-AGE. 1 yrs. 9 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Wm Randolph.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Elizabeth Giles

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Rhett.

(Address) Johns Hopkins Hosp.

15- DEC 11 1916

Filed....., 191.... HARRY C. ALLEN

Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 7 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 6, 1916, to Dec 7, 1916, that I saw h— alive on Dec 7 1916, and that death occurred, on the date stated above, at 9-0 p. m.

The CAUSE OF DEATH* was as follows:

Gastro-intestinal indigestion, acute (suicidal)

(Duration) 0 yrs. 0 mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. P. Conner M. D.

Dec 8, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1024 N. Wolfe St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL. ....., 191...
20-UNDERTAKER	ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0318

CERTIFICATE OF DEATH.

D 0318

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 215 N. Pappleton ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John M^c Carthy

(Residence in Baltimore: No. 215 N Pappleton St. St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	White	Widower

6-DATE OF BIRTH, unknown (Month), 1 (Day), (Year)

7-AGE. 13 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Skehon

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. E Bell

(Address) 215 N. Pappleton

15- Filed DEC 11 1916, 191... ROBERT R. KRAUTH Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 9th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 9th 1916, to Dec 9th 1916, that I saw h[im] alive on Dec 9 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

1 day (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 1 yrs. mos. ds.

(Signed) E. J. Mulholland M. D.

12/11/16 191... (Address) 115 W Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Vau Cathedral — DATE OF BURIAL, 12-12-, 1916.

20-UNDERTAKER H. Brauning Son — ADDRESS 517 N Schroder st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If CHILD UNDER ONE YEAR, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0319

D 0319

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Rockawalkin Apts. St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Farr

(Residence in Baltimore: No. Rockawalkin Apt St.; 9 yrs. 1 mos. 7 ds.)

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH. May 5th, 1837. (Month) (Day) (Year)

7-AGE. 79 yrs. 9 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). None

9-BIRTHPLACE, (State or Country). Philadelphia, Penna.

PARENTS.

10-NAME OF FATHER. John G. Taylor.

11-BIRTHPLACE OF FATHER (State or Country). Delaware.

12-MAIDEN NAME OF MOTHER. Eliza A. Black

13-BIRTHPLACE OF MOTHER (State or Country). Philadelphia, Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Christena A. Taylor

(Address) Rockawalkin Apts

15. DEC 11 1916 Filed ....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. December 11th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 4th 1913, to December 11th 1916., that I saw her alive on December 11th 1916., and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(Duration) 3 yrs. 10 mos. — ds.

CONTRIBUTORY (Secondary) Lobular Pneumonia with Cystitis

Influenza (Duration) — yrs. — mos. 1 day

(Signed) Wayne Worthington Perkins M. D.

Dec 11th, 1916. (Address) Rockawalkin Apts

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ✓ yrs. ✓ mos. ✓ ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence ✓

19-PLACE OF BURIAL OR REMOVAL. Philadelphia Pa — DATE OF BURIAL. Dec 13, 1916

20-UNDERTAKER Stewart & Howard — ADDRESS 10 E. Mott

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0320

CERTIFICATE OF DEATH.

40 D 0320

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 Carlton ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ackesah Bosley

(Residence in Baltimore: No. 1013 Carlton St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown, ... (Month) ..... (Day) 1 ..... (Year)

7-AGE. about 62 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Work .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Ps. Occupation .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daniel Easton

(Address) 916 Bennett

15- DEC 11 1916 ROBERT R. KRAUTER

Filed ....., 191... Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 12 ..... (Month) ..... 10 ..... (Day), 1916. (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug't 1916, to Dec 9th 1916, that I saw h.e alive on Dec 9th 1916, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage of 5 Months

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Louis Naylor M. D.

....., 191... (Address) Pikesville Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Dec 13, 1916

20-UNDERTAKER Daniel Easton

ADDRESS 916 Bennett

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0321

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

CERTIFICATE OF DEATH.

D 0321

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3114 Remington Ave ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith W. Kohler

(Residence in Baltimore: No. 3114 Remington St.; 27 yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Fem	White	Married

6-DATE OF BIRTH, ... Jan. (Month) 28 (Day), 1889 (Year)

7-AGE, 27 yrs. 10 mos. 10 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, James N Rigney

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary E Williams

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..E. A. Kohler.....

(Address)..3114 Remington Ave.....

15-DEC 11 1916 Filed....., 191.... ROBERT P. KRAUTZ Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec. (Month) 10th (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct 15th 1915, to Dec 10th 1916, that I saw h[illegible] alive on Dec 10th 1916, and that death occurred, on the date stated above, at 8 0 m.

The CAUSE OF DEATH* was as follows:

.....

Pulmonary Tuberculosis

..... (Duration) 1 yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) —

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Dec 11th, 1916. (Address) 12 E 28th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Druid Ridge Cem	Dec 13, 1916
20-UNDERTAKER	**ADDRESS**
Wm Boulton	230 N Gay

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0322

CERTIFICATE OF DEATH.

REGISTERED No. C

D 0322

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2009 Druid Hill Ave. WARD) 14 District

2-FULL NAME Josephine Stinnard

(Residence in Baltimore: No. 1840 McCulloh St.; yrs., mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, ... September (Month) ..... (Day) 1830 (Year)

7-AGE, 86 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)..... Thomas Stinnard

(Address) 1725 McCulloh

15-DEC 11 1916 Filed....., 191... ECBERT R. KRAUTER Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... December (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows: Concussion of Brain

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fall down Steps Injuries Death

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner)

Dec 10, 1916. (Address) 519 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Dec 13, 1916

20-UNDERTAKER John Stevens — ADDRESS 538 Dolphin

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0323

CERTIFICATE OF DEATH.

137 D 0323

1-PLACE OF DEATH Mel Gen. Hospital

REGISTERED NO. C

CITY OF BALTIMORE: (No. Lucken Ave & Madison ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Green

(Residence in Baltimore—No. 440 Orchard St St.; ..... yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH Unknown ....., 1900.
(Month) (Day) (Year)

7-AGE. 16 yrs. — mos. — da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... home

9-BIRTHPLACE, (State or Country), city

PARENTS.

10-NAME OF FATHER, John Green

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Rachel Roy

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hannah Roy

(Address) 441 Orchard St

15- DEC 11 1916 Filed....., 191..... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 9, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 8 1916, to Dec 9 1916, that I saw her alive on Dec 9 1916, and that death occurred, on the date stated above, at 12:30 m.

The CAUSE OF DEATH* was as follows:

Breech Presentation - Pregnancy

..... (Duration) ..... yrs. 9 mos. ..... da.

CONTRIBUTORY (Secondary) Puerperal Septicaemia

..... (Duration) ..... yrs. ..... mos. 1 da.

(Signed) Elmer Hewerson M. D.

12-9-16, 191... (Address) 1111 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 da. In the State life yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 440 Orchard St

19-PLACE OF BURIAL OR REMOVAL, Milford Va Lucken Co

DATE OF BURIAL, Dec 13, 1916.

20-UNDERTAKER John A Owens

ADDRESS 528 Dolphin

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If LESS than 1 day, CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 0324

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1402 Ashland Ave ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie M. Snyder

(Residence in Baltimore: No. 1402 Ashland Ave St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... December (Month), 7 (Day), 1 (Year)

7-AGE, 90 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work..... Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Joseph Sanders

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Matilda Ely

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Sanders

(Address) 1402 Ashland Ave

15- Filed DEC 11 1916, 19.. ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 9th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 6th 1916, to December 9th 1916, that I saw h alive on December 8th 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Exhaustion (Duration) ....yrs. 4 mos. ....ds.

(Signed) P E Kelly M. D.

Dec. 9th, 1916 (Address) 600 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, BALTIMORE CEMETARY. DATE OF BURIAL, DEC 12 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Eutaw

N. B.—Every item of information should be carefully considered. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0325

CERTIFICATE OF DEATH.

18 D 0325

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Siegfried Wohlmuth

(Residence in Baltimore: No. 2531 Brookfield ave St.; 15 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August 5th, 1896
(Month) (Day) (Year)

7-AGE, 20 yrs. 4 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clothing
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE, (State or Country), Hungary

PARENTS.

10-NAME OF FATHER, Wm Wohlmuth

11-BIRTHPLACE OF FATHER (State or Country), Hungary

12-MAIDEN NAME OF MOTHER Rosa Bloedy

13-BIRTHPLACE OF MOTHER (State or Country), Hungary

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isaac Wohlmuth

(Address) 2531 Brookfield ave

15- Filed DEC 11 1916 191.... ROBERT B. KRAUTH Registrar.

Serial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 4 1916, to Dec. 11 1916, that I saw him alive on Dec. 11, 1916, and that death occurred, on the date stated above, at 11.30 A.m.

The CAUSE OF DEATH* was as follows:

Septic Endocarditis

(Duration) not known yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(Duration) yrs. 1 mos. 1 ds.

(Signed) H. W. Voss M. D.

Dec. 11, 1916 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? not known.

Former or usual residence 2531 Brookfield ave.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship — DATE OF BURIAL, Dec 17, 1916

20-UNDERTAKER David Sondheim — ADDRESS Mt Royal ave

N. B.—Every item of information should be carefully supplied. AGE should be stated in every case, as CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0326

CERTIFICATE OF DEATH.

92 D 0326

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Quirk

(Residence in Baltimore: No. 2109 Gough St St.; 43 yrs., 7 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, April 26, 1873 (Month) (Day) (Year)

7-AGE, 43 yrs. 7 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Copper Works

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm Quirk

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ellen Cloke

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliza Quirk

(Address) 2109 Gough St

15- Filed DEC 11 1916, 191.... ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 7 1916, to Dec 9 1916, that I saw him alive on Dec 9 1916, and that death occurred, on the date stated above, at 7.40 P m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Alcoholism

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) William F. O'Reilly, M. D.

Dec 9, 1916. (Address) St Joseph's Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 2109 Gough St

Former or usual residence 2109 Gough St.

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Dec 12, 1916

20-UNDERTAKER Christian Miller — ADDRESS 2334 Jefferson St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Ages of infants CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0327

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0327

CERTIFICATE OF DEATH.

REGISTERED NO. C 61

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Thomas.

(Residence in Baltimore: No. 1610 E. Hoffman St. St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, June 3, 1915 (Month) (Day) (Year)

7-AGE, 1 yrs. 6 mos. 8 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, Harry Thomas

11-BIRTHPLACE OF FATHER (State or Country). md.

12-MAIDEN NAME OF MOTHER Carrie Wenzel

13-BIRTHPLACE OF MOTHER (State or Country). md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [signature]

(Address) Johns Hopkins Hosp.

15- Filed DEC 11 1916, 191.... ROBERT P. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 11, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 9 1916, to Dec 11 1916, that I saw h[illegible] alive on Dec 11 1916, and that death occurred, on the date stated above, at 9 10 a. m.

The CAUSE OF DEATH* was as follows:

Pneumococcus meningitis

(Duration) 0 yrs. 0 mos. 4 ds.

CONTRIBUTORY (Secondary) None

(Duration) ....yrs. ....mos. ....ds.

(Signed) D. C. Wharton Smith 2d M. D.

Dec 11, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. 2 mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1610 E. Hoffman St.

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Dec 13, 1916

20-UNDERTAKER Geo. M. Fink ADDRESS 811 N. Wolfe

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Physicians and others should be particular to have CAUSE OF DEATH properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 0328

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1912 Madison ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Lubik

(Residence in Baltimore: No. 1912 Madison St ..... St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, December 8th, 1830
(Month) (Day) (Year)

7-AGE, 86 yrs. — mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, M. Hranac

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Lubik

(Address) 1912 Madison St.

15- DEC 11 1916 ROBERT R. KRAUTER
Filed....., 191.... Burial Permit Issued
Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 11, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 5 1916, to Dec 11 1916, that I saw h.. alive on December 10th 1916, and that death occurred, on the date stated above, at 6A. m.

The CAUSE OF DEATH* was as follows:

.....
..... Senile Pneumonia (Bronchial) .....
..... (Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Frank J. Ayd M. D.

Dec 11, 191.6 (Address) 1937 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Dec 13, 191.6

20-UNDERTAKER Geo M Finn ADDRESS 811 N Wolfe

N. B.—Every item of information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 0329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 0329

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1117 Battery Ave ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Appel

(Residence in Baltimore: No.) 1117 Battery Ave St.; 35 yrs. [redacted] mos. [redacted] ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH. March 4, 1800 (Month) (Day) (Year)

7-AGE. 56 yrs. 8 mos. 3 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Domestic
(b) General nature of industry, business, or establishment in which employed (or employer). At Home

9-BIRTHPLACE. (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Franz Süchs

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Katherine Schreiner

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). John Appel (Son)

(Address) 1117 Battery Ave

15- Filed DEC 11 1916 191... ROBERT R. KRAUTH, Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. December 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan - 1915, to Dec - 9 1916, that I saw her alive on Dec 9 1916, and that death occurred, on the date stated above, at 8:10 P m.

The CAUSE OF DEATH* was as follows:

Trauma

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Senile Nephritis

(Duration) 1 yrs. ... mos. ... ds.

(Signed) C R Dunton M. D.

12/11, 1916 (Address) 304 E Ernst St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Farmer or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Cross

DATE OF BURIAL. Dec 12 1916

20-UNDERTAKER E & B Hartle

ADDRESS 115 E Mosher St

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56 D 0330

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 811 W. Fayette St. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Francis McCall.

(Residence in Baltimore: No. 811 W. Fayette St.)

50 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: July (Month) 23 (Day), 1866 (Year)

7-AGE: 50 yrs. 4 mos. 16 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Broom-maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Hugh McCall

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Perkins

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Hugh McCall.

(Address) 3301 Eastern Ave.

15. Dec. DEC 11 1916 19..

ROBERT R. KRAUTH
Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 9 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1916, to Dec. 9, 1916 that I saw h[illegible] alive on Dec. 9, 1916 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Ex Asthma
(Bronchial)

(Duration) yrs. 3 mos. ds

Contributory (SECONDARY) Alcoholism

(Duration) 1 yrs. mos. ds.

(Signed) Henry H. Weinberg Jr. M. D.

Dec. 9, 1916. (Address) 724 W. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem. DATE OF BURIAL: Dec. 12 1916

20-UNDERTAKER: Tilly & Zeiler ADDRESS: 403 S. Wolfe St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 0331

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 173 S. Regester St ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Ostermann

(Residence in Baltimore: No. 173 S. Regester St. St.; 54 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June (Month) 20 (Day), 1862 (Year)

7-AGE, 54 yrs. 5 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Teamster
(b) General nature of industry, business, or establishment in which employed (or employer)..... Livery

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, John Ostermann

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Margaret Smoeder

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mrs. Catharine Osterman

(Address)..... 173 S. Regester St.

15-

Filed DEC 11 1916, 191.... ROBERT R. KRAUTH Actual Permit Clerk Registrar.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 8 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 4 191 6, to Dec 8 191 6, that I saw him alive on Dec 7 191 6, and that death occurred, on the date stated above, at 9.50 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

..... (Duration) 30 yrs. ..... mos. ..... ds.

(Signed) Geo Hille M. D.

Dec 12, 1916. (Address) 1937 Gough St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Dec. 12th, 1916

20-UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0332

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 0332

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 Plum alley ST.: 23 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Johnson

(Residence in Baltimore: No. 1013 Plum alley St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Col	Married

6-DATE OF BIRTH, April 12, 1887
(Month) (Day) (Year)

7-AGE, 29 yrs. 7 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Rock Hall, Md

PARENTS.

10-NAME OF FATHER. abraham Murray

11-BIRTHPLACE OF FATHER (State or Country). Rock Hall

12-MAIDEN NAME OF MOTHER [illegible] Lucy Carter

13-BIRTHPLACE OF MOTHER (State or Country). Kent Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Olivia Morris

(Address) 1013 Plum alley

15- DEC 12 1916 Filed..... 191.. HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) 9 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12-6-16 191 , to 12-8- 191 6, that I saw h[illegible] alive on 12-8-16 191 , and that death occurred, on the date stated above, at 5 a, m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

..... (Duration)..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Debility and

..... (Duration)..... yrs. ..... mos. 7 ds.

(Signed) [illegible]

12-9-16, 191... (Address) 1514 Ursula ave M. D.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn St — DATE OF BURIAL, [illegible], 191...

20-UNDERTAKER C. T. Brady & Son — ADDRESS 1010 W. Monroe St

N. B.—Every item of information should be carefully considered, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 0333

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 111 Welcome Alley. ST. 22 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Brown. (Col'd.)

(Residence in Baltimore: No. 111 Welcome Alley. St.; 15 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female.	Colored.	Widow.

6-DATE OF BIRTH, Do not know. (Month) ....., / (Day) ..... (Year)

7-AGE, 40 yrs. ==mos. ==ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Virginia.

PARENTS.

10-NAME OF FATHER, Plater Chinn.(Col'd)

11-BIRTHPLACE OF FATHER (State or Country) Virginia.

12-MAIDEN NAME OF MOTHER Sally.---------

13-BIRTHPLACE OF MOTHER (State or Country), Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Bright.(C)Sister.

(Address) 111 Welcome Alley.

15- HARRY C. ANDREWS

Filed DEC 12 1916, 191.. Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 10th. 1916., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

..... (Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs....mos....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

Dec.,11,1916. (Address) 1017 S.Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, mt auburn Cc. DATE OF BURIAL, Dec 12 1916.

20-UNDERTAKER J L Brownson ADDRESS 148 monte

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

P 0334

CERTIFICATE OF DEATH.

P 0334

REGISTERED NO. 2334

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 Walbrook Av. ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah A. Davis

(Residence in Baltimore: No. 1812 Walbrook Ave ST.; 72 yrs. 2 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Oct. (Month) 10 (Day), 1844 (Year)

7-AGE, 72 yrs. 2 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). At home

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Martin Haines

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Catherine Ward

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah A. Davis

(Address) 1812 Walbrook Ave

15-

Filed DEC 12 1916, 191... HARRY C. ANDREWS

Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 11 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 6 1916, to Dec. 10 1916, that I saw h[illegible] alive on Dec. 11 1916, and that death occurred, on the date stated above, at 4.15 P m.

The CAUSE OF DEATH* was as follows: Broncho pneumonia + Cardio Asthenia

(Duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Chro. Interstitial Nephritis, (Duration) 15 yrs. mos. ds.

(Signed) J. H. Mettam M. D.

Dec 11, 1916 (Address) 424 N. Greene St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Dec 13, 1916

20-UNDERTAKER W. B. Leaf + Jones ADDRESS 833 Linden ave

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

863

D 0335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167 D 0335

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St josephs Hospital St. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lea Freeman (Leah Freman)

(Residence in Baltimore: No. 1319 E Lombord st St. 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Unkown (Month), (Day), 1871 (Year)

7-AGE, 45 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unkown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unkown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E Balto St

15- Filed DEC 12 1916, 191 HARRY C. ANDREW Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec II 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns. Accidental

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) (Coroner.)

Dec II 1916 (Address) N. R. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State 4 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1319 E Lombard St

Former or usual residence 1319 E Lombard St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Rosedale	12/12 1916
20-UNDERTAKER	**ADDRESS**
Jack Lewis	1411 E Balto St

(Over)

Spec.—8-24-14—M. & T.—2000 Bks.

D 0336 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

61

D 0336

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 W. Mulberry St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elena Nardinocchi

(Residence in Baltimore: No. 622 W. Mulberry St. St.; yrs. 2 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, October (Month) 16th (Day), 1914 (Year)

7-AGE, yrs. 2 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER, Philip Nardinocchi

11-BIRTHPLACE OF FATHER (State or Country). Italy

12-MAIDEN NAME OF MOTHER Elisa Maltitani

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Philip Nardinocchi

(Address) 622 W. Mulberry st.

15- DEC 12 1916 HARRY C. ARNOLD

Filed ....., 191.. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 11th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 9th 1916, to Dec. 11th 1916, that I saw her alive on Dec. 10th 1916, and that death occurred, on the date stated above, at 7.45 Am.

The CAUSE OF DEATH* was as follows:

Acute Epidemic Cerebro Spinal Meningitis

(Duration) — yrs. — mos. 15 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) V. J. Addo M. D.

, 191.6 (Address) 408 N. Fremont Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St. Vincent Cemetery	Dec. 14th 1916
20-UNDERTAKER George J. Ruth	ADDRESS 1730 Harford Ave

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0337

CERTIFICATE OF DEATH.

REGISTERED NO. D 0337

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 N Vincent ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Rieders

(Residence in Baltimore: No. 517 N Vincent St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Male	Colored	Widower

6-DATE OF BIRTH, Unknown (Month) (Day), 1857 (Year)

7-AGE,	If LESS than 1 day,
59 yrs. 1 mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer,
(b) General nature of industry, business, or establishment in which employed (or employer): Gen'l work

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Rieders

(Address) 517 N. Vincent st.

15- Filed DEC 12 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 9, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 6 191 6, to Dec 9 191 6, that I saw h alive on Dec 9 191 6, and that death occurred, on the date stated above, at 7 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 1 mos. 9 ds.

(Signed) Bernard Brown M. D.

Dec 12, 191... (Address) 306 Mount st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Dec 12, 1916

20-UNDERTAKER Hallett Brown — ADDRESS 306 Mount st.

N. B.—Every question must be answered, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0338

HEALTH DEPARTMENT—CITY OF BALTIMORE

104

CERTIFICATE OF DEATH.

D 0338

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 161½ Canton Ave ST.: V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Anthony Czerwinski

(Residence in Baltimore: No. 161 S. Canton Ave.

St. 1 yrs., 2 mos. 26 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Sept. (Month) 15 (Day), 1915 (Year)

7-AGE, 1 yrs. 2 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Infant

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: William Czerwinski

11-BIRTHPLACE OF FATHER (State or Country): Russian Poland

12-MAIDEN NAME OF MOTHER: Anastazya Borkowska

13-BIRTHPLACE OF MOTHER (State or Country): Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Czerwinski

(Address) 161 S Canton Ave

15- Filed DEC 12 1916, 191..... HARRY C. ANDREWS Registrar. Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 11 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) Henry Lynn Swartzy M. D. (Coroner.)

Dec 11, 1916 (Address) 1610 E Lombard St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Holy Rosary	Dec 13, 1916
20-UNDERTAKER	ADDRESS
William Galkowski	1618 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 0339

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0839

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 N. Central ave. ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maltimare Brown

(Residence in Baltimore: No. 406 N. Central ave. St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) 1 (Day) (Year)

7-AGE, 36 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baitender
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Maltimare Brown

11-BIRTHPLACE OF FATHER (State or Country). Balto. Md

12-MAIDEN NAME OF MOTHER Helen Cooper

13-BIRTHPLACE OF MOTHER (State or Country). Balto, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harriet Brown

(Address) 406 N. Central ave.

15- Filed DEC 12 1916, 191... HARRY C. ALDEN Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 9 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 8. 1916, to Dec 9. 1916, that I saw him alive on Dec 9. 1916, and that death occurred, on the date stated above, at 1.05 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Robert F. Green M. D.

Dec. 11., 1916. (Address) 120½ Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn Cemetery

DATE OF BURIAL. Dec. 12., 1916.

20-UNDERTAKER Edward B. Jones

ADDRESS 235 E. Pine St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 0340

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 0340

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2119 Bolton Street ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca E. Banks

(Residence in Baltimore: No. 2119 Bolton Street St.: — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, February 5, 1839, 1 (Month) (Day) (Year)

7-AGE. 77 yrs. 10 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Melford, Del.

PARENTS.

10-NAME OF FATHER, Daniel C. Godwin

11-BIRTHPLACE OF FATHER (State or Country), Melford, Del.

12-MAIDEN NAME OF MOTHER Sarah Walker

13-BIRTHPLACE OF MOTHER (State or Country), Melford, Del.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Bessie Banks

(Address) 2119 Bolton Street

15- HARRY C. ARDEN

Filed DEC 12 1916 Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 11, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 3 1916, to Dec 10 1916, that I saw h[illegible] alive on Dec 10 1916, and that death occurred, on the date stated above, at 8 30 a m.

The CAUSE OF DEATH* was as follows: Acute Colonal Pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Myocardial insuff. pneumonia (Duration) yrs. 12 mos. Days

(Signed) [illegible] M. D.

Dec 12 1916 (Address) 1008 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL St Paul's Cathedral Reisterstown, Md

DATE OF BURIAL, 12/13, 1916.

20-UNDERTAKER Henry W. Miles & Son

ADDRESS 503 N. Calvert St

N. B.—Every item of information should be given as correctly as possible. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec. 24-14—M. & T.—2000 Blks.

D 0341 HEALTH DEPARTMENT—CITY OF BALTIMORE 53

D 0341 CERTIFICATE OF DEATH. × D 0341 D 0341

REGISTERED NO. D 341

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Res. for a. Hernia

(Residence in Baltimore: No. Mercy Hospital St.; — yrs., — mos. 12 ds.)

N.B. Exact statement of OCCUPATION is very important. Please see that it is properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, Oct 26, 1886 (Month) (Day) (Year)

7-AGE, 30 yrs. 1 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Priest
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Benwin Hernle

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Mary Sutack

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Record

(Address)

15- Filed DEC 12 1916, 191.... HARRY C. ANDREAE Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 11, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 24 1916, to Dec 11 1916, that I saw him alive on Dec 11 1916, and that death occurred, on the date stated above, at 7.15 a m.

The CAUSE OF DEATH* was as follows:

1. Hernio-Hypelogmus
2. Tenkenemia
(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis
(Duration) 2 yrs. mos. ds.

(Signed) Edward P. Smith M. D.

12/11, 191.6 (Address) Mercy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 12 ds. In the State ... yrs. ... mos. 12 ds.

Where was disease contracted, if not at place of death? Deer Lodge Tenn

Former or usual residence Deer Lodge Tenn

19-PLACE OF BURIAL OR REMOVAL, Knoxville Tenn. DATE OF BURIAL, 12-13, 1916.

20-UNDERTAKER Henry W. Dress & Son ADDRESS 705 N. Calvert St

Via. Penn. R.R. — Miss Anna Bullock — Escort

D 0342

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 D 0342

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 3513 Chestnut Ave. St.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Haines

(Residence in Baltimore: No. 3513 Chestnut Ave. St.; 35 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: April (Month) 20 (Day), 1847 (Year)

7-AGE: 69 yrs. 7 mos. 20 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): House Wife

9-BIRTHPLACE (State or country): Carroll Co. Md.

PARENTS

10-NAME OF FATHER: Lloyd Ruby

11-BIRTHPLACE OF FATHER (State or country): Carroll Co. Md.

12-MAIDEN NAME OF MOTHER: Julia Kenney

13-BIRTHPLACE OF MOTHER (State or country): Carroll Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Reuben H. Haines

(Address) 3513 Chestnut Ave.

15- DEC 12 1916 Filed ..... 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 15, 1912, to, Dec 10 1916, that I saw her alive on Dec 10 1916, and that death occurred, on the date stated above, at 11-45 PM

The CAUSE OF DEATH* was as follows:

Diabetes.

(Duration) 4 yrs 7 mos. 25 ds.

Contributory (SECONDARY) Diabetic Coma.

(Duration) ..... yrs ..... mos. 3 ds.

(Signed) H. A. Kelly M. D.

Dec 12, 191 6. [Address] 3549 Roland Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Mary,s Hampden

DATE OF BURIAL: Dec. 13 1916

20-UNDERTAKER: A.S. Marshall

ADDRESS: 3539 Falls Road

D 0343

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

42

D 0343

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2775 Tivoly Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarissa Swinckle

(Residence in Baltimore: No. 2775 Tivoly Ave St.; 1 yrs. 2 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: August (Month) 1 (Day) 1882 (Year)

7-AGE: 34 yrs. 3 mos. 21 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Penn.

PARENTS

10-NAME OF FATHER: John W. Reigle

11-BIRTHPLACE OF FATHER (State or country): Penn.

12-MAIDEN NAME OF MOTHER: Emma J. McElwee

13-BIRTHPLACE OF MOTHER (State or country): Penn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edgar E Swinckle

(Address) 2775 Tivoly Ave

15- Filed DEC 12 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 10th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 18th, 1916, to, Dec. 10th 1916, that I saw h.er alive on Dec. 10th 1916, and that death occurred, on the date stated above, at 10.50 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus
(microscopical)

(Duration) 1 yrs 7 mos ds

Contributory (SECONDARY) Exhaustion

(Duration) yrs mos ds

(Signed), Gyo. E. Cross M. D.

Dec. 10th, 1916 [Address] 1000 W 25th St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Emmitsburg Md

DATE OF BURIAL: Dec 12 1916

UNDERTAKER: H. S. MacDall

ADDRESS: 3339 Falls Rd

Spec.—8-24-14—M. & T.—2000 Bks.

D 0344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF ~~DEATH.~~

29

REGISTERED NO. D 0344

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 N. Chester ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Creegan

(Residence in Baltimore: No. 929 N Chester St.; Life yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED, WIDOWED,~~ OR DIVORCED. (~~Write~~ the word.) Married

6-DATE OF BIRTH, July, 1872
(Month) (Day) (Year)

7-AGE, 44 yrs. 4 mos. 1 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brass Moulder
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Dan'l Creegan

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Margt O'Neill

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Creegan

(Address) 929 N. Chester St

15-

Filed DEC 12 1916, 191...

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 9, 1916.
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec 1 1915, to Dec 9 1916, that I saw h~~im~~ alive on December 7 1916, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

1. Acute Phthisis Pulmonalis

(Duration) 1 yrs. 6 mos. — da.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... da.

(Signed) John J. Veit M. D.

Dec 9, 1916 (Address) 936 E Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Dec 13, 1916.

20-UNDERTAKER, E. A. Kieffer Jr. — ADDRESS Green Mt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0345 × 104 D 0345

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Merle Scheuinant

(Residence in Baltimore: No. Mercy Hospital ; St.: — yrs., 2 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, March ....., 1916
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
....yrs. 10 mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... school .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Curtis Bay (Balto Co)

PARENTS.

10-NAME OF FATHER, Thomas Scheuinant

11-BIRTHPLACE OF FATHER (State or Country), A. a. Co. Md

12-MAIDEN NAME OF MOTHER Esther Ennquist

13-BIRTHPLACE OF MOTHER (State or Country), Europe

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Scheuinant Boy

(Address) 35 Cedar st Curtis Bay

15- DEC 12 1916 HARRY C. ANDREWS
Filed....., -191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 12, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 7 1916, to Dec 12 1916, that I saw him alive on Dec 12 1916, and that death occurred, on the date stated above, at 12 45 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edward P. Smith M. D.

12/14/, 1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State yrs. 10 mos. ds.

Where was disease contracted, if not at place of death? 35 Cedar St Curtis Bay Md

Former or usual residence 35 Cedar St Curtis Bay Md

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cedar Hill	Dec 14..., 1916.

20-UNDERTAKER	ADDRESS
Wm Cook	502 E Nath

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 0346

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

92

REGISTERED NO. C D 0346

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 N. Carey ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Maria Meyerscheim

(Residence in Baltimore: No. 227 N. Carey St.: 49 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED.~~ (Write the word.): Widowed

6-DATE OF BIRTH: Dec 29, 1822 (Month) (Day) (Year)

7-AGE: 89 yrs. 11 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: None (b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Heinrich Hilman

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Maria Simons

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. H. Miller

(Address) 227 N. Carey St

15-Filed DEC 12 1916, 191.. HARRY C. ANDERS, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Dec 10, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 6 1916, to Dec 10 1916, that I saw her alive on Dec 10 1916, and that death occurred, on the date stated above, at 9.45 m.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Lobar Pneumonia

(Duration) 4 yrs. mos. 2 ds.

(Signed) F. N. Iams M. D.

11/11, 1916 (Address) 1234 W. Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Dec. 13, 1916

20-UNDERTAKER: George J. Smith ADDRESS: 1000 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0347.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152 D 0347

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. University Hospital St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Jackson

(Residence in Baltimore: No. University Hospital St.; —— yrs., 2 mos. —— ds.)

923 Leadenhall St.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, 12 (Month) 11 (Day), 1916 (Year)

7-AGE.	If LESS than 1 day, ... hrs. or 11 min.?
0 yrs. 0 mos. 0 ds.	5

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. Howard Jackson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ethel Woodland

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Jackson

(Address) 923 Leadenhall St

15- DEC 12 1916

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12-11 1916, to 12-11 1916, that I saw him alive on 12-11 1916, and that death occurred, on the date stated above at 7:30 m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Prematurity

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. T. Douglass M. D.

12-11, 1916 (Address) Union Trust

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Parents Residence

Former or usual residence 923 Leadenhall St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn	Dec 13, 1916

20-UNDERTAKER	ADDRESS
John H Toadvine	1152 Hollins

N. B.—Every item of the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0348

138

D 0348

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eulah Jackson

(Residence in Baltimore: No. 923 Leadenhall St St.; 25 yrs., 4 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Married

6-DATE OF BIRTH, Dec 14, 1891
(Month) (Day) (Year)

7-AGE, 25 yrs. 1 mos. 25 ds. If LESS than 1 day, ..hrs. or ..min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: H. W.
(b) General nature of industry, business, or establishment in which employed (or employer): H. W.

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Ford Madison

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mahala Martin

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Jackson

(Address) 923 Leadenhall

15- Filed DEC 12 1916, 191.. HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12-11 1916, to 12-11 1916, that I saw her alive on 12-11 1916, and that death occurred, on the date stated above, at 7.15 p.m.

The CAUSE OF DEATH* was as follows:

Toxemia of Pregnancy

(Duration) ..yrs. ..mos. 1 ds.

CONTRIBUTORY (Secondary) Pregnancy

(Duration) ..yrs. ..mos. ..ds.

(Signed) [illegible] M. D.

12-11, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. 1 ds. In the State 35 yrs. 4 mos. — ds.

Where was disease contracted, if not at place of death? 923 Leadenhall St

Former or usual residence 923 Leadenhall St

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn — DATE OF BURIAL, Dec 13, 1916

20-UNDERTAKER John H Toadvine — ADDRESS 1437 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 0349

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 731 Ensor st ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Delia Hart

(Residence in Baltimore: No. 731 Ensor st ST.: 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, (or position when date of birth is not known) April 15 1883, (Day) (Year) April is September

7-AGE, 33 yrs. 0 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Hart

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ellen ----------

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Hart

(Address) 731 Ensor st

15- DEC 12 1916 Filed ..., 191... HARRY C. ARNEY Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 11 1916, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephriti

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Wm. Inglis, M. D. (Coroner.)

Dec 11 1916 (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery DATE OF BURIAL, Dec 13, 16

20-UNDERTAKER Henry Horch Son ADDRESS 1301 E Eager st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8124-N—M. & T.—2000 Bks.

D 0350 HEALTH DEPARTMENT—CITY OF BALTIMORE 91 D 0350

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Vincents Infant asylum REGISTERED NO. C.....

CITY OF BALTIMORE: (No. St. Vincents Infant asylum St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Simpson

(Residence in Baltimore: No. St. Vincents Infant asylum St.; 0 yrs., 0 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March (Month) 7 (Day), 1915 (Year)

7-AGE, 1 yrs. 9 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Edward Simpson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Blanch Leedy

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. C. Maudlin

(Address) Denmar Md

15-

Filed DEC 12 1916, 191.....

HARRY C. ANDREWS
BUREAU Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 8 1916, to Dec. 11 1916, that I saw h er alive on Dec. 11. 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Bronchio pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

(Signed) J. E. Boulton M. D.

191... (Address) 613 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 13 ds. In the State 1 yrs. 9 mos. 13 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Dec 2, 1916

20-UNDERTAKER W. M. Gaulbert — ADDRESS 1624 N Rgd. Ave

Dec

N. B. Every item of information must be given as accurately as possible, and the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 0351
1PLACE OF DEATH

CERTIFICATE OF DEATH

28

D 0351

REGISTERED No. C .....

CITY OF BALTIMORE (No. 602 Dukeland St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lorella E Whitlock.

(Residence in Baltimore: No. 602 Dukeland Av St.: 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: March 27, 1895 (Month) (Day) (Year)

7-AGE: 21 yrs. 8 mos. 15 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Calvert G Brown

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Mary K Cook

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mary Brown

(Address): 602 Dukeland Av

15. Filed DEC 12 1916 191 ROBERT R. KRAUTH Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 12 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1916, to Dec 12 1916, that I saw h[illegible] alive on Dec 11, 1916, and that death occurred, on the date stated above, at 8 3 9 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) ..... yrs. 5 mos. ..... ds

Contributory (SECONDARY) Cardiac asthenia

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed), Geo W Kemmler M. D.

Dec 12, 1916 (Address) 810 Harlem Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mount Olivet — DATE OF BURIAL: Dec 15, 1916

20-UNDERTAKER: Geo W Little — ADDRESS: 531 Fremont Av

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0352

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0352

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hopkins Hospital ST.: 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Beil

(Residence in Baltimore: No. 3913 Fernwood Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Feb 26 1886, 1
(Month) (Day) (Year)

7-AGE, 30 yrs. 10 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... H W
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Beil

(Address) 3913 Fernwood ave

15- Filed DEC 12 1916, 191 ROBERT R. KRAUTZ Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec II 1916, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiru (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide (Bichloride)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Wm. Cuslay M. D.
(Coroner.)

Dec II 1916 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. Life ds.

Where was disease contracted, if not at place of death? 3913 Fernwood Ave

Former or usual residence 3913 Fernwood Ave

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oaklawn Cemty	Dec 14 1916
20-UNDERTAKER Zickler Zickler	ADDRESS 1739 Eager st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172 D 0353

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Conroy

(Residence in Baltimore: No. 204 N. Pine St St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, January (Month) (Day) 1837 (Year)

7-AGE, 79 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Lawrence Flynn

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Ellen Diggan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Conroy

(Address) 524 N. Potomac St.

15- Filed DEC 12 1916, 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 11, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 7, 1916, to Dec 11 1916, that I saw her alive on Dec 11, 1916, and that death occurred, on the date stated above, at 7-5 a.m.

The CAUSE OF DEATH* was as follows:

Fracture thru neck of left femur (a) Accident (b) Fall on floor at her home

(Duration) ....yrs.

CONTRIBUTORY (Secondary) General arterio sclerosis and senility (Duration) ....yrs. mos. 39 ds.

(Signed) Jos A Bowden M. D.

Dec 11, 1916 (Address) Md Gen Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. mos. 39 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 204 N. Pine st.

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn — DATE OF BURIAL, Dec 14, 1916

20-UNDERTAKER John J Bowman — ADDRESS 701 Baltimore

D 0354

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0354

CERTIFICATE OF DEATH.

1 28

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1118 E. Poloniae ST.: WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Edward Ady

(Residence in Baltimore: No. 1118 E Poloniae St

St.; yrs., 9 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Unknown, 1875
(Month) (Day) (Year)

7-AGE, 41 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE. (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Joseph F Ady

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Emma S. Round

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary V Boyler

(Address) 1118 E Poloniae St

15-

FILED DEC 12 1916 1916 ROBERT R. KRAUTER
Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 9, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs.

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thomas Lyon Lutzky M. D.
Dec 12, 1916 (Coroner) (Address) 1110 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem. DATE OF BURIAL, Dec 13 1916

20-UNDERTAKER Robb-Tucker ADDRESS 1492 N Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

D 0355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

REGISTERED No. D 0355

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 S. Hanover ST.; 7V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan F. Pace (Pace)

(Residence in Baltimore: No. 318 S. Hanover St.; 48 yrs., ~ mos. ~ da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Jan 9, 1841.
(Month) (Day) (Year)

7-AGE, 75 yrs. 11 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) ~

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Richard Sorrell

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Atwell

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maria E. Callahan

(Address) 318 S. Hanover St.

15- Filed DEC 12 1916, 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 11, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3 1916, to Dec 11 1916, that I saw her alive on Dec 10 1916, and that death occurred, on the date stated above, at 6-10 A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) ~ yrs. 11 mos. ~ ds.

CONTRIBUTORY (Secondary) None

(Duration) ~ yrs. ~ mos. ~ ds.

(Signed) Henry E. Hahle M. D.

Dec. 11, 1916. (Address) 1203 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem. DATE OF BURIAL, Dec. 13, 1916.

20-UNDERTAKER Chas. Whitehead & Co. ADDRESS 120 N. Fayette St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Emil Walter

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0356 — CERTIFICATE OF DEATH. — 79 — D 0356

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. Emil Walter St. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Emil Walter

(Residence in Baltimore: No. 2027 Fren. Ave. St.; yrs.. mos. da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH. Sept. 30, 1835
(Month) (Day) (Year)

7-AGE. 81 yrs. 2 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Pilot Master
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), England.

PARENTS.

10-NAME OF FATHER, Victor Walters

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F. S. Brodie

(Address) 1616 Montgomery

15- FILED DEC 12 1916 191.. ROBERT B. KRAUTER Registrar
Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec. 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

I. Myocarditis
II. Arterio Sclerosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

Dec. 12, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL. Hebrew Balt. | DATE OF BURIAL. Dec. 13. 1916

20-UNDERTAKER Jahrens | ADDRESS 16 11 Mad

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0357

CERTIFICATE OF DEATH.

64

D 0357

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1632 W. Mulberry ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret A. Ball

(Residence in Baltimore: No. 1632 W. Mulberry St.; 29 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-[redacted] WIDOWED, [redacted] (Write the word.) Widow

6-DATE OF BIRTH, Apr. 25, 1852 (Month) (Day) (Year)

7-AGE, 64 yrs. 7 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Housewife

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country), Don't Know

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ada L. Lewis

(Address) .....

15- Filed DEC 12 1916 191.. ROBERT R. KRAUTER Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 11, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 24, 1916, to December 11, 1916, that I saw her alive on December 11, 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

..... (Duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Dec. 12, 1916. (Address) 630 N. [illegible] St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, National Lawn — DATE OF BURIAL, Dec. 14 1916.

20-UNDERTAKER Wm Cook — ADDRESS 502 North Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0358

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

64 D 0358

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1730 Bolt ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine A. Thornton

(Residence in Baltimore: No. 1730 Bolt St.; 14 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH. June (Month) 22 (Day), 1897 (Year)

7-AGE.	If LESS than 1 day,
19 yrs. 5 mos. 18 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home mfr.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Middlesex Co Virginia

PARENTS.

10-NAME OF FATHER, Selby Hart

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Ann Ailworth

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fredk Thornton

(Address) 1730 Bolt Ave

15- DEC 12 1916 ROBERT R. KRAUTER

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 7 1916, to Dec. 10 1916, that I saw h[illegible] alive on Dec 10 1916, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Rasphenatory Asthenia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Dr. Fred Thornton M. D.

Dec. 10, 1916. (Address) 1730 Bolt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill

DATE OF BURIAL, Dec. 14, 1916

20-UNDERTAKER Wm Cook

ADDRESS 502 North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0359

D 0359

CERTIFICATE OF DEATH.

37

1-PLACE OF DEATH St. Vincents Infant Asylum

REGISTERED No. C

CITY OF BALTIMORE: (No. St. Vincents Infant Asylum St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Smith

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	wht	Single

6-DATE OF BIRTH, Nov. (Month) 27 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
.....yrs. .....mos. 13 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. V. Asylum

(Address) 1401 Division St.

15-
Filed DEC 12 1916 191 ROBERT R. KRAUTER
Burial Permit Register

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 10 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 29 1916, to Dec. 10 1916, that I saw h... alive on Dec. 10 1916, and that death occurred, on the date stated above, at 7h. m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

from birth

(Duration) f....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs.....mos.....ds.

(Signed) J. F. Poulton M. D.

Dec. 11, 1916. (Address) 61 Lexington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cathedral	Dec. 13 1916.
20-UNDERTAKER	ADDRESS
M. Fahey & Sons	606 Fayette Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0360

CERTIFICATE OF DEATH.

D 0360

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 N. 36th. St. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza J. Whiteford

(Residence in Baltimore: No. 824 N. 36th. St. St.; 78 yrs., 10 mos. 13 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Jan. (Month) 28 (Day) 1838 (Year)

7-AGE, 78 yrs. 10 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Solomon Marshall

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Eckman

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma F. Baldwin

(Address) 824 N. 36th St.

15- Filed DEC 12 1916, 191.... ROBERT E. KRAUTH Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 5/11/1916, to 12/11/1916, that I saw her alive on 12/9/1916, and that death occurred, on the date stated above, at 8:15 P. m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis Cerebral & Chronic Myocarditis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Cystitis

(Duration) yrs. mos. 3 ds.

(Signed) Wm. A. [illegible] M. D.

12/12/, 1916 (Address) 3435 Chestnut Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park | DATE OF BURIAL, Dec. 13 1916

20-UNDERTAKER Horace Burgee & Son | ADDRESS 363 Halls Road

Spec.—8-24-14—M. & T.—2000 Bks.

D 0361

HEALTH DEPARTMENT—CITY OF BALTIMORE.

119 D 0361

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2128 McElderry ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas A. Carnish

(Residence in Baltimore: No. 2128 McElderry St. Life yrs.. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, 19 yrs. — mos. — da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER, Aaron Carnish

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Alberta Adams

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alberta Carnish

(Address) 2128 McElderry St

15-

Filed DEC. 13 1916, 191.....

Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1916, to Dec 11 1916, that I saw him alive on Dec 11, 1916, and that death occurred, on the date stated above, at 12.15 A.m.

The CAUSE OF DEATH* was as follows:

Acute Brights Disease

(Duration) ..... yrs. 2 mos. ..... da.

CONTRIBUTORY (Secondary) Unknown

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) Robt F. Green M. D.

Dec 12, 1916 (Address) 120½ Aisquith St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Cambridge Md. DATE OF BURIAL, Dec 14, 191...

20-UNDERTAKER C. P. Cross ADDRESS 1405 McElderry St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0362

CERTIFICATE OF DEATH.

120 D 0362

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 N. Payson ST.; 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ann Lewis

(Residence in Baltimore: No. 1804 N. Payson St.; 60 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, May 8th, 1833
(Month) (Day) (Year)

7-AGE, 83 yrs. 7 mos. 3 ds.

If LESS than 1 day, ... hrs. or X min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Work at home

9-BIRTHPLACE, (State or Country) England

PARENTS.

10-NAME OF FATHER, Douglas MacFadden

11-BIRTHPLACE OF FATHER (State or Country) England

12-MAIDEN NAME OF MOTHER Catherine Douglas

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Wm J. Baugher

(Address) 1804 N. Payson

15- Filed DEC 13 1916 191.. HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 11th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 18 1916, to Dec 11 1916, that I saw her alive on Dec 11 1916, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Chronic Interstitial

CONTRIBUTORY (Secondary) nephritis (Duration) 4 yrs. mos. ds.

(Signed) John D. Graham M. D.

Dec 12, 1916 (Address) 1003 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	Dec 13, 191..
20-UNDERTAKER	**ADDRESS**
W M Routson	23 Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 D 0363

1-PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. ..... ST.; 10 WARD) REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Gordan

(Residence in Baltimore: No. Little Sisters of the Poor St.: 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Oct ....., 1836
(Month) (Day) (Year)

7-AGE, 80 yrs. 2 mos. ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER. Patrick Gordan

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Mary McCall

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15-

Filed DEC 13 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~Nov 28~~ Record 191, to ..... 191, that I saw h alive on Dec 9 1916, and that death occurred, on the date stated above, at 4 30 p. m.

The CAUSE OF DEATH* was as follows:

Asteni Sclerosis

Unknown (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Dec 12, 191... (Address) 1133 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 3 yrs. 5 mos. ds. In the State 60 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL, OR REMOVAL. Cathedral — DATE OF BURIAL, Dec 13, 1916.

20-UNDERTAKER H. C. Friedfeld — ADDRESS 9 & Gruumt Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Last Occupation is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0364 HEALTH DEPARTMENT—CITY OF BALTIMORE 151 D 0364

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Md Gen. Hospital REGISTERED NO. C

CITY OF BALTIMORE: (No. Linden Ave & Madison ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Fisher

(Residence in Baltimore: No. Md Gen Hospital St.; ..... yrs., ... mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November 23, 1916
(Month) (Day) (Year)

7-AGE, — yrs. — mos. 19 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm Fisher

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lily Myers

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno. J. Fahey, Jr.

(Address) 1318 Light St.

15- Filed DEC 13 1916, 191... HARRY C. ARDEN, Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 23 1916, to Dec 12 1916, that I saw h[illegible] alive on Dec 12 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows: Prematurity - Inanition

(Duration) ..... yrs. ..... mos. 19 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elmer Faircloth M. D.

12-12, 1916 (Address) 1501 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 19 ds. In the State — yrs. — mos. 19 ds.

Where was disease contracted, if not at place of death? Md Gen Hospital

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cedar Hill Cem	Dec 13, 1916.
20-UNDERTAKER	ADDRESS
Jno J Fahey & Son	1318 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 0365

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0365

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Skin & Cancer Hospital St.; 5 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice C. Krentzer

(Residence in Baltimore: No. 1120 Summerset St. St.: 6 yrs., mos. ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 16th, 1859. (Month) (Day) (Year)

7-AGE, 57 yrs. 8 mos. 25 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Joseph Kramer.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Margret Dreyer.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie M. Dawson.

(Address) 724 E. Preston

15- Filed DEC 13 1916 191... HARRY C. ... Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 11th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 9th 1916, to Dec 11th 1916, that I saw her alive on Dec 11th 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis. Exanition

(Duration) yrs. 2 mos. ds.

(Signed) Geo. G. Cross M. D.

Dec. 11th, 1916. (Address) 1000 W 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. 2 ds. In the State Life mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1120 Summerset St.

19-PLACE OF BURIAL OR REMOVAL, Baltimore County

DATE OF BURIAL, Dec. 13 1916

20-UNDERTAKER Albert C. Fuller

ADDRESS 221 N Bway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

D 0366

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 0366

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 Riggs Ave St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Carey

(Residence in Baltimore: No. 1617 Riggs Ave St.; — yrs, — mos. — ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE, 50 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Driver
(b) General nature of industry, business, or establishment in which employed (or employer)..... Coal-wagon

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Carey

(Address) 1617 Riggs Ave

15- Filed DEC 13 1916, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 1 1916, to December 9 1916, that I saw him alive on December 9 1916, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrh

age (Duration) yrs. — mos. 1 ds.

(Signed) Chas. E. Clarke M. D.

Dec. 10, 1916 (Address) 1310 N. Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Mt Auburn cemetery

DATE OF BURIAL, Dec 13, 1916

20-UNDERTAKER Joseph A Farrell

ADDRESS [redacted]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C 0366

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 Riggs alt ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Carey

(Residence in Baltimore: No. 1617 Riggs tar St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. C.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH. March 20, 1865
(Month) (Day) (Year)

7-AGE. 51 yrs. 8 mos. 20 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country), Virginia

PARENTS.

10-NAME OF FATHER. James Carey

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER Carlisle Beatups

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed....., 191.....
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 10, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 19 1916, to Dec 10 1916, that I saw h.. alive on Dec 9 1916, and that death occurred, on the date stated above, at 8:45 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

(Duration) ..... yrs. ..... mos. 1/2 ds.

CONTRIBUTORY (Secondary) Tuberculosis

Pulmonary (Duration) ..... yrs. 6 mos. ..... ds.

(Signed) W. W. Wright M. D.

Dec 10, 1916 (Address) 1209 Presstman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 0367.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 0367.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 N. Biddle ST.: 11 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie - Bundy

(Residence in Baltimore: No. 231 N Biddle St. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec. 12 (Month) (Day), 1916 (Year)

7-AGE, ...yrs....mos....ds. If LESS than 1 day, ...hrs. or 4 min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work. Infant (b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, W. J. Brokenbrough

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary Bundy

13-BIRTHPLACE OF MOTHER (State or Country), Kinmarnock-Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Bundy

(Address) 231 N. Biddle St

15- Filed DEC 13 1916, 191... HARRY C. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 12, (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 12 1916, to Dec 12 1916, that I saw her alive on Dec 12th 1916, and that death occurred, on the date stated above, at 1.30 P.M., The CAUSE OF DEATH* was as follows:

Infant Marasmus

Premature Baby

(Duration) ....yrs. four mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) E. Brandt M. D.

Dec 12 1916 (Address) 231 N. Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Dec 13, 1916

20-UNDERTAKER Fells & Pyle

ADDRESS 102 E Mulberry

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0368

HEALTH DEPARTMENT—CITY OF BALTIMORE

38

D 0368

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf. St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Ada Freize

(Residence in Baltimore: No. 1801 Rutland Ave St.; 30 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, ... Jan ..... 2 ....., 1811
(Month) (Day) (Year)

7-AGE, 105 yrs. 11 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Henry Meyer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Eliza Aldenberg

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William C. Freize

(Address) 1801 Rutland Ave

15- Filed DEC 13 1916 HARRY C. [illegible] Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec ..... 10 ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 28 1916, to Dec 10 1916, that I saw h[illegible] alive on Dec 10 1916, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Pelvic Inflammatory Disease (Duration) Probably due to Salpingitis (Duration) 6 yrs. 6 mos. ds.

Intestinal Obstruction (Secondary) Acute Bright's disease (Duration) 3 yrs. mos. ds.

(Signed) Wm Deeter M. D.

Dec 10, 1916. (Address) Church Home

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. 17 ds. In the City 30 yrs. mos. 1 ds.

Where was disease contracted, if not at place of death? 1801 Rutland Ave

Former or usual residence 1801 Rutland Ave

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Dec 13, 1916

20-UNDERTAKER John Heuisler & Co — ADDRESS 2005 Eutaw St

N. B.—Every item of information should be given in this CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 0369

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1042 N. Stricker ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Forbes.

(Residence in Baltimore: No. 1042 N. Stricker St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... August (Month) ..... (Day) 1870 (Year)

7-AGE, 46 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Home
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE. (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Thomas Turner

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Hackerman

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Husband

(Address) 1042 N Stricker

15-
DEC 13 1916
Filed ..... 191.
HARRY C. ALDERS
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 10 Dec (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows: Shock & hemorrhage following Chronic Myocarditis, ... Contusion ..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fr. Cerebral Hemorrhage ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner)
Dec 11, 1916. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, DEC 13 1916

20-UNDERTAKER JAMES H. DENNIS.

ADDRESS 1203 Presstman

PRESSTMAN ST.

N. B.—Every item of information should be carefully supplied. AGE and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0370 D 0370

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 409 W Hamburg St.; ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Elizabeth Jackson

(Residence in Baltimore: No. 409 W Hamburg St.; Life yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) single

6-DATE OF BIRTH, June (Month) 17 (Day), 1896 (Year)

7-AGE, 20 yrs. 5 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Factory Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John Jackson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Julia Hanson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs F Jackson Mother

(Address) 409 W Hamburg

15-

Filed DEC 19 1916, 191.. HARRY C. ANDERSON Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 11 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 5 1916, to Dec 17 1916, that I saw h[illegible] alive on Dec 5 1916, and that death occurred, on the date stated above, at 2 3/4 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Gave last information from Informant (Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. A. Keene M. D.

Dec. 12, 1916. (Address) 522 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Dec. 13, 1916

20-UNDERTAKER Alfred J Breland — ADDRESS 214 N Schroeder St.

Spec.—5-19-13—M. & T.—500 Bks.

D 0371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 0371

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 W. Hamburg ST.; 23 WARD) REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME "Premature" Allsop

(Residence in Baltimore: No. 719 W. Hamburg St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Premature

6-DATE OF BIRTH, December 10, 1916
(Month) (Day) (Year)

7-AGE, Premature ... yrs. ... mos. ... ds.

If LESS than 1 day. 11 hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... Premature
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Levi Allsop.

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Margaret Parry

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Susan Parry

(Address) 719 W. Hamburg

15- Filed DEC 13 1916 191... HARRY O. ANDERSON Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December, 11, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10, 1916, to Dec 11, 1916, that I saw h[illegible] alive on Dec 10 1916, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) [illegible] M. D.

Dec. 11, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL. ..., 191...
20-UNDERTAKER	ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact information is very important. See instructions on back of certificate.

JOHNS HOPKINS HOSPITAL DEC 12 1916 Records

Spec.—8-24-14—M. & T.—2000 Bks.

D 0372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37 D 0372

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Gundy

(Residence in Baltimore: No. 1035 N. Chapel St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, December 10, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs....mos....ds.	....hrs. or 10 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Maryland.

PARENTS.

10-NAME OF FATHER, Henry Hunter

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Louise Gundy

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos G Murray

(Address) Johns Hopkins Hospital

15-

Filed DEC 13 1916, 191.... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 10, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10 1916, to Dec 10 1916, that I saw h[illegible] alive on Dec 10 1916, and that death occurred, on the date stated above, at 5.04 a.m.

The CAUSE OF DEATH* was as follows:

a. Congenital Syphilis

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Premature 9 months

.....(Duration).....yrs.....mos.....ds.

(Signed) Thos G Murray M. D.

Dec 10, 1916 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0373

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0373

CERTIFICATE OF DEATH.

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 Fawn St. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Moritti (Moritti)

(Residence in Baltimore: No. 905 Fawn St St.; ... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec. 12, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. ... mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... Infant
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Anthony Moritti

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Carolina Paris

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anthony Moritti

(Address) 905 Fawn St.

15- Filed DEC 13 1916, 191... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 12 1916, to Dec 10 1916, that I saw h[illegible] alive on Dec 13 1916, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Premature Birth (10 hrs).
Congenital Weakness

(Duration) ... yrs. ... mos. 24 ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) L. J. Valentine M. D.

Dec 13, 1916 (Address) 16 S Bentley

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, St. Trucent

DATE OF BURIAL, Dec 13, 1916

20-UNDERTAKER Wendell Dippel Son

ADDRESS 37 S. Amer St.

CAUSE OF DEATH to be properly classified. Care taken in filling out this statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0374

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0374

CERTIFICATE OF DEATH.

28

B

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 W. Hoffman ST.; 11 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred A. Thomas

(Residence in Baltimore: No. 523 W Hoffman St.; — yrs. — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1883 (Year)

7-AGE, 33 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Waiter
(b) General nature of industry, business, or establishment in which employed (or employer) Hotel

9-BIRTHPLACE, (State or Country), St Michaels Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah Downs

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliza E. Thomas

(Address) 467 Druid Hill Ave

15-

Filed DEC 13 1916, 191... HARRY C. [illegible]

Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 11th (Day), 1916 (Year).

17 I HEREBY CERTIFY, That I attended deceased from Nov 24th 1916, to Dec 11th 1916, that I saw him alive on Dec 11th 1916, and that death occurred, on the date stated above, at 12.50 P m.

The CAUSE OF DEATH* was as follows:

Pulmo Phthisis

(Duration) yrs. 13 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D A C Hasbrook M. D.

12/13, 191.6 (Address) 117 N Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Michaels Md

DATE OF BURIAL, Dec 15, 191...

20-UNDERTAKER Samuel Stansbury

ADDRESS 578 Druid

B D 0375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

D 0375

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 706 Hartford ave ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Burley (Burley)

(Residence in Baltimore: No. 706 Hartford ave St. 5yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Single

6-DATE OF BIRTH. Unknown (Month) 1882 (Day), 1 (Year)

7-AGE, 34 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer (Day)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER. Peter Burley

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Burley

(Address) 606 N Eden st

15- Filed DEC 13 1916 191 HARRY C. ANDREWS Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 9 1916 (Month) (Day) (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Ijquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. Earl Sachs (Coroner) M. D.

Dec 10 1916 (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State 34 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Lawn — DATE OF BURIAL, Dec 13 1916

20-UNDERTAKER Samuel Hensley — ADDRESS 578 N Eden

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0376

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0376

CERTIFICATE OF DEATH.

1044

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 Elizabeth Home St.; 4 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ellen Maddox

(Residence in Baltimore: No. 1 St. Paul St St.; ..... yrs. 8 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, May 22, 1908
(Month) (Day) (Year)

7-AGE, ... yrs. 8 mos. 20 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, John Maddox

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Stella Hahns

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Per Mother M Mulford

(Address) St. Elizabeth Home

15-

Filed DEC 13 1916, 191... HARRY C. ANDREWS Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 12, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 25 1916, to Dec 12 1916, that I saw her alive on Dec 11 1916, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Alimentary Intoxication

(Duration) ..... yrs. 8 mos. 20 ds.

CONTRIBUTORY (Secondary) Imbecility

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) Edgar P. McDonald M. D.

Dec 12, 1916 (Address) 1616 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 5 mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence St Elizabeth Home

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cemetery

DATE OF BURIAL, Dec 13, 1916

20-UNDERTAKER George H. Holland

ADDRESS 5-17 Robert St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

169 D 0377

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital ST.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Brochlander

(Residence in Baltimore: No. 729 S Bond st St.) 50 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, ... Oct 31 1857 ....., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
59 yrs. I mos. I2 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Watchman .....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Recreation Pier .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Brochlander

11-BIRTHPLACE OF FATHER (State or Country), Germahy

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Gernany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Henry Brochlander .....

(Address)..... 729 S Bond st .....

15- Filed DEC 13 1916, 191..... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec I2 I9I6 ....., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry.....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said..... Inquiry .....
(Inquest, autopsy or inquiry.)
.....find that said deceased came to.....death on the day stated above.
The CAUSE OF DEATH* was as follows:

..... Drowned accidental .....
.....
..... (Duration).....yrs.....mos.....ds.
CONTRIBUTORY.....
(Secondary)
..... (Duration).....yrs.....mos.....ds.

(Signed)..... (Coroner) M. D.
Dec13 , 9I6 191 (Address).... N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos. I ds. In the State 50 yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
.....Recreation Pier / Bond St.....
Former or usual residence 729 S Bond St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Fifth Reformed Cemetery	Dec. 15, 1916
20-UNDERTAKER	ADDRESS
Louis Heemann	32 S Broadway

(Over)

NOTE—CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0378

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0378

CERTIFICATE OF DEATH.

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3932 Elm Ave St.; 13 WARD)

2-FULL NAME Mary A. DeVaughn.

(Residence in Baltimore: No. 3932 Elm Ave. St.; 15 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug. (Month) 19, (Day) 1844 (Year)

7-AGE, 72 yrs. 3 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House wife
(b) General nature of industry, business, or establishment in which employed (or employer)..... Retired

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry Hyde.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Allen DeVaughn

(Address) 3932 Elm Ave.

15- Filed DEC 13 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 12, (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 9 1916, to Dec 12 1916, that I saw her alive on Dec 11 1916, and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Capilary Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Catarrhal Bronchitis

(Duration) 6 yrs. ..... mos. ..... ds.

(Signed) D. J. Shelley M. D.

Dec 12 1916. (Address) 2547 W Rolandale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mary E. Vaughn DATE OF BURIAL, 12/14....., 1916.

20-UNDERTAKER Ellsworth & Son ADDRESS 3617 Chestnut Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 0379

1-PLACE OF DEATH

CERTIFICATE OF DEATH

93 D 0379

REGISTERED No. C

CITY OF BALTIMORE (No. 904 Madison Ave St.: 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arnold Haag

(Residence in Baltimore: No. 904 Madison Ave St.: yrs. mos. ds.) (If LESS than one month)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: May (Month) 26 (Day), 1860 (Year)

7-AGE: 56 yrs. 6 mos. 17 ds. (If LESS than 1 day, ... hrs. or ..... min.?)

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Foreman - Beer bottling
(b) General nature of industry, business, or establishment in which employed (or employer): Br. of Anheuser Busch

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Jos. Haag

11-BIRTHPLACE OF FATHER (State or country): Ger.

12-MAIDEN NAME OF MOTHER: Cat Knows

13-BIRTHPLACE OF MOTHER (State or country): Ger.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louis Haag

(Address) Richmond Va.

15- DEC 13 1916 ROBERT R. KRAUTER

Burial Permit Issued (REGISTRAR)

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December (Month) 13 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1916, to Dec 13 1916, that I saw him alive on December 12, 1916, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Pleurisy with Effusion

(Duration) yrs. mos. 16 ds

Contributory (SECONDARY) Cardiac Dilatation sudden

(Duration) yrs. mos. ds.

(Signed) J. W. Brown M. D.

Dec 13th, 1916 (Address) 1938 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) Maryland General Hospital

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. 1 mos. ..... ds.

Where was disease contracted, if not at place of death? 904 Madison Ave

Former or usual residence 904 Madison Ave

19-PLACE OF BURIAL OR REMOVAL: Richmond Va

DATE OF BURIAL: Dec. 14 1916

20-UNDERTAKER: Jos J. Kerr 1660 N.

ADDRESS: Luzerne st.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152 D 0380

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Harriet A. Kelly Hosp. ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Arminta Moore,

(Residence in Baltimore: No. 1418 Eutaw Place St.; ..... yrs. ..... mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female.	White	Single.

6-DATE OF BIRTH, Dec. (Month) 5th (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Everett Blaine Moore

11-BIRTHPLACE OF FATHER (State or Country), W. Va.

12-MAIDEN NAME OF MOTHER Mary Bennett.

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna M. Burke (Mrs.)

(Address) 109 N. Main St. Wheeling W. Va

15- Filed DEC 13 1916, 191.. ROBERT E. KRAUTER Registrar.

Serial Permit .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 13th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 5th 1916, to Dec. 13th 1916, that I saw her alive on Dec. 12th 1916, and that death occurred, on the date stated above, at 3.15 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Instrumental Birth

(Duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) None

(Duration) ... yrs. ... mos. 7 ds.

(Signed) None M. D.

12-13-16 1916. (Address) 1418 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 7 ds. In the State ... yrs. ... mos. 7 ds.

Where was disease contracted, if not at place of death? 1418 Eutaw Place

Former or usual residence Fairmont W. Va.

19-PLACE OF BURIAL OR REMOVAL, Greensburg Pa. DATE OF BURIAL, Dec. 14, 1916

20-UNDERTAKER Chas. G. Black ADDRESS 1201 E. Madison St

CAUSE OF DEATH to be plainly written, so that it may be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0381

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

THI D 0381

REGISTERED NO. C

CITY OF BALTIMORE: (No. Maryland General Hospital St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Cooper.

(Residence in Baltimore: No. Md. Genl. Hosp St.; ..yrs.. mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED.~~ (Write the word.) Widowed

6-DATE OF BIRTH, ... (Month) Unknown, (Day) 1864 (Year)

7-AGE, 52 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic Duties
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. Harrison Burk

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Ed. C. Tilton

(Address)..Hampstead Md

15-

Filed DEC 13 1916. ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 8 1916, to Dec 12 1916, that I saw h er alive on Dec. 12 1916, and that death occurred, on the date stated above, at 11 45 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(Duration) ..yrs. ..mos. 4 ds.

CONTRIBUTORY (Secondary) Shock & Exhaustion

(Duration) ..yrs. ..mos. 4 ds.

(Signed) G. A. Davidson M. D.

Dec 12, 1916. (Address) Md Gen. Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. 4 mos. ..ds. In the State 52 yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence Trenton, Md.

19-PLACE OF BURIAL OR REMOVAL. Hampstead Md DATE OF BURIAL. DEC 13 1916.

20-UNDERTAKER Wm J. Tickner & Sons ADDRESS Hampstead

CAUSE OF DEATH must be properly Certified. Each Question must be Answered if Information can be had. Every Certificate must be filled in plain terms, so that it may be properly understood. Every question should be answered, as the omission of any item may be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0382

CERTIFICATE OF DEATH.

28 D 0382

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 729 Hanover ST.; 22 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lizzie Brimmer

(Residence in Baltimore: No. 729 Hanover St.; Lifetime yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Oct. 18 (Month), (Day), 1868 (Year)

7-AGE. 48 yrs. 1 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Box Finisher
(b) General nature of industry, business, or establishment in which employed (or employer)..... Reuschen's

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, John Brimmer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Eliz. Knight

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Elizabeth Brimmer

(Address)..... 729 Hanover St

15-

Filed DEC 13 1916, 191.. ROBERT E. KRAUTH, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 12 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 3 1916, to Dec 11 1916, that I saw her alive on Dec 11 1916, and that death occurred, on the date stated above, at 9.45 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed). H. J. Carrick M. D.

Dec. 13, 1916 (Address) 1417 McCulloh St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Western Cem.	Dec 15, 1916
20-UNDERTAKER	**ADDRESS**
Knapps Son & Tuttle	801 W. Fayette St

CAUSE OF DEATH must be plain terms, so that it may be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0383 **CERTIFICATE OF DEATH.** 104 D 0383

1-PLACE OF DEATH Horace Tuttenden Mission REGISTERED No. C

CITY OF BALTIMORE: (No. 837 Hollins St ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dolores Greenmount

(Residence in Baltimore: No. 837 Hollins St St.; yrs., 2 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE, ... yrs. 2 mos. 15 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15-

Filed DEC 13 1916, 191... ROBERT P. KRAUTER
Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 27 1916, to Dec 12 1916, that I saw her alive on Dec 8 1916, and that death occurred, on the date stated above, at 6:34 m.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Indigestion chronic

Intestinal (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) John C. Baldwin M. D.

Dec. 12, 1916. (Address) 4502 York Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 2 mos. 15 ds. In the State ..... yrs. 2 mos. 15 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence None

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, ..., 191...

20-UNDERTAKER | ADDRESS

Commissioner Health.

CAUSE OF DEATH must be plainly written. Every item should be carefully answered. Every question important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Simon Zumek.

D 0384

HEALTH DEPARTMENT—CITY OF BALTIMORE

120 D 0384

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 S Washington ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Simon Zumek

(Residence in Baltimore: No. 320 S Washington St.; 4W yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Dec 14, 1842
(Month) (Day) (Year)

7-AGE, 74 yrs. 11 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER. John Zumek.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mrs. Sophie Bughard

(Address) 320 S. Washington St.

15- DEC 13 1916 ROBERT R. KRAUTER
Filed....., 191.....
Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 13, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 15 1916, to Dec 12 1916, that I saw h im alive on Dec 12 1916, and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

1. Chronic Int. Nephritis
2. Contributory

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Valvular Compensation

(Duration) yrs. mos. 15 ds.

(Signed) Walter J. Timas M. D.

Dec 13, 1916 (Address) 1225 E. Lombard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Dec 16, 1916.

20-UNDERTAKER M. F. Sadowski ADDRESS 405 S. Ann

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0385 **CERTIFICATE OF DEATH.** 172 D 0385

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital ST.: 9 WARD) REGISTERED No. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodore Meade

(Residence in Baltimore: No. Gorsuch Ave & Independant at St.) 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~, Single (*Write* the word.)

6-DATE OF BIRTH, April IO Ia42, / (Month) (Day) (Year)

7-AGE, 74 yrs. 8 mos. I ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Catholic Priest
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), NY

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), N. J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father Toolen

(Address) Gorsuch & Independant St

15- Filed DEC 13 1916 191 ROBERT E. KRAUTER Registrar. Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec II I916, 191 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fractured thigh.

fell over rain coat yrs. mos. ds.

(Signed) C. J. Toolen (Coroner.) M. D.

Dec 11, 1916 (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. I mos. ds. In the State 60 yrs. mos. ds.

Where was disease contracted, if not at place of death? Gorsuch & Independent St.

Former or usual residence Gorsuch Ave & Independent St

19-PLACE OF BURIAL OR REMOVAL, St Mary Cemetery Govans — DATE OF BURIAL, Dec 13 1916

20-UNDERTAKER, George J. Roth — ADDRESS 1735 Harford Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0386

CERTIFICATE OF DEATH.

91 D 0386

1-PLACE OF DEATH Baltimore

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 3208 Frederick Ave. ST.; 20 WARD)

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha A. Saunders

(Residence in Baltimore: No. 3208 Frederick Ave St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, married OR DIVORCED. (*Write* the word.)

6-DATE OF BIRTH, Dec. 30th, (Month) (Day) 1852 (Year)

7-AGE, 63 yrs. 11 mos. 12 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Hendrick

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Emily Anthony

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. A. Saunders

(Address) 3208 Frederick Ave

15- Filed DEC 13 1916 ROBERT B. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 12, (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1916, to Dec. 12, 1916, that I saw her alive on Dec. 11, 1916; and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 2 yrs. ....mos. ....ds.

(Signed) Eugene L. Perry M. D.

Dec 13, 1916. (Address) 2314 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. London Park

DATE OF BURIAL. Dec. 14th, 1916.

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. DATE of beginning of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0387

HEALTH DEPARTMENT—CITY OF BALTIMORE

37 D 0387

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1226 S. Charles ST.; 13 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian E. Packer

(Residence in Baltimore: No. 1226 S. Charles St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Single

6-DATE OF BIRTH, March (Month) 22 (Day), 1879 (Year)

7-AGE, 37 yrs. 8 mos. 21 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waitress
(b) General nature of industry, business, or establishment in which employed (or employer): Lunch room

9-BIRTHPLACE, (State or Country), Chicago Ill.

PARENTS.

10-NAME OF FATHER, Julius E. Packer

11-BIRTHPLACE OF FATHER (State or Country), Kentucky

12-MAIDEN NAME OF MOTHER Mary White

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Peppler

(Address) 1226 S. Charles St

15- DEC 13 1916 Filed....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10 1916, to Dec 12 1916, that I saw her alive on Dec 12 1916, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Acute pleurisy with pneumonia

Subacute 5 days (Duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Dilitation of heart

(Duration) yrs. mos. 1 ds.

(Signed) Jas A O'Donnell M. D.

DEC 12, 1916. (Address) 1016 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
London Park	Dec. 14, 191..
20-UNDERTAKER	**ADDRESS**
F. A. Kranz	703 Hanover

CAUSE OF DEATH must be plainly written, or may not be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

67 D 0388

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1304 N. Charles ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joanna E. Hughes

(Residence in Baltimore: No. 1304 N. Charles St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH, ...June.... (Month) — (Day), 1841 (Year)

7-AGE, ...75.... yrs. ..11.... mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housemaid.
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, William Hughes

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ed. Renner

(Address) 1304 N. Charles St.

15- Filed DEC 13 1916, 191.... ROBERT L. KRAUTLE Registrar.

Burial Permit Issued

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1 1916, to Dec 12 1916, that I saw her alive on Dec 11 1916, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Paresis

(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 1 yrs. ....mos. ....ds.

(Signed) H. Rea Burns M. D.

Dec 13, 1916. (Address) 111 W. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Balto Cemetery	Dec. 14 1916
20-UNDERTAKER F. A. Kranse	ADDRESS 703 Hanover

Spec.—8-24-14—M. & T.—2000 Bks.

D 0389 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 D 0389

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Hebrew Hospital St.: 3 WARD)
REGISTERED NO. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Reuben Hyman

(Residence in Baltimore: No. 1038 E. Lombard St.: 6 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. November, 1 (Month) (Day) (Year)

7-AGE. 64 yrs. — mos. — ds.
If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Butcher
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Russia

PARENTS.
10-NAME OF FATHER. Abraham Hyman
11-BIRTHPLACE OF FATHER (State or Country). Russia
12-MAIDEN NAME OF MOTHER Sarah Poas
13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) R. Hyman
(Address) 1038 E. Lombard St.

15- Filed DEC 14 1916, 191... HARRY C. ANDREAE Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 13, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 8 — 1916, to Dec. 13 — 1916, that I saw h im alive on Dec. 13 1916, and that death occurred, on the date stated above, at 3 a.m. p.m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
(Apoplexy)

(Duration) ... yrs. ... mos. 9 ds.
CONTRIBUTORY (Secondary) Acute pulmonary oedema
(Duration) ... yrs. ... mos. 1 ds.
(Signed) M. W. Voe M. D.
Dec. 13, 1916 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. 6 ds. In the State 16 yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? not contracted
Former or usual residence 1038 E. Lombard St.

19-PLACE OF BURIAL OR REMOVAL. Hebrew Plan Rd Cemetery DATE OF BURIAL. Dec. 14, 1916.
20-UNDERTAKER S. Lennen & Bro ADDRESS 107 E Balto St

CAUSE OF DEATH. Make this certificate as full and complete as possible. Every question should be answered. Omissions cause unnecessary delay and are important. See instructions on back of certificate.

Spec.—8-21-16—C. & T.—2000 Bks.

D 0390

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 0390

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 768 W. Mulberry ST.; 17 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Gray

(Residence in Baltimore: No. 768 W. Mulberry St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col.	Married

6-DATE OF BIRTH, ... Unknown ....., 1 ..... (Month) (Day) (Year)

7-AGE, 65 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), M. C.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md —

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. C. Gray

(Address) 768 W. Mulberry St

15- DEC 14 1916 HARRY C. ANDREWS

Filed ....., 191.. Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 12th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10th 1916, to Dec 12 1916, that I saw h[illegible] alive on Dec 12 1916, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

..... Lobar Pneumonia .....

..... (Duration) 2 yrs. 2 mos. 5 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) 2 yrs. ..... mos. ..... ds.

(Signed) ..... Jno G. Clark ..... M. D.

Dec 13, 1916 (Address) 20 E. Fallis Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Mt Auburn — DATE OF BURIAL, Dec 14, 1916

20-UNDERTAKER Samuel L Hawley — ADDRESS [illegible]

CAUSE OF DEATH must be plainly stated, and all questions answered as far as practicable. Every certificate must be complete and correct in all particulars. Omissions cannot be supplied nor errors corrected after the certificate has been filed. All are important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 0391

CERTIFICATE OF DEATH.

151 D 0391

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; V WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Czapczynski

(Residence in Baltimore: No. 616 S Wolfe St. St.; ..... yrs., ... mos. ..... ds.)

17 Hours

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Child

6-DATE OF BIRTH, Dec 12, 1916
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 17 hrs. or 45 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), J. H. Hospital.

PARENTS.

10-NAME OF FATHER, Wacław Czapczyńska

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Estella Wolfkowski

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Murray Jr.

(Address) John Hopkins Hosp.

15-

Filed DEC 14 1916, 191.. HARRY C. ANDREWS
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 13, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 12 1916, to Dec 13 1916, that I saw h[er] alive on Dec 13 1916, and that death occurred, on the date stated above, at 5.45 P m.

The CAUSE OF DEATH* was as follows:

Hydramnios.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Prematurity - 6 months.

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Murray Jr. M. D.

Dec 14, 191.6 (Address) John Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 5 ds. In the State 16 yrs. ..... mos. 5 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 616 S Wolfe St

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Dec 16 191..

20-UNDERTAKER Wm Fiansowski

ADDRESS 618 Easter

CAUSE OF DEATH to be filled in by physician, if possible. If not, by undertaker. Information must be complete and accurate. Every question must be answered, or if there is no information, or if any question is not important, that fact must be stated. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0395 — D. 0392 — +45

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Simmons.

(Residence in Baltimore: No. 4 mo in Hospital St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec. 17, 1869
(Month) (Day) (Year)

7-AGE, 46 yrs. 11 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Fruit-grower
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), N. Y.

PARENTS.

10-NAME OF FATHER, Orlando Simmons

11-BIRTHPLACE OF FATHER (State or Country), U. S.

12-MAIDEN NAME OF MOTHER Sarah A. Palmer

13-BIRTHPLACE OF MOTHER (State or Country), U. S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) F. Phelps.

(Address) Johns Hopkins Hosp.

15-

Filed DEC 14 1916, 191.... HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 13, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 16, 1916, to Dec. 13 1916, that I saw him alive on Dec 13 1916, and that death occurred, on the date stated above, at 4 m. p.

The CAUSE OF DEATH* was as follows:
Carcinoma of bladder (abdominis
metastasis from tissue at operation)
Probably embolism pulmonary?
(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of bladder.
(Duration) yrs. 8 mos. ds.

(Signed) L. J. L. Cash M. D.
Dec 13 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. 4 mos. ....ds. In the State ....yrs. 4 mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Santa Fe Isle of Pine West Indies

19-PLACE OF BURIAL OR REMOVAL. Druid Ridge — DATE OF BURIAL. Dec 17, 1916

20-UNDERTAKER Geo. H. Little — ADDRESS 53 N. Gay

Spec.—8-24-14—M. & T.—2000 Bks.

D 0393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 0393

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 N Port ST.; 6 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anton Dvorak

(Residence in Baltimore: No. 11 N. Port St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Not Known, 1 (Month) (Day) (Year)

7-AGE, 60 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Frank Dvorak

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Dvorak

(Address) 11 N. Port St.

15- DEC 14 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 13, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 9- 1916, to Dec - 13, 1916, that I saw him alive on Dec. 12- 1916, and that death occurred, on the date stated above, at 1245 A.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Eugene Le Fevre M. D.

Dec. 13, 1916 (Address) 7314 E. Fulton St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Dec. 15, 1916.

20-UNDERTAKER Finck & Finck Son — ADDRESS 1046 E. Fayette

CAUSE OF DEATH is a most important question and should be carefully answered. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B D 0394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

REGISTERED No. C D 0394

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 931 N. Washington St.; 7 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Bornhorn

(Residence in Baltimore: No. 931 N Washington St.; 31 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Not Known (Month), 1 (Day), (Year)

7-AGE, 31 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: ~~Teamster~~ Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Grocery Wagon

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Conrad Bornhorn

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Elizabeth Boening

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Bornhorn

(Address) 931 N Washington St

15-

Filed DEC 14 1916, 191.... HARRY C. [illegible] Clerk
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 191 , to Dec 13 1916 , that I saw h in alive on Dec 11 1916 , and that death occurred, on the date stated above, at 5.30 Am.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) ... yrs. 1½ mos. ... ds.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration) ... yrs. ... mos. 3 ds.

(Signed) E. D. Ellis M. D.

....., 191... (Address) 1715 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Dec 16, 1916

20-UNDERTAKER Fred Brackbill — ADDRESS 1806 Bond St

DUPLICATE CERTIFICATE to be filled in if important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0395 HEALTH DEPARTMENT—CITY OF BALTIMORE 120 D 0395

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 332 E. 21st St. 12 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and add out No. 18.)

2-FULL NAME Alfred Reif

(Residence in Baltimore: No. 332 E 21st St.; Life ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct ....., 1840 (Month) (Day) (Year)

7-AGE, 76 yrs. 1 mos. — ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Painter
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Alfred Reif

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Ramsay

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Reif

(Address) 332 E 21st St

15- DEC 14 1916 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 12, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 20 1915, to Dec 12 1916, that I saw him alive on Dec 12 1916, and that death occurred, on the date stated above, at 5P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

..... (Duration) ....yrs. 18 mos. ....ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Jacob Frank M. D.

Dec 14, 191.. (Address) 1822 E Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem

DATE OF BURIAL, Dec 15, 1916

20-UNDERTAKER Ed Riedefeld Jr

ADDRESS Eden St 108

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0396

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0396

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1217 E Lexington st St. 5 WARD) REGISTERED NO. 120

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Whiting

(Residence in Baltimore: No. 1217 E Lexington st St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Male	Col	Single

6-DATE OF BIRTH. Not Known (Month) (Day), 1867 (Year)

7-AGE. 49 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer Day
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER. Isaac Whiting

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Julia ----------

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Whiting

(Address) Va

15- Filed DEC 14 1916, 191 HARRY U. ARNOLD Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 12 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. E. Fritz Knabe M. D. (Coroner)

Dec 13 1916 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 20 ds. In the State 30 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF INTERMENT OR REMOVAL. Woodlawn Gloucester Co Va

DATE OF BURIAL. Dec 16, 1916

20-UNDERTAKER John W Henderson

ADDRESS 31 N Caroline

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0397

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0397

CERTIFICATE OF DEATH.

150

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 870 Raborg. ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Dixon

(Residence in Baltimore: No. 870 Raborg. St.; yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sep (Month) 12 (Day), 1916 (Year)

7-AGE, yrs. 3 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Dixon

11-BIRTHPLACE OF FATHER (State or Country), West Indies

12-MAIDEN NAME OF MOTHER Marie Brick

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marie Dixon

(Address) 870 Raborg St.

15-

Filed DEC 14 1916, 191 HARRY C. ANDREWS Deputy Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 12, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malnutrition following Congenital Cardiac Malformation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert A. Driscoll (Coroner.) M. D.

Dec 13, 1916 (Address) 312 N. Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westlawn Cemetery

DATE OF BURIAL, Dec 17, 1916

20-UNDERTAKER Edward Bishop

ADDRESS 1607 N. Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 0358

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Phillips

(Residence in Baltimore: No. 2017 Longwood St.: 83 yrs., ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March 17, 1833 (Month) (Day) (Year)

7-AGE, 83 yrs. 8 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) ..... none

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm Ramsey

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss E. W. Betts

(Address) 2636 Maryland Ave

15- DEC 14 1916 HARRY C. ANDREWS
Filed....., 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 13, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9-12-16 191, to 12-13-16 191, that I saw h[illegible] alive on 12-13-16 191, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Primary: Cerebral hemorrhage
Antecedent causes: Arteriosclerosis
Morbid conditions: Pneumonia
Duration: not known chronic yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility Arteriosclerosis
Duration: not known chronic yrs. mos. ds.

(Signed) Frank C. Marine M. D.
12/14/16, 191... (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 3 mos. 1 ds. In the State 83 yrs. 8 mos. 26 ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 2017 Longwood St

19-PLACE OF BURIAL OR REMOVAL, Baltimore City — DATE OF BURIAL, Dec. 16, 191...

20-UNDERTAKER Stewart & Women Co — ADDRESS 108 N. Paca St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0399 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 D 0399

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1745 E Federal ST.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Braid

(Residence in Baltimore: No. 1745 E Federal St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Dec 6 (Month), (Day), 1840 (Year)

7-AGE.	If LESS than 1 day,
76 yrs. 11 mos. 7 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Builder

9-BIRTHPLACE, (State or Country), Scotland

PARENTS.

10-NAME OF FATHER, William Braid

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Jane Owen

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Wm Braid

(Address) 1745 E. Federal St

15- DEC 14 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 13 (Month), (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 13 1916, to Dec 13 1916, that I saw him alive on Dec 13 1916, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration)....yrs.... mos. 8 hrs. ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs.... mos.... ds.

(Signed) Jacot Finke M. D.

Dec 13, 1916 (Address) 1823 N Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lorraine Cem

DATE OF BURIAL, Dec 15 1916

20-UNDERTAKER Wm Cook.

ADDRESS 502 E Lanvale

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0400 HEALTH DEPARTMENT—CITY OF BALTIMORE D 0400

P 29

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 South Milton Ave St.; 1 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Hessfeld

(Residence in Baltimore: No. 616 South Milton Ave St.; 29 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec. (Month) 8 (Day), 1832 (Year)

7-AGE, 84 yrs. mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife at Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agnes Salzig

(Address) 616 S. Milton Ave

15- DEC 14 1916 Filed ...M.)—191.. HARRY O. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 14th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 7 1915, to Dec 14 1916, that I saw her alive on Dec 13 1916, and that death occurred, on the date stated above, at 12 30 a m.

The CAUSE OF DEATH* was as follows:

Valvular Dis Heart

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage (Hemiplegia)

(Duration) 24 yrs. 6 mos. ds.

(Signed) Chas Green M. D.

12/14/16, 191... (Address) Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Schwartz Cemetery

DATE OF BURIAL, Dec 17..., 1916

20-UNDERTAKER Wellman Cook

ADDRESS 1502 E. North Ave

CAUSE OF DEATH must be plainly written. Every item is important. See instructions on back of certificate.

D 0401

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 D 0401

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No 160 & Mc Henry St.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Richardson

(Residence in Baltimore: No. 1603 Mc Henry St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec (Month) 13th (Day) 1916 (Year)

7-AGE: ..... yrs ..... mos ..... ds. If LESS than 1 day, 3 hrs., or 45 min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
None

9-BIRTHPLACE (State or country): 1603 Mc Henry St., Baltimore City.

PARENTS

10-NAME OF FATHER: J. Irvin Richardson

11-BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

12-MAIDEN NAME OF MOTHER: Mamie Julia Reroath

13-BIRTHPLACE OF MOTHER (State or country): Baltimore, City.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. M. J. Richardson

(Address) 1603 Mc Henry St

15- Filed DEC 14 1916 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 13 (Day) 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 13th, 1916, to, Dec. 13th 1916, that I saw h[illegible] alive on Dec 13th 1916, and that death occurred, on the date stated above, at 12?? m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ..... yrs ..... mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos. ..... ds.

(Signed) C. L. Mackolo M. D.

Dec. 14. 1916 [Address] 333 S. Gilmor St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: London Park Cem. DATE OF BURIAL: Dec 14 1916

20-UNDERTAKER: Robert Brookerson ADDRESS: Calhoun Hollins sts

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64

D 0402

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2222 Madison St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Samuels

(Residence in Baltimore: No. 2222 Madison Ave St.; 70 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Dec 25th, 1842
(Month) (Day) (Year)

7-AGE, 73 yrs. 11 mos. 18 ds.

If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Butcher
(b) General nature of industry, business, or establishment in which employed (or employer) Business

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Herbert Samuels

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Kate Kann

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Sons

(Address) 2222 Madison Ave

15- DEC 14 1916 Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 13th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 6 1916, to Nov 13 1916, that I saw her alive on Nov 13 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis; mitral insufficiency (Duration) 4 yrs. ..... mos. ..... ds.

(Signed) Harry Archer M. D.

Nov 13..., 1916. (Address) 1718 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Kehreh Israel DATE OF BURIAL, Dec 15..., 1916

20-UNDERTAKER David Sondheim ADDRESS 118 N. Howard St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—00 Bks.

D 0403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 0403

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2034 E Biddle ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine C Betz

(Residence in Baltimore: No. 2034 E Biddle St.; 61 yrs., 2 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH October 4, 1855 (Month) (Day) (Year)

7-AGE, 61 yrs. 2 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Frank R. Blockmeyer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Hering

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Michael J. Betz

(Address) 2034 E Biddle St.

15-DEC 14 1916 Filed....., 191.... ROBERT B. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 14, 1916 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec 3 1915, to Dec 14 1916, that I saw her alive on Dec 14 191..., and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration)...yrs. 1 mos.....ds.

CONTRIBUTORY (Secondary) Diabetes

(Duration) 3 yrs.....mos.....ds.

(Signed) H. E. Hearn M. D.

Dec 13, 1916 (Address) 1301 N. Bond St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Dec. 16, 1916

20-UNDERTAKER Henry Storck Son — ADDRESS 1301 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each question is important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0404

CERTIFICATE OF DEATH.

28 D 0404

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 918 Columbia Ave.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia C. Brown

(Residence in Baltimore: No. 918 Columbia Ave. St.; 71 yrs., 4 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Aug. 8, 1845
(Month) (Day) (Year)

7-AGE, 71 yrs. 4 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John G. Meyer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna C. Rosengarn

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. J. Brown

(Address) 918 Columbia Ave

15-

Filed DEC 14 1916, 191.... ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 12, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 10 1915, to Dec. 12, 1916, that I saw her alive on Dec 12 1916, and that death occurred, on the date stated above, at 12 noon

The CAUSE OF DEATH* was as follows: Chronic Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Old age

(Duration) yrs. mos. ds.

(Signed) Jas. C. Cunningham M. D.

Dec. 13, 1916. (Address) 818 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Dec. 15, 1916.

20-UNDERTAKER Joseph B Cook ADDRESS 1603 W. Baltimore St

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0405

CERTIFICATE OF DEATH.

28 D 0405

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 138 East Cross St. 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Franklyn Webster

(Residence in Baltimore: No. 38 East Cross St. 57 yrs. 10 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, January (Month) 29 (Day), 1859 (Year)

7-AGE, 57 yrs. 10 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mariner
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Hamilton Webster

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Lucretia Parks

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie Webster (wife)

(Address) 38 E Cross St

15- Filed DEC 14 1916, 191.... ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1916 to December 13 1916, that I saw him alive on December 11 1916, and that death occurred, on the date stated above, at 2: a m.

The CAUSE OF DEATH* was as follows:

(a) Exhaustion

(Duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary) Pulmonary & Intestinal Tuberculosis (Duration) 1 yrs. ? mos. ... ds.

(Signed) C. L. Duston M. D.

12/13/, 1916 (Address) 301 E Cross St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem. DATE OF BURIAL: Dec. 16, 1916

20-UNDERTAKER: Wm J. Tickner & Sons ADDRESS: Fulton Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0406

CERTIFICATE OF DEATH.

151

D 0406

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1808 Baker ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth King

(Residence in Baltimore: No. 1808 Baker St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. (Month) 13 (Day), 1916. (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 4 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Obadiah Love King

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Elizabeth Waters

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Love King

(Address) Washington D C

15-

Filed DEC 14 1916, 191.....

ROBERT B. KRAUTER

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 14 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,

that I saw h.e alive on Dec. 13 1916.,

and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John D. Lisp M. D.

Dec. 14, 1916. (Address) 1507 W. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Holy Cross

DATE OF BURIAL, Dec 14 1916

20-UNDERTAKER Wm. M. Gaulbert

ADDRESS 1624 W. Fayette Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

John O'Kipe

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0407

CERTIFICATE OF DEATH.

79

D 0407

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Kipe

(Residence in Baltimore: No. 523 Madison St - St.; 51 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 5th, 1865
(Month) (Day) (Year)

7-AGE, 51 yrs. 9 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, John Kipe

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Julia McLean

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward P. Smith

(Address) Mercy Hospital

15- DEC 14 1916 Filed....., 191.....

ROBERT R. KRAUTER
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 12, 1916, to Dec 14 1916, that I saw him alive on Dec 14 1916, and that death occurred, on the date stated above, at 7.20 a. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) 5 yrs. mos. ds.

(Signed) Edward P. Smith M. D.

12/14, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 2 ds. In the State 79 yrs. mos. ds.

Where was disease contracted, if not at place of death? 523 Madison St

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL, St Patrick Cemetery DATE OF BURIAL, Dec 15, 1916

20-UNDERTAKER Robt J. Turner ADDRESS 1442 W Baltimore

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0408

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 0408

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1334 Woodyear ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Dolany

(Residence in Baltimore: No. 1334 Woodyear St.; 50 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 5th (Month) (Day), 1847 (Year)

7-AGE, 69 yrs. 11 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Not any
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Queens Co. Ireland

PARENTS.

10-NAME OF FATHER, John Costigan

11-BIRTHPLACE OF FATHER (State or Country), Queens Co. Ireland

12-MAIDEN NAME OF MOTHER Mary Dulaney

13-BIRTHPLACE OF MOTHER (State or Country), Queens Co. Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vincent Dolany

(Address) 1334 Woodyear St

15-Filed DEC 14 1916, 191.. ROBERT R. KRAUTER Registrar. BURIAL PERMIT

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 13th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 22nd 1916 to Dec 12th 1916, that I saw her alive on Dec 12th 1916, and that death occurred, on the date stated above, at 3:45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (Duration) 1 yrs. 4 mos. ds.

(Signed) W. M. Sussman M. D.

Dec 13th, 1916 (Address) 1701 W. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cem — DATE OF BURIAL, Dec 16, 1916

20-UNDERTAKER M. Fahey & Son — ADDRESS 106 Lafayette Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0409

CERTIFICATE OF DEATH.

42 D 0409

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1909 Edmondson Ave St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William B. Chairs

(Residence in Baltimore: No. 1909 Edmondson Ave St.; ..... yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, July (Month) 10 (Day) 1839 (Year)

7-AGE, 77 yrs. 5 mos. 3 da.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Store Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Luth. Rev. Synod

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm. Chairs.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rhoda Hodges

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marie E. Hammond

(Address) Luth. Bath. P. O.

15- Filed DEC 14 1916, 191.... ROBERT R. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 13 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1st 1916, to Dec 13th 1916, that I saw h.im alive on Dec 12th 1916, and that death occurred, on the date stated above, at 2-25 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Congestive

4 3 (Duration) ..... yrs. ..... mos. 13 da.

CONTRIBUTORY (Secondary) Exhaustion (Duration) ..... yrs. ..... mos. ..... da.

(Signed) J. R. Chambers M. D.

Dec. 14th 1916. (Address) 18 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, Dec. 15, 1916

20-UNDERTAKER E. W. Mitchell & Co. ADDRESS 120 N. Fayette

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 0410 — 40 — D 0410

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 4 N Fulton Ave St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ellen McNabb

(Residence in Baltimore: No. 4 N Fulton Ave St.; 62 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED ~~WIDOWED OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: March 11, 1854 (Month) (Day) (Year)

7-AGE: 62 yrs. 9 mos. 1 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: John E Graham

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Mary E McLaughlin

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Albert McNabb

(Address) 4 N Fulton Ave

15- Filed DEC 14 1916 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 12. (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 14, 1916, to, Dec. 12 1916, that I saw h-- alive on Dec. 12 1916, and that death occurred, on the date stated above, at 6 8 m.

The CAUSE OF DEATH* was as follows:

Gastric carcinoma
(Operated and examined Nov. 20, 1916)

(Duration) 1 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Asthenia

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) [illegible] M. D.

Dec 12, 1916 [Address] 1302 W. London

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos ..... ds. In the State ..... yr ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 12/15/16

20-UNDERTAKER: George A Finlay — ADDRESS: Fulton Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0411

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 D 0411

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2207 Orem ave St.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Mary Bankard

(Residence in Baltimore: No. 2207 Orem Ave St.: 66 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: December 13, 1850 (Month) (Day) (Year)

7-AGE: 66 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): England

PARENTS

10-NAME OF FATHER: Francis E. Tongel

11-BIRTHPLACE OF FATHER (State or country): England

12-MAIDEN NAME OF MOTHER: Ann M. Pixley

13-BIRTHPLACE OF MOTHER (State or country): England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter Bankard

(Address) 1810 N. Monroe st

15- DEC 14 1916 Filed ..., 19.. ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December 13th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 8th, 1916. to. December 13th 1916. that I saw her alive on December 13th. 1916. and that death occurred, on the date stated above, at 9¼a m. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 10 ds

Contributory (SECONDARY) Chills & fever

(Duration) ... yrs. ... mos. ... ds.

(Signed) E. G. Shaver M. D.

Dec 15th, 1916 (Address) 1224 N. Wath ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cemetery

DATE OF BURIAL: Dec 17 1916

20-UNDERTAKER: George J. Smith

ADDRESS: 1000 W Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

D 0412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 0412

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1434 N. Broadway ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H Wheeler

(Residence in Baltimore: No. 1434 N. Broadway St.; life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Dec 21 (Month) (Day), 1840 (Year)

7-AGE,	If LESS than 1 day,
75 yrs. 11 mos. 21 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Carpenter & Builder
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, John H. Wheeler

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Catherine Warthen

13-BIRTHPLACE OF MOTHER (State or Country), Penn.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie M. Wheeler

(Address) 1434 N. Broadway

15- DEC 14 1916 ROBERT B. KRACTER
Filed....., 191.. DEATH PERMIT ISSUED
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 12 (Month) (Day), 1916 (Year)
Dec 13

17- I HEREBY CERTIFY, That I attended deceased from Dec 13 1916, to Dec 13 1916, that I saw him alive on Dec 12 1916, and that death occurred, on the date stated above, at 7 m.

The CAUSE OF DEATH* was as follows:

(a) Labor Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) yrs. mos. 4 ds.

(Signed) John T. Avery M. D.

Dec 13 1916 (Address) 1603 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Baltimore Cemetery	Dec 15, 1916
20-UNDERTAKER	ADDRESS
Robt. T. Turner	Broadway & Eden

important. See instructions on back of certificate.

D 0413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 59 D 0413

1-PLACE OF DEATH — REGISTERED NO. C.

CITY OF BALTIMORE (No. 349 N. Calvert St.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Zito

(Residence in Baltimore: No. 349 N. Calvert St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, ... 17 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Frank Zito

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Consetta DiPaula

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Zito Sr.

(Address) 349 N. Calvert st.

15- Filed DEC 14 1916 191... ROBERT B. KRAETZER, Registrar.

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec (Month) 12 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Homicide by pistol shot wound in brain

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. T. Roy M. D. (Coroner.)

Dec 14, 1916 (Address) 1432 Bonaparte

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL. New Cathedral — DATE OF BURIAL. Dec. 15. 1916

20-UNDERTAKER. Wm. A. Gorsam — ADDRESS 705 N. 37th st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0414 D 0414

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 Leadenhall ST.; 23 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Meriken

(Residence in Baltimore: No. 927 Leadenhall St.; 20 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1874 (Year)

7-AGE. 42 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hotel
(b) General nature of industry, business, or establishment in which employed (or employer): Cook

9-BIRTHPLACE, (State or Country). Annapolis. Md

PARENTS.

10-NAME OF FATHER. Oscar Meriken

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER. Margaret Pinkney

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Meriken

(Address) 927 Leadenhall

15- DEC 14 1916 Filed ....., 191.... ROBERT B. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 13 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Dec 5 1916, to Dec 13 1916, that I saw h— alive on Dec 12 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar

..... (Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Heart Failure

..... (Duration) ..... yrs. ..... mos. 8 ds.

(Signed) ..... M. D.

Dec 14, 191.. (Address) 712 S. Chapel St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Annapolis. Md

DATE OF BURIAL. Dec 15 1916

20-UNDERTAKER John H Toadvine

ADDRESS 142 West St

important. See instructions on back of certificate.

D 0415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172 D 0415

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Foot of Martin St. ST. 24 WARD) Balto. Dry Docks & Ship Bldg. Co.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Goode.

(Residence in Baltimore: No. 2625 E. Oliver St. St.; yrs. 30 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White.	Married.

6-DATE OF BIRTH, December 13th. 1860., / (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
55 yrs. 11 mos. 30 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boiler maker.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), New York.

PARENTS.

10-NAME OF FATHER, William J. Goode.

11-BIRTHPLACE OF FATHER (State or Country), New York.

12-MAIDEN NAME OF MOTHER Margaret.-------

13-BIRTHPLACE OF MOTHER (State or Country), New York.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mary J. Goode. (wife.)
(Address) 2625 E. Oliver St.

15- Filed DEC 14 1916 191 ROBERT R. KRAUTER Registrar
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 12th. 1916., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry. (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the Skull.
Accidental fall.

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner.)

Dec. 14, 1916. (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St. Patricks Cem	Dec 15th, 1916
20-UNDERTAKER	ADDRESS
Lilly & Giles	403 S. Mott St

(Orca)

Spec.—8-24-14—M. & T.—2000 Bks.

W2377 D 0416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

71 D 0416

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3214 Greenmount Ave. St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Myrtle Esposito

(Residence in Baltimore: No. 3214 Greenmount Ave. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Fem	White	Single

6-DATE OF BIRTH, Nov. (Month) 19 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
..... yrs. ..... mos. 25 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), 3214 Greenmount Ave Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Anthony Esposito.

11-BIRTHPLACE OF FATHER (State or Country), Hammonton N. J.

12-MAIDEN NAME OF MOTHER Myrtle V. Sicks

13-BIRTHPLACE OF MOTHER (State or Country), Wilmington, Del.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Anthony Esposito

(Address) 3214 Greenmount Ave

15- DEC 14 1916 ROBERT R. KRAUTER
Filed....., 191.....
Burial Permit Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 14 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 19 1916, to Dec. 14 1916, that I saw her alive on Dec. 13, 1916, and that death occurred, on the date stated above, at 9.10 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration)..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Convulsions

..... (Duration)..... yrs. ..... mos. 2 ds.

(Signed) Maurice E. Shannon M. D.

Dec. 14, 1916. (Address) 2300 N. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Philadelphia Pa	Dec. 15th, 1916.
20-UNDERTAKER	**ADDRESS**
William Cook.	502 E. North Ave.

Via P.R.R. per A. Esposito

Spec.—8-24-14—M. & T.—2000 Bks.

Elinor Watts.

D 0417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 0417

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1745 Riverside St.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elinor Watts

(Residence in Baltimore: No. 1245 Riverside St.; 17 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Dec (Month) 6 (Day), 1866 (Year)

7-AGE: 50 yrs. 6 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

9-BIRTHPLACE, (State or Country): Indiana

PARENTS.

10-NAME OF FATHER: Dont Know

11-BIRTHPLACE OF FATHER (State or Country): Indiana

12-MAIDEN NAME OF MOTHER: Thila Collins

13-BIRTHPLACE OF MOTHER (State or Country): Indiana

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William F. Watts

(Address) 1245 Riverside Ave

15- DEC 14 1916 Filed....., 191.. ROBERT L. KRAUTER. Burial Permit Clerk. Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 12 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from ~~Nov~~ Dec 10 1916, to Dec 12 1916, that I saw h~~e~~r alive on Dec 12 1916, and that death occurred, on the date stated above, at 6:10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy

(Duration) yrs. 1 mos. ds.

(Signed) F. F. Saunders M. D.

Dec 13 1916 (Address) 1 E. Randall St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Dec 15, 1916.

20-UNDERTAKER William Cook — ADDRESS 50 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0418

CERTIFICATE OF DEATH.

120 D 0418

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Donahue

(Residence in Baltimore: No. 1408 E. Preston St St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown, 18[illegible]0
(Month) (Day) (Year)

7-AGE, 76 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Record St. Joseph's Hosp

(Address) .....

15 DEC 14 1916 ROBERT R. KRAUTER
Filed ....., 191.. Burial Permit ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 9 1916, to Dec 14 1916, that I saw her alive on Dec. 14 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Duration ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Oedema

Duration ..... yrs. ..... mos. 2 ds.

(Signed) William F. Walls, M. D.

Dec. 14, 1916. (Address) St Joseph Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 4 mos. 5 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Don't Know

Former or usual residence 1408 East Preston St

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Dec. 16, 1916

20-UNDERTAKER Chas. C. Crawford ADDRESS 1101 W. Fayette

important. See instructions on back of certificate.

D 0419

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 D 0419

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2410 Druid Hill Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Hannah Baer

(Residence in Baltimore: No. 2410 Druid Hill Ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: (Month) (Day) , 1836 (Year)

7 AGE: 80 yrs. — mos. 27 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: No occupation
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: German Born

11 BIRTHPLACE OF FATHER (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Bilsker

13 BIRTHPLACE OF MOTHER (State or country): Germany.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bernard Baer

(Address) 1630 Madison Ave.

15. Filed DEC 14 1916 ROBERT P. KRAUTER REGISTRAR

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec. (Month) 14 (Day) , 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased fr Jan , 1916 , to Dec. 14 1916
that I saw h e alive on Dec. 14 1916
and that death occurred, on the date stated above, at 6.30 P
The CAUSE OF DEATH* was as follows:

Arterio sclerosis

(Duration) 5 yrs. mos. ds

Contributory (SECONDARY) Myocarditis

(Duration) yrs. 1 mos. ds.

(Signed) J. Frederick Leitz M. D.

Dec. 14. 1916 (Address) 1040 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Balto Hebrew Cem DATE OF BURIAL 12/15 1916

20 UNDERTAKER: J. Aurelius Co ADDRESS 1611 Madison

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 0420
1 PLACE OF DEATH

CERTIFICATE OF DEATH

42 D 0420
REGISTERED NO. C

CITY OF BALTIMORE (No. 1832 Ashland Ave St.: WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2 FULL NAME Eliza D. Newman

(Residence in Baltimore: No. 1832 Ashland Ave St.: yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: ..... (Month) January (Day), 1881 (Year)

7 AGE: 35 yrs. ..... mos. ..... ds.
If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Dress Maker
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9 BIRTHPLACE (State or country): North Carolina

PARENTS

10 NAME OF FATHER: Stanley Matherson

11 BIRTHPLACE OF FATHER (State or country): N. C

12 MAIDEN NAME OF MOTHER: Malvina Taylor

13 BIRTHPLACE OF MOTHER (State or country): N. C.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Newman
(Address) 1832 Ashland Ave

15. Filed DEC 14 1916, 191 ROBERT R. KRAUTER Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec. (Month) 14 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1916. to Dec. 14 1916. that I saw her alive on Dec. 13, 1916. and that death occurred, on the date stated above, at 10 a. m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(Duration) ..... yrs. 5 mos. ds.

Contributory (SECONDARY) Cardiac asthenia

(Duration) ..... yrs. 2 mos. ds.

(Signed) Jno C. Stevenson M. D.
Dec. 14, 1916 (Address) 1520 E. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Parkton N. C — DATE OF BURIAL: Dec 15th, 1916

20 UNDERTAKER: Chas G Bailey — ADDRESS: 1715 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

D 0421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 D 0421

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 536 N. Hoffman St. 17 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sadie Lebrig

(Residence in Baltimore: No. 536 N. Hoffman St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Fem

4-COLOR OR RACE, Col

5-(Single, MARRIED, WIDOWED, OR DIVORCED; (Write the word.) Married

6-DATE OF BIRTH, ...Jan...., 1874 (Month) (Day) (Year)

7-AGE, 42 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....Home-wife....
(b) General nature of industry, business, or establishment in which employed (or employer) ....Keeping House....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John R. Payson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Rachel Ridgely

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isaac Payson

(Address) 1701 Linden Ave

15-DEC 14 1916 Filed....., 191.... ROBERT R. KRAUTER Registrar. Burial Permit (Over)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) 12 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Nov 28 1916, to Dec 12 1916, that I saw her alive on Dec 12 1916, and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) ....yrs. ....mos. 16 ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) ....yrs. ....mos. 2 ds.

(Signed) P. A. Schmidt M. D.

Dec 12, 1916 (Address) 1524 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Dec 15, 1916

20-UNDERTAKER Samuel Hemsley ADDRESS 5 S Wolfe St

important. See instructions on back of certificate.

Issued 29314

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0422

CERTIFICATE OF DEATH.

92

D 0422

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1699 Alice Anna ST.; 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhelm F. Schmidt

(Residence in Baltimore: No. 1611 Alice Anna St.; 53 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Jan (Month) 6 (Day), 1863 (Year)

7-AGE, 53 yrs. 11 mos. 6 ds.

If LESS than 1 day, ...hrs. or....mts.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Horseshoer
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frederick Schmidt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Julia Schmidt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Minna Schmidt

(Address) 1611 Aliceanna St.

15- DEC 14 1916 Filed ..... 191.... ROBERT R. KRAUTER. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec - 14 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec - 11 - 1916, to Dec 14 1916, that I saw h— alive on Dec 14 1916, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

— (Duration) —yrs. ....mos. 1 ds.

(Signed) Dr. [illegible] M. D.

Dec-14, 1916 (Address) 125 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel — DATE OF BURIAL, Dec. 17..., 1916.

20-UNDERTAKER Peter Nicolaus — ADDRESS 204 E Eastern Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0423

CERTIFICATE OF DEATH.

53 D 0423

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 S High St.; 3 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Moses Morris

(Residence in Baltimore: No. 203 S. High St.: 13 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE, 63 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer): Own Shop

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Isaac Morris

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sadie Glick

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Abraham Morris

(Address) 1432 E. Balto St.

15- Filed DEC 14 1916, 191.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 14 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Oct 11 1916, to ~~Nov~~ Dec 14 1916, that I saw h in alive on Dec 13 1916, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Leukaemia

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Bronchitis & Pulmonary congestion

(Duration) ....yrs. ....mos. 7 ds.

(Signed) Charles F. Blake M. D.

Dec 14, 1916 (Address) 20 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 203 S High St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Burial Bureau — DATE OF BURIAL, Dec 15, 1916

20-UNDERTAKER D. Levinson & Bro — ADDRESS 1107 E Balto St

important. See instructions on back of certificate.

D 0424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119

D 0424

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 107 W. Hughes St. ST.: 22 WARD)

2-FULL NAME William Washington. (Col'd)

(Residence in Baltimore: No. 107 W. Hughes St.

St.; 36 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male.	Colored.	Single.

6-DATE OF BIRTH,

Do not know. (Month), / (Day) (Year)

7-AGE,	If LESS than 1 day,
36 yrs. ---- mos. --- ds.	....hrs. or.....min.f

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer (Day)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER (State or Country), Do not know.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country), Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Morris Brown.

(Address) 108 W. Montgomery St.

15- Filed DEC 15 1916, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 13th. 1916., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis.

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt (Coroner) M. D.

Dec. 14, 1916. (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Dec 15 1916
20-UNDERTAKER	ADDRESS
A. E. Brown and Son	108 W. Montgomery

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 0425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 D 0425

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 Park Ave ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Henry League

(Residence in Baltimore: No. 2010 Park Ave St.: Life yrs.... mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, January (Month) 21 (Day), 1833 (Year)

7-AGE, 83 yrs. 10 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House builder
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Abraham League

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Ann Tickland

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Grayson Ray (daughter)

(Address) 2010 Park Ave

15- Filed DEC 15 1916 — 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 14th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 15th 1916, to Dec. 14th 1916, that I saw him alive on Dec. 14th 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Harris Goldman M. D.

12/14/16, 191... (Address) 1516 W. Mosher Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Dec. 16, 191.

20-UNDERTAKER H E Hughes — ADDRESS 17 S Broadway

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0426

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 D 0426

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 Ramsay ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Francis Ritzinger

(Residence in Baltimore: No. 1503 Ramsay St. St.: Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, June 14, 1914
(Month) (Day) (Year)

7-AGE, 2 yrs. 6 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Geo. E. Ritzinger

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Margaret Hayes

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. E. Ritzinger

(Address) 1503 Ramsay St

15-

Filed DEC 15 1916, 191... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 8 1916, to Dec 14 1916, that I saw him alive on Dec 13 1916, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pulm. pleurisy & embolism

(Duration) yrs. mos. 14 ds.

(Signed) E. Vandeloan M. D.

Dec 14, 1916. (Address) 24 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, 12-16, 1916.

20-UNDERTAKER Robert Bonnesen — ADDRESS Calhoun & Hollins

important. See instructions on back of certificate.

Spec.—6-19-13—M. & T.—500 Blks.

D 0427

HEALTH DEPARTMENT—CITY OF BALTIMORE

+39 D 0427

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Skin & Cancer Hospital. REGISTERED NO. C

CITY OF BALTIMORE: (No. 2510 Guilford Ave. St.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert H. Blackistone

(Residence in Baltimore: No. Skin & Cancer Hospital St.; — yrs., 7 mos. — ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, May (Month) 12th (Day), 1840 (Year)

7-AGE, 76 yrs. 7 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Merchant
(b) General nature of industry, business, or establishment in which employed (or employer). Groceries

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. John Blackistone

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Eliza Blackistone Alston

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hubert H. Blackistone

(Address) Overlea Baltimore Co.

15- DEC 15 1916 MARY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 14th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 8th 1916, to Dec. 14th 1916, that I saw him alive on Dec. 14th 1916, and that death occurred, on the date stated above, at 1.00 p. m.

The CAUSE OF DEATH* was as follows:

a Sarcoma of Superior Maxillary

Chronic (Duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) yrs. mos. ds.

(Signed) Gross E. Cross M. D.

Dec 15th, 1916. (Address) 1000 25th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 7 mos. ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Overlea Md

19-PLACE OF BURIAL OR REMOVAL. Fork Cemetery Balto Co. DATE OF BURIAL. Dec. 18th, 1916

20-UNDERTAKER Mrs Mrs John H. Deufel ADDRESS 801 N. Fayette St.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

D 0428

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1942 N. Bay ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susanna Brauer

(Residence in Baltimore: No. 1942 N. Bay St.; 54 yrs., 1 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, November (Month) 3rd (Day), 1862 (Year)

7-AGE,	If LESS than 1 day,
54 yrs. 1 mos. 10 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Henry Brauer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Roessner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Catherine Brauer

(Address) 1942 N. Bay st

15- DEC 15 1916 Filed....., 191.... HARRY C. ARMS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 10 1916, to Dec. 13 1916, that I saw her alive on Dec. 12 1916, and that death occurred, on the date stated above, at 1230P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma Pancreas

(Duration) yrs. mos. ds.

(Signed) Wallis O. Watts Jr. M. D.

Dec 14, 191 6 (Address) 1101 N. Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cem	Dec 17th, 1916

20-UNDERTAKER	ADDRESS
George Schilling & Sons	1126 Monument st

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0429

CERTIFICATE OF DEATH.

115 D 0429

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1323 N Central ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Ester Jones

(Residence in Baltimore: No. 1323 N Central ave St.; ..... yrs., ... mos. ..... ds.)

don't know

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, February 20, 1848
(Month) (Day) (Year)

7-AGE, 68 yrs. 9 mos. 23 ds. | If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Philip Ester

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. E. Jones

(Address) Linden ave & York Road

15- DEC 15 1916 H. E. [illegible]
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 2 1916, to Dec 13 1916, that I saw h.. alive on Dec 13 1916, and that death occurred, on the date stated above, at 12:00 A m.

The CAUSE OF DEATH* was as follows:

.....
Contusion Right Hip,
.....
..... (Duration).....yrs.....mos...11...ds.

CONTRIBUTORY.....
(Secondary)
..... (Duration).....yrs.....mos.....ds.

(Signed).....M. D.
Dec 15, 1916. (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Govans Presbyterian Cemetery	Dec 16th, 1916.

20-UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument St

17

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 0430

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 932 S Full ST.: 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Kuchowski (Kuczbarski)

(Residence in Baltimore: No. 932 Fell St.: ....yrs., 1 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, October 16, 1914
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Joseph Kuchowski

11-BIRTHPLACE OF FATHER (State or Country), Poland Russia

12-MAIDEN NAME OF MOTHER Barbara Bradolowska

13-BIRTHPLACE OF MOTHER (State or Country), Russia Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Kuczborski

(Address) 932 Fell St

15- Filed DEC 15 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12-11 1916, to 12-14 1916, that I saw h in alive on 12-13 1916, and that death occurred, on the date stated above, at 12:20 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Acute Epidemic Diarrhoea (Congenital Debility)

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Thos. D. Bullock M. D.

12-14, 191.6 (Address) 1631 E Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus, DATE OF BURIAL, Dec 15, 191.6

20-UNDERTAKER M F Sadowski ADDRESS 905 S. Ann St

important. See instructions on back of certificate.

D 0431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170

D 0431

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 42 E.York St. St., 22 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Timothy Stapleton.

(Residence in Baltimore: No. 42 E.York St. St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White.	Single.

6-DATE OF BIRTH, Do not know. (Month), (Day) 1 (Year)

7-AGE, 52 yrs. --- mos. --- ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer (Day)
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Quebec Canada.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER (State or Country), Do not know.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country), Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs.Fitzpatrick.

(Address) 111 E.York St.

15- DEC 15 1916 HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 13th. 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto M. Steinhardt M. D.

Dec 15 1916. (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Peter's Cemetery. DATE OF BURIAL, Dec. 16., 19.16

20-UNDERTAKER M. Dayton Sons ADDRESS 15 E. Lee St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0432 64 D 0432

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 S. Payson ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E. Butcher

(Residence in Baltimore: No. 208 S. Payson St.; 64 yrs. mos. ds.)

important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Single

6-DATE OF BIRTH: March (Month) 29 (Day), 1863 (Year)

7-AGE: 53 yrs. 8 mos. 14 ds.

If LESS than 1 day. ....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer): B. & O. R.R.

9-BIRTHPLACE, (State or Country): Frederick Co Md.

PARENTS.

10-NAME OF FATHER: William Butcher

11-BIRTHPLACE OF FATHER (State or Country): Frederick Co, Md

12-MAIDEN NAME OF MOTHER: Almira Connell

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Carrie Braun

(Address) 2530 McHenry St.

15-

Filed DEC 15 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: 12. (Month) 13. (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12. 10. 1916, to 12. 13. 1916, that I saw him alive on 12. 12. 1916, and that death occurred, on the date stated above, at 10.25 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

3

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) D. K. Wilson M. D.

12.13. 1916. (Address) 1733 Hillen St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Dec. 16., 1916

20-UNDERTAKER: Joseph B Cook ADDRESS 1003 W. Baltimore St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0433

CERTIFICATE OF DEATH.

120

D 0433

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 1100 N. Fulton Ave. St.) 16 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Victoria Brown

(Residence in Baltimore: No. 1100 N. Fulton Ave St.; yrs. 62 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month), (Day), 1854 (Year)

7-AGE, 62 yrs. 5 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER, James Brown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Anna Marklin

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Blanche A. Degath

(Address) 107 No Carey Street

15- DEC 15 1916 Filed, 191... HARRY C. ANDERSON Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) — 14 (Day) —, 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1916, to Dec 1916, that I saw her alive on Dec 13 1916, and that death occurred, on the date stated above, at 4.45 a m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) yrs. mos. ds.

(Signed) Wm A. Duvall M. D.

, 191... (Address) 2339 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cem	Dec. 16, 1916
20-UNDERTAKER Joseph B Cook	ADDRESS 1003 W Balto St

important. See instructions on back of certificate.

D 0434 HEALTH DEPARTMENT---CITY OF BALTIMORE 61 D 0434

CERTIFICATE OF DEATH

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1446 Light St.; WARD) 24

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Bell Dunbar

(Residence in Baltimore: No. 1445 Light St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec (Month) 2 (Day), 1910 (Year)

7-AGE: 6 yrs. 0 mos. 9 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Benjamin M Dunbar

11-BIRTHPLACE OF FATHER (State or country): St Marys Co. Md.

12-MAIDEN NAME OF MOTHER: Belle M Biray

13-BIRTHPLACE OF MOTHER (State or country): St Marys Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Belle M Dunbar

(Address): 1445 Light St

15- Filed DEC 15 1916, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 5, 1916, to Dec 13 1916, that I saw her alive on Dec 13, 1916, and that death occurred, on the date stated above, at 2:15 P m.

The CAUSE OF DEATH was as follows:

Cerebro Spinal Meningitis

Not Epidemic

(Duration) yrs mos 8 ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed) C Harris M D

Dec 13 1916. [Address] 1234 Light St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Dec 15, 1916

20-UNDERTAKER: Margaret G. Flynn — ADDRESS: 1432 Light St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0435

HEALTH DEPARTMENT—CITY OF BALTIMORE

170 D 0435

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 N. Lakewood ave St.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nicholas G. Marx

(Residence in Baltimore: No. 421 N. Lakewood ave St.; 55 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. May (Month) 6 (Day), 1861. (Year)

7-AGE, 55 yrs. 7 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Grocery salesman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Peter Marx

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Gertrude Marx

(Address) 421 N. Lakewood

15- Filed DEC 15 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 13 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 26 1916, to Dec. 13 1916, that I saw h[illegible] alive on Dec 12 1916, and that death occurred, on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Paralysis

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. C. Meyer Jr M. D.

Dec 14, 1916 (Address) 20 N. Lakewood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Dec. 16, 1916

20-UNDERTAKER Jos. J. Iden — ADDRESS 156 N. Luzerne ave.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0436

HEALTH DEPARTMENT—CITY OF BALTIMORE

× 81 D 0436

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ephraim B. Morris

(Residence in Baltimore: No. 145 Prospect Av St.; 80 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	widowed

6-DATE OF BIRTH. January 26, 1836 (Month) (Day) (Year)

7-AGE. 80 yrs. 4 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Labourer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Retired

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Samuel Morris

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Jane Giles

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Morris

(Address) 145 Prospect Ave

15- Filed DEC 15 1916 HARRY C. ANDERSON Registrar.

BURIAL Permit Clerk

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 3 1916, to Dec 14 1916, that I saw h in alive on Dec 14 1916, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Acute Sclerosis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertrophied Prostate

(Duration) yrs. mos. 14 ds.

(Signed) Edward P. Smith M. D.

12/14, 1916. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 ds. In the State 65 yrs. mos. ds.

Where was disease contracted, if not at place of death? 145 Prospect Ave

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Greenlawn Mem. Park	Dec 16, 1916
20-UNDERTAKER	ADDRESS
Demuth & Son	361 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0437

CERTIFICATE OF DEATH.

10

D 0437

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE, (No. 457 Brunswick ST.; 25th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Jane Lancaster

(Residence in Baltimore: No. 457 Brunswick St.; 28 yrs. 11 mos. 20 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, December 24, 1887 (Month) (Day) (Year)

7-AGE, 28 yrs. 11 mos. 20 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country) Baltimore - Md

PARENTS.

10-NAME OF FATHER, Daniel C Connor

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Margaret Grisby

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore - Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs R. Lancaster

(Address) 457 Brunswick St

15- DEC 15 1916 ROBERT P. KRAUTH

Filed....., 191.... Registrar

Burial Permit

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 23 1916, to Dec 14 1916, that I saw her alive on Dec 14 1916, and that death occurred, on the date stated above, at 7:45 a.m.

The CAUSE OF DEATH* was as follows:

Grippe

(Duration) No yrs. No mos. 16 da.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) No yrs. No mos. 6 da.

(Signed) Raymond S Hilbert M. D.

Dec 15, 1916 (Address) 1st Lorraine

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Dec 17, 1916

20-UNDERTAKER J B. Hagerty

ADDRESS 2238 Eutaw Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0438

CERTIFICATE OF DEATH.

79 D 0438

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1130 Shields alley ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Walker

(Residence in Baltimore: No. 1130 Shields alley

30 38 yrs.. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col'd	Married

6-DATE OF BIRTH, June 2, 1878
(Month) (Day) (Year)

7-AGE, 38 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE, (State or Country), Balto. Co. Md

PARENTS.

10-NAME OF FATHER, Edward Walker

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mary Myers

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Chas Wallace

(Address) 652 Smith St

15-

Filed DEC 15 1916 191 ROBERT B. KRAUTER

Registrar.

Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 12, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Acute Lung Trouble

2 Mitral Stenosis

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Enlarged Heart

(Duration) yrs. mos. da.

(Signed) C. P. Mitchell M. D.
(Coroner)

Dec 16, 1916 (Address) 5 E Read Street

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn | DATE OF BURIAL, Dec 16 1916

20-UNDERTAKER Sam'l H Case & Son | ADDRESS 1400 Fleisher

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1013. CERTIFICATE OF DEATH. 150 D 0439

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Barnes

(Residence in Baltimore: No. 1311 Jefferson St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH, November 24, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs. ....mos. 1 8 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Ernest Clements

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER Lucy Barnes

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Thurman Jr

(Address) Johns Hopkins Hospital

15-
Filed DEC 15 1916, 191.... ROBERT R. KRAUTER
Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 1st, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 24 1916, to Dec 1st 1916, that I saw h[illegible] alive on Dec 1st 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

(a) Congenital Anomaly - (Congenital Absence of Cerebrum - Cranium present) (Duration) ....yrs. ....mos. 18 ds.

CONTRIBUTORY (Secondary) Congenital Debility

(Duration) ....yrs. ....mos. 18 ds.

(Signed) John Thurman Jr M. D.

Dec 14, 1916. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0440

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

D 0440

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 N. Duncan ST.; 8 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary M. Fuller

(Residence in Baltimore: No. 1820 N. Duncan St.: 30 yrs., 2 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Oct. 7, 1886 (Month) (Day) (Year)

7-AGE, 30 yrs. 2 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER: Charles H. Mersmann

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER: Catherine Hullenberger

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William H. Fuller

(Address) 1820 N. Duncan St.

15-

DEC 16 1916 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1916, to Dec 14 1916, that I saw her alive on Dec 13 1916, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Shaw L. Frazier M. D.

12/14, 191.. (Address) 1223 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore County — DATE OF BURIAL, Dec. 16, 1916.

20-UNDERTAKER Albert C Fuller — ADDRESS 221 N Bradway

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 92 D 0441

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Red.

(Residence in Baltimore: No. 516 Coke Iven Sparrows Pt. St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan. 1 (Month), 18.81.. (Day) (Year)

7-AGE, 35 yrs. 11 mos. 12 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Sparrows Point

9-BIRTHPLACE, (State or Country), Meherrin Va.

PARENTS.

10-NAME OF FATHER, Skiersmore Red

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Francis Jordon

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... S. Red Sr.

(Address)..... Johns Hopkins Hosp.

15. DEC 16 1916 ROBERT R. KRAUTER

Filed....., 191.... BURIAL PERMIT Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 13, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 12 1916, to Dec 13, 1916, that I saw him alive on Dec 13 1916, and that death occurred, on the date stated above, at 3.10 p.m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) ... yrs. ... mos. 11 ... ds.

CONTRIBUTORY (Secondary) Pneumococcus meningitis.

(Duration) ... yrs. ... mos. 1 ... ds.

(Signed) H. P. Barnett M. D.

Dec 13., 191.6 (Address) Johns Hopkins Hosp.

Autopsy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 516 Coke Iven Sparrows Pt

19-PLACE OF BURIAL OR REMOVAL, Greenbay Va — DATE OF BURIAL, Dec 14, 1916.

20-UNDERTAKER R. S. Parham — ADDRESS 131 W. Hamburg St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0442

CERTIFICATE OF DEATH.

28 D 0442

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 E. Hoffman St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward F. Wolf

(Residence in Baltimore: No. 1100 E. Hoffman St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, June (Month) 16 (Day), 1852 (Year)

7-AGE, 34 yrs. 5 mos. 26 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Milk Wagon

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Emma Wolf

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Mary E. Engelbach

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... George R. Taylor

(Address)..... 1102 E. Hoffman St.

15- Filed DEC 16 1916 191.... ROBERT R. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 14 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from October 1 1916, to Dec 14 1916, that I saw h[illegible]ve on Dec 13 1916, and that death occurred, on the date stated above, at 2.05 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

..... (Duration) ..... yrs. 9 mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. ..... mos. 7 ..... ds.

(Signed) ..... C. E. Tully ..... M. D.

Dec 14 1916. (Address) ..... 1100 E. Hoffman St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer Cem. DATE OF BURIAL. Dec. 18 1916.

20-UNDERTAKER C. A. Weidefeld Jr. ADDRESS 2113 Greenmount Ave.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0443

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0443

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Home Hospital ST.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wirt C Ward

(Residence in Baltimore: No. 24 Cane St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, November 1, 1860 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
56 yrs. 1 mos. 13 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Owner

9-BIRTHPLACE, (State or Country), West Virginia

PARENTS.

10-NAME OF FATHER, Irma Ward

11-BIRTHPLACE OF FATHER (State or Country), W.Va.

12-MAIDEN NAME OF MOTHER Margaret E. Wamsley

13-BIRTHPLACE OF MOTHER (State or Country), W.Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible]

(Address) Home Hospital

15-

Filed DEC 16 1916 191.... ROBERT R. KRAUTER Registrar

Burial Permit Clerk

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 14, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 20 1916, to December 14 1916, that I saw h[illegible] alive on December 14 1916, and that death occurred, on the date stated above, at 11 [illegible] m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ....yrs. 6 mos. ....ds.

(Signed) U R Mason M. D.

Dec 15, 1916 (Address) Home Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 24 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence Mill Creek W.Va

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mill Creek W.Va	Dec 16, 1916

20-UNDERTAKER	ADDRESS
Chas. E. Franck	802 Madison Ave

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 0444 64 D 0444

CERTIFICATE OF DEATH

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3604 Fairview St. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Edwd J. Joyce

(Residence in Baltimore: No. 3604 Fairview St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Wht

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: Jany (Month) 9 (Day), 1839 (Year)

7-AGE: 77 yrs. 11 mos. 5 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Traveling

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Jose. Joyce

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Mary McMurray

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jas Joyce

(Address) 3604 Fairview Ave

15

FILED DEC 16 1916 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 14 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 6th, 1916, to Dec 14 1916, that I saw h[illegible] alive on Dec. 14, 191 , and that death occurred, on the date stated above, at 9.45 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorhage

(Duration) — yrs. — mos. 7 ds

Contributory (SECONDARY) Exhaustion

(Duration) — yrs. — mos. 9 ds.

(Signed) Frank E. Wagner M. D.

Dec 14, 1916 (Address) 1006 E Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cem. DATE OF BURIAL: Dec 16, 1916

20-UNDERTAKER: Chas. F. Cowan & Son ADDRESS: 1110 N. Royal Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0445

CERTIFICATE OF DEATH.

92 D 0445

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1326 N Caroline ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Katzenberger

(Residence in Baltimore: No. 1326 N Caroline St.; Lifetime yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, Nov (Month) 28 (Day), 1856 (Year)

7-AGE,	If LESS than 1 day,
60 yrs. 1 mos. 17 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Night Watchman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER Martin Katzenberger

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Georgia Huber

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Katzenberger

(Address) 1326 N. Caroline St.

15- Filed DEC 16 1916, 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 14 1916, to Dec 15 1916, that I saw h[illegible] alive on Dec 14 1916, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

..... (Duration) ..... yrs. ..... mos. 1/2 ds.

(Signed) D. Ben Carr Wiss M. D.

12/16, 1916 (Address) 914 E. Biddle St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral Cemetery	Dec 18 1916

20-UNDERTAKER Thos. E. Evans & Son ADDRESS 1121 N. Eutaw St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0446

CERTIFICATE OF DEATH.

92D 0446

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 Cole ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Speckermann

(Residence in Baltimore: No. 1614 Cole St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH. May (Month) 24 (Day), 1832 (Year)

7-AGE. 84 yrs. 6 mos. 20 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Not Known

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Clopeen

(Address) 1617 Cole St.

15- ROBERT R. PRAETER

Filed Dec 16, 1916 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1st 1916, to Dec 14th 1916, that I saw h[er] alive on Dec 14th 1916, and that death occurred, on the date stated above, at 7:57 m.

The CAUSE OF DEATH* was as follows:

Collapse

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 12 ds.

(Signed) Wm J. O. B. Cooper M. D.

Dec 15, 1916. (Address) 1103 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park

DATE OF BURIAL. Dec 16, 1916

20-UNDERTAKER Geo A Gerber

ADDRESS Baltimore

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B D 0447

CERTIFICATE OF DEATH.

104 D 0447

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2207 W Franklin ST.; 20 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catharine Virginia Simms

(Residence in Baltimore: No. 2207 W Franklin St.; — yrs., 3 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	infant

6-DATE OF BIRTH, Sept (Month) 7 (Day), 1916 (Year)

7-AGE, — yrs. 3 mos. 7 ds. If LESS than 1 day, — hrs. or — min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, Frederick Washington Simms

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md.

12-MAIDEN NAME OF MOTHER Mary Frances Jacobs

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chester Reland, M. D.

(Address) 2532 Edmondson Ave

15- ROBERT R. KRAUTER

Filed Dec 16", 1916 Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 2 1916, to Dec 14 1916, that I saw her alive on Dec. 4 1916, and that death occurred, on the date stated above, at 3.0 P. m.

The CAUSE OF DEATH* was as follows:

marasmus

Hemocolitis

(Duration) — yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary) none

(Duration) — yrs. — mos. — ds.

(Signed) Chester Reland, M. D.

Dec. 14, 1916. (Address) 2532 Edmondson ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery — DATE OF BURIAL, Dec 16, 1916

20-UNDERTAKER Geo. W. Ebey — ADDRESS Balto Payson Sts

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0448

CERTIFICATE OF DEATH.

D 0448

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp ST. W 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Anna Webster

(Residence in Baltimore: No. University Hospital -- St., 59 yrs. 2 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov - 23 (Month) (Day), 1857 (Year)

7-AGE, 59 yrs. — mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Johnathan Brooks

11-BIRTHPLACE OF FATHER (State or Country), Balto - County

12-MAIDEN NAME OF MOTHER Sarah Elbon Boon

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank H Webster

(Address) Catonsville Md

15-

DEC 16 1916

Filed....., 191.... Burial Permit Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec - 16 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 27 1916, to Dec 16 - 1916, that I saw her alive on Dec - 16 1916, and that death occurred, on the date stated above, at 6:40 p. m.

The CAUSE OF DEATH* was as follows: Carcinoma of Sigmoid Bladder & Metastases to upper Intestines & Liver

(Duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Rectal Fistula

(Duration) yrs. 2 mos. 16 ds.

(Signed) H. Allen Fuller M. D.

Dec 16, 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 19 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Catonsville, Md.

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, Dec 19 1916

20-UNDERTAKER H. Allen Fuller — ADDRESS 3517 Springdale Ave

over

D 0449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 0449

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 527 N Eden st ST.: 5 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Nelson

(Residence in Baltimore: No. 527 N Eden st St.: yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Female	Col	Married

6-DATE OF BIRTH, Not Known (Month) (Day), 1870 (Year)

7-AGE, 26 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), VA.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Young

(Address) 527 N Eden st

15- Filed DEC 16 1916, 191 Registrar. [illegible] Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 13 1916 (Month) (Day) (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuburculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] (Coroner.) M. D.

Dec 13 1916 (Address) N.E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 18 ds. In the State 29 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Not known

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laural Cemtary

DATE OF BURIAL, Dec 16 1916

20-UNDERTAKER Mrs R A Elliott

ADDRESS East-21

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 0450

CERTIFICATE OF DEATH.

79 D 0450

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2708 Reese Pl. ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Wheeler

(Residence in Baltimore: No. 2708 Reese Pl St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 76 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Robert Barns

11-BIRTHPLACE OF FATHER (State or Country), Charles Co Md

12-MAIDEN NAME OF MOTHER Caroline A Barnes

13-BIRTHPLACE OF MOTHER (State or Country), Charles Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Her Son Samuel Wheeler

(Address) 1249 S Capitol St Washington D C

15- Filed DEC 16 1916, 191 HARRY O. ANDREWS DEPUTY REGISTRAR Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 14th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 31st 1916, to Dec 14th 1916, that I saw her alive on Dec 14th 1916, and that death occurred, on the date stated above, at 10.45 a.m.

The CAUSE OF DEATH* was as follows:

a Mitral Regurgitation

with Cardiac

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo A Tompkins M.D.

Dec 14th 1916. (Address) 1527 Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn in Washington DC — DATE OF BURIAL, Dec 18, 1916

20-UNDERTAKER Mrs Rob Elliott — ADDRESS 504 East 2

important. See instructions on back of certificate.

D 0451

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

9

D 0451

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 144 Old York Road ST. 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Bibb (Bibb)

(Residence in Baltimore: No. 144 Old York Road St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7-AGE: 3 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Non
(b) General nature of industry, business, or establishment in which employed (or employer): Non

9-BIRTHPLACE (State or country): Balt City

PARENTS

10-NAME OF FATHER: Charles Dickson

11-BIRTHPLACE OF FATHER (State or country): of Balt

12-MAIDEN NAME OF MOTHER: Alverta Bell

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) by Mother Alverta Bibb
(Address) 144 Old York Road

15.
DEC 16 1916 HARRY C. ANDREWS REGISTRAR
Burial Permit Given
10 A. M.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December 15th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1916, to Dec 15 1916, that I saw h-er alive on December 14th 1916, and that death occurred, on the date stated above, at 11½ m.
The CAUSE OF DEATH* was as follows:

Diphtheria

(Duration) yrs. mos. 9 ds

Contributory (SECONDARY) Pneumonia

(Duration) yrs. mos. 2 ds.

(Signed) P. E. Tully M. D.
Dec 15th 1916 (Address) 502 E. York Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death: yrs. mos. ds. In the State: yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetary | DATE OF BURIAL: Dec 14 1916

20-UNDERTAKER: Mrs R A Elliott | ADDRESS: 502 East

D 0452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 D 0452

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 609 Collett ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2 FULL NAME Caroline Henson

(Residence in Baltimore: No. 609 Collett S St.: 11 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
female	colored	Widow

6 DATE OF BIRTH Unknown, 1860
(Month) (Day) (Year)

7 AGE 56 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Md

PARENTS

10 NAME OF FATHER James Stevenson

11 BIRTHPLACE OF FATHER (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John J. Henson

(Address) 609 Collett St

15 Filed DEC 16 1916, 191 HARRY C. ANDREWS Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 14, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1916, to Dec 14, 1916, that I saw h[er] alive on Dec 13, 1916, and that death occurred, on the date stated above, at 4.30 Am.

The CAUSE OF DEATH* was as follows: Contracted Kidney Intestinal Nephritis

(Duration) yrs. 4 mos. ds

Contributory (SECONDARY) Bronchitis

(Duration) yrs. mos. 14 ds.

(Signed) Jno J Masten M. D.

Dec 17, 1916. (Address) 2008 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Pocomoke City Md | DATE OF BURIAL Dec. 16, 1916

20 UNDERTAKER Enoch & Fosque | ADDRESS 1309 Division St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B D 0153

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 D 0153

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 1st floor 3rd floor ST.; W WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Robinson

(Residence in Baltimore: No. ..... St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, 12 (Month) 14 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or 2 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Charles Robinson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mary Seward

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed DEC 16 1916, 191... HARRY C. ANDERS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12-14 191 6, to 12-14 191 6, that I saw h... alive on ..... 191..., and that death occurred, on the date stated above, at 10.32 P m.

The CAUSE OF DEATH* was as follows:

Premature birth 8th month,

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Premature birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. A. Buttler M. D.

12-14, 191.6 (Address) 1621 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL DEC 19 1916 Commissioner Health.

Burial Permit Given

Important.—See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0454

HEALTH DEPARTMENT—CITY OF BALTIMORE

79 D 0454

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2507 Jefferson St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rathael W Langer (Langer)

(Residence in Baltimore: No. 2507 Jefferson St.; 45 yrs.. mos.. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.): Widow

6-DATE OF BIRTH, April (Month) 17 (Day), 1846 (Year)

7-AGE, 68 yrs. 7 mos. 27 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frank Rich

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Hart Linn

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Langer

(Address) 2507 Jefferson St

15-

Filed DEC 16 1916, 191.....

HARRY C. ANDREWS
Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 14 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from July 3 1913, to Dec 14 1916, that I saw her alive on Dec 14 1916, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Valvular Dis. Heart

(Duration) 3 yrs. 5 mos. da.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. da.

(Signed) Chas Oliver M. D.

12/14/16, 191... (Address) 408 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem — DATE OF BURIAL, Dec 15, 191...

20-UNDERTAKER J Hervey & Co — ADDRESS 2005 Eden

important. See instructions on back of certificate.

D 0455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 D 0455

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Maryland Gen'l. Hospital (STREET OR AVENUE)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Norman

(Residence in Baltimore: No. 349 E. 24th St

St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fmal

4-COLOR OR ~~RACE~~, Col'd

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... December ....., 1867
(Month) (Day) (Year)

7-AGE, 49 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook in
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private family

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ralph Howard

(Address) 349 E. 24th St

15- DEC 16 1916 HARRY C. ANDREWS

Filed....., 191..... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec. 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..Inquest.....
(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Concussion of brain from a fall on the D.L. (Duration).....yrs.....mos....1..ds.

CONTRIBUTORY (Secondary) Unknown

..... (Duration).....yrs.....mos.....ds.

(Signed) ..... M. D.
(Coroner.)

Dec. 16, 1916 (Address) 24 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos..1..ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 349 E. 24th St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem — DATE OF BURIAL, Dec. 17, 1916

20-UNDERTAKER Mrs R A Elliott — ADDRESS 504 East St

Spec.—8-24-14—M. & T.—2000 Bks.

D. 0456

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0456

CERTIFICATE OF DEATH.

REGISTERED NO. C 15-170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1382 N Woodyear ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Dolliver

(Residence in Baltimore: No. 1382 N Woodyear St.; 35 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colord

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 15, 1863
(Month) (Day) (Year)

7-AGE. 53 yrs. 7 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Hod Carrier

9-BIRTHPLACE. (State or Country), Essex Co. Virginia.

PARENTS.

10-NAME OF FATHER, Augustus Dolliver

11-BIRTHPLACE OF FATHER (State or Country), Essex Co. Va

12-MAIDEN NAME OF MOTHER Henrietta Cyles

13-BIRTHPLACE OF MOTHER (State or Country), Essex Co. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jeremy Johnson Jr

(Address) 1382 N Woodyear

15-

Filed DEC 16 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1 1916, to Dec 14 1916, that I saw h[illegible] alive on Dec 13 1916, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. H. Wright M. D.

Dec 14., 1916 (Address) 1209 Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Dec 17 1916

DATE OF BURIAL.

20-UNDERTAKER James H Dennis

ADDRESS 1309 E Pratt

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0457

CERTIFICATE OF DEATH.

170 D 0457

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2409 E. Preston ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Hoskins

(Residence in Baltimore: No. 2409 E. Preston St.; 40 yrs., 4 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) single

6-DATE OF BIRTH. unknown, 1 (Month) (Day) (Year)

7-AGE. about 74 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. Edw Hoskins

11-BIRTHPLACE OF FATHER (State or Country). Ireland.

12-MAIDEN NAME OF MOTHER. Mary Hoskins.

13-BIRTHPLACE OF MOTHER (State or Country). England.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adam Wheit

(Address) 2409 E Preston St

15- Filed DEC 16 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. DEC 14, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 9 1916, to Dec 14 1916, that I saw her alive on Dec 12 1916, and that death occurred, on the date stated above, at 4.16 p.m.

The CAUSE OF DEATH* was as follows:

Uraemic Poisoning

(Duration) 6 yrs. 6 mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Int Nephritis

unknown (Duration) yrs. mos. ds.

(Signed) B P Herzog & Sons M. D.

Dec 15, 1916 (Address) 1305 N Patt Pkwy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cem DATE OF BURIAL. DEC 16 1916, 191..

20-UNDERTAKER W J Fleckner & Son ADDRESS Mt Pleasant Ave.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

B 9458

HEALTH DEPARTMENT—CITY OF BALTIMORE

79 B 9466

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary City 4 WARD)

REGISTERED NO. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Sallie Littleton

(Residence in Baltimore: No. 753 N. Lexington St. City St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Single

6-DATE OF BIRTH, 2 (Month) 2 (Day) 1849 (Year)

7-AGE, 67 yrs. 2 mos. 0 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Church Home Infirmary

(Address) Madison & Fremont Ave

15- DEC 16 1916 Filed....., 191.... HARRY C. ANDREWS Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 14 (Month) 14 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 11 1916, to Dec 14 1916, that I saw h er alive on Dec 14 1916, and that death occurred, on the date stated above, at 3.45 P m.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation

(Mitral regurgitation)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) C M Harmon M. D.

12-14, 1916. (Address) Church Home & Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 4 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death?

Former or usual residence 753 N Lexington St

19-PLACE OF BURIAL OR REMOVAL, Branchock Va — DATE OF BURIAL, Dec 17 1916.

20-UNDERTAKER H E Hughes — ADDRESS 17 S Broadway

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0459 D 0450

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3328 Edmonson Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Stagge

(Residence in Baltimore: No. Balto St.; 54 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March 29 1/2, 1846
(Month) (Day) (Year)

7-AGE, 70 yrs. 8 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Knell

(Address) 917 Columbia Ave

15-

Filed DEC 16 1916 HARRY C. ANDREWS
Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 14, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 20 1916, to Dec 14 1916, that I saw h[illegible] alive on Dec 13 1916, and that death occurred, on the date stated above, at 9[illegible] m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Dec 16, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet

DATE OF BURIAL, Dec 17 1/2, 1916

20-UNDERTAKER Knell & Dorn

ADDRESS 1729 W Pratt st

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0460

CERTIFICATE OF DEATH.

× 137 D 0460

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jessie Ella Buckingham.

(Residence in Baltimore: No. Univ Hosp. St.; ..... yrs. ..... mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female. 4-COLOR OR RACE, White. 5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 5, 1891. (Month) (Day) (Year)

7-AGE, 25 yrs. 7 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework,
(b) General nature of industry, business, or establishment in which employed (or employer) ..... at Home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jno F. Schaefer,

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Emma Flarg,

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Schaefer

(Address) Westminster Md

15-

Filed DEC 16 1916 191.. HARRY C. ANDREW

Burial Permit Issued Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 16, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 10 1916, to Dec 16 1916, that I saw her alive on Dec 16 1916, and that death occurred, on the date stated above, at 11 6 m.

The CAUSE OF DEATH* was as follows:

Puerperal Infection.

(Duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (Secondary) Septicaemia,

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) ..... M. D.

12-16, 1916, (Address) U Maryland Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Westminster Md.

Former or usual residence Westminster Md.

PLACE OF BURIAL, OR REMOVAL, [redacted] Westminster Md — DATE OF BURIAL, Dec 16 1916

UNDERTAKER W M Routzon — ADDRESS 230 W Green

over

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0461

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0461

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 Fremont Av ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Miller

(Residence in Baltimore: No. 516 N Fremont Av St.; yrs., mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Infant

6-DATE OF BIRTH, December 12, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 4 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, John Oliver Miller

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Matilda Carle

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Miller

(Address) 516 N Fremont Av

15- Filed DEC 16 1916, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 16, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 12 1916, to Dec 16 1916, that I saw h[illegible] alive on Dec 15 1916, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Dissolution

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cause unknown

(Duration) ....yrs. ....mos. ....ds.

(Signed) Joseph L. Wolverton M. D.

Dec 16, 191.6 (Address) 16 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western

DATE OF BURIAL, Dec 17, 1916.

20-UNDERTAKER Geo W Little

ADDRESS 531 N Fremont Av

important. See instructions on back of certificate.

D 0462

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 0462

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. 314 S. Gilmor St. 19 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick H. Larcom (Dorcy)

(Residence in Baltimore: No. 314 S. Gilmor St.: 4 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Nov 1, 1861 (Month) (Day) (Year)

7-AGE: 55 yrs. 1 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Construction foreman
(b) General nature of industry, business, or establishment in which employed (or employer): R.R.

9-BIRTHPLACE (State or country): Ireland.

PARENTS

10-NAME OF FATHER: Patrick H. Larcom

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Bridget McCarthy

13-BIRTHPLACE OF MOTHER (State or country): Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr H. E. Knipp

(Address) 1002 W Lanvale St

15 Filed DEC 16 1916, 191

HARRY C. ADDISON
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec 16, 191 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1916, to Dec 16 1916,

that I saw him alive on Dec 15, 1916,

and that death occurred, on the date stated above, at 9.30a m.

The CAUSE OF DEATH* was as follows:

Fatty degeneration of heart

about 1 yrs. mos. ds (Duration)

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) T. [illegible] M. D.

Dec 16, 1916 (Address) 1002 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Peters

DATE OF BURIAL: Dec 19, 1916

20-UNDERTAKER: Geo W Little

ADDRESS: 531 N Fremont Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0463 D 0463

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1334 Towson ST. 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry A Albers

(Residence in Baltimore: No. 1334 Towson St.; 27 yrs., 9 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	single

6-DATE OF BIRTH, Feb. 28th, 1889 (Month) (Day) (Year)

7-AGE, 27 yrs. 9 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Henry Albers

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Johanna Kloutzler

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Albers

(Address) 1334 Towson St.

15-

Filed DEC 16 1916, 191... HARRY C. ADDERS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 13, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 11th 1916, to Dec 13th 1916, that I saw h alive on Dec 11th 1916, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Consumption

(Duration) yrs. mos. ds.

(Signed) R BLAKE M. D.

Dec 17, 1916. (Address) 632 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Edwards Cemetery — DATE OF BURIAL, Dec. 16, 1916

20-UNDERTAKER Lilly & Zeiler — ADDRESS 4038 Wolfe St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0464

CERTIFICATE OF DEATH.

79 D 0464

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2704 Garrison Ave 15 STREET WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Selma M. Stalfort

(Residence in Baltimore: No. 2704 Garrison Ave St.; — yrs. — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Unknown, 1 (Month) (Day) (Year)

7-AGE. 65 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Fred W. Krodel

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John B. Stalfort

(Address) 2704 Garrison

15- Filed DEC 16 1916, 191.... Harry [illegible] Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec 14, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 12 1916, to Dec 14 1916, that I saw h[illegible] alive on Dec 14 1916, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) Unknown yrs. mos. ds.

(Signed) William E. Schaaf M. D.

Dec 15, 1916. (Address) 2801 Garrison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park

DATE OF BURIAL. Dec 17, 1916.

20-UNDERTAKER W. J. Pickneer Sons

ADDRESS North Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0465

CERTIFICATE OF DEATH.

40

D 0465

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 S. Paca ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Poole

(Residence in Baltimore: No. 625 S. Paca St.; 50 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, Unknown, 18.5.5
(Month) (Day) (Year)

7-AGE, 61 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... None
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), Howard Co. Md

PARENTS.

10-NAME OF FATHER, John Elsroad

11-BIRTHPLACE OF FATHER (State or Country). Carroll Co Md

12-MAIDEN NAME OF MOTHER Maria Grudge

13-BIRTHPLACE OF MOTHER (State or Country). Carroll Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Elsroad

(Address) 1602 N. Mount

15- DEC 16 1916 Filed ..., 191... HARRY C. ANDREWS Clerk
BURIAL PERMIT
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 9th 1916, to Dec 15 1916, that I saw h[illegible] alive on Dec 15 1916, and that death occurred, on the date stated above, at 5-a m.

The CAUSE OF DEATH* was as follows:

(a) ...
Carcinoma of Stomach
...
(Duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis
(Duration) 2 yrs. ... mos. ... ds.

(Signed) [illegible] M. D.

Dec 16 1916. (Address) 1327 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem — DATE OF BURIAL, Dec 19, 191[illegible]

20-UNDERTAKER Jos Jenkins Son — ADDRESS 217 S. Paca

important. See instructions on back of certificate.

Spec.—3-24-14—M. & T.—2000 Blks.

D 0466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

152 D 0466

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1155 W Hamburg ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer Thomas Montgomery

(Residence in Baltimore: No. 1155 W Hamburg St.; 0 yrs., 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December (Month) 15 (Day), 1916 (Year)

7-AGE, 0 yrs. 0 mos. 0 ds.

If LESS than 1 day, 7 hrs. or ... mins.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... X None
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Elmer Montgomery

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Myrtle Hartlove

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elmer Montgomery

(Address) 1155 W. Hamburg St

15- Filed DEC 16 1916, 191... Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH ... Dec (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15 1916, to Dec 16 1916, that I saw him alive on Dec 16 1916, and that death occurred, on the date stated above, at 1:00 a.m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Premature (7 mo.)

... (Duration) ... yrs. ... mos. ... ds.

(Signed) J. J. Wolff M. D.

Dec 16, 1916 (Address) University Hospt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, Dec. 17 1916

20-UNDERTAKER, James Dignan & Son

ADDRESS 1000 S. Paca St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0462 D 0467

CERTIFICATE OF DEATH.

191 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp St. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Darnall

(Residence in Baltimore: No. St Josephs Hospital St.: yrs. mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Feb. 22nd, 1916
(Month) (Day) (Year)

7-AGE, 9 yrs. 9 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Weston W. Va.

PARENTS.

10-NAME OF FATHER. E D. Darnall

11-BIRTHPLACE OF FATHER (State or Country). Weston W Va

12-MAIDEN NAME OF MOTHER Rella M. Swisher

13-BIRTHPLACE OF MOTHER (State or Country). Berlin W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E D. Darnall

(Address) Weston W. Va

15- Filed DEC 16 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 16, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 24 1916, to Dec 16 1916, that I saw him alive on Dec. 16 1916, and that death occurred, on the date stated above, at 3.40 p.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) yrs. 1 mos. ds.

(Signed) William F. Duvall, M. D.

Dec 16 1916 (Address) St Joseph's Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 23 ds. In the State yrs. mos. 23 ds.

Where was disease contracted, if not at place of death? St Joseph Hosp

Former or usual residence Weston W. Va.

19-PLACE OF BURIAL OR REMOVAL, Weston W Va — DATE OF BURIAL, Dec 16, 191.6

20-UNDERTAKER John B Spence — ADDRESS 1328 N. Carlton St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0468 ×92 D 0468

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patterson Casper (Jasper

(Residence in Baltimore: No. St Joseph Hospital St.; ....yrs.,....mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, ... Jan. (Month) 15 (Day), 1865 (Year)

7-AGE,	If LESS than 1 day,
51 yrs. 11 mon. 15 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John H Klein

11-BIRTHPLACE OF FATHER (State or Country), Europe

12-MAIDEN NAME OF MOTHER Mary Frisky

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry P. Casper

(Address) Fullerton Md

15-

Filed DEC 1 1916, 191... HARRY C. ARMENTROUT, Registrar. Per Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 15 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10 1916, to Dec 15 1916, that I saw h[illegible] alive on Dec 10/16 191..., and that death occurred, on the date stated above, at 12 24 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

.....

.....

.....(Duration).....yrs.....mos. 7 ds.

CONTRIBUTORY (Secondary) [illegible]

.....(Duration).....yrs.....mos.....ds.

(Signed) H. W. Belmont M. D.

12/16/16, 191... (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence Fullerton Md.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St Josephs Cemetery	Dec 18 1916.
20-UNDERTAKER	ADDRESS
Frederick Lassahn & Son	Fullerton Md

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0469

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0469

91

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 East ST. 10 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Moore

(Residence in Baltimore: No. # 720 East St Sta. Life yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE. Col

5-SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~, (~~Write the word.~~) Single

6-DATE OF BIRTH, June 17, 1914 (Month) (Day) (Year)

7-AGE, 2 yrs. 5 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None.
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Henry Moore

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER Nellie Moore

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Moore.

(Address) 720 East 25 St.

15- DEC 17 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15 1916, to Dec 15 1916, that I saw h[illegible] alive on Dec 15 1916, and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Acute Bronchial Pneumonia

(Duration) yrs. mos. 5 da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) [illegible] M. D.

Dec [illegible], 1916 (Address) 1365 Hanover St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery. DATE OF BURIAL, Dec. 17, 1916.

20-UNDERTAKER Wm. P. A. Elliott. ADDRESS 516 East St.

Important. See instructions on back of certificate.

D 0470

HEALTH DEPARTMENT—CITY OF BALTIMORE

186 D 0470

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 514 N. Luzerne St. WARD) 7

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Violet Huff

(Residence in Baltimore: No. 514 N. Luzerne St. 7 St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE, 27 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) at home

PARENTS.

9-BIRTHPLACE, (State or Country), Hagerstown Md

10-NAME OF FATHER, [illegible] Huff

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm F. Mathews

(Address) 514 N. Luzerne Ave

15- Filed DEC 17 1916, 191.... HARRY C. ANDERSON, Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 1 5 1916 (Month) (Day) (Year) 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Abortion. Self induced

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) [signature] M. D. (Coroner.)

Dec 17 1916 191... (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hagerstown Md — DATE OF BURIAL, Dec 17, 1916

20-UNDERTAKER Albert Cook — ADDRESS 502 Park

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150 D 0471

REGISTERED No. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 129 W. Preston St. 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Brown

(Residence in Baltimore: No. 129 W. Preston St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	col'd	Single

6-DATE OF BIRTH, Dec 15, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Christian Brown

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Brown

(Address) 129 W. Preston

15- DEC 17 1916 Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar
Toxic Origin
(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Typhoid
(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.
(Coroner)

Dec 16, 1916 (Address) 1198 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Not ascertained — DATE OF BURIAL, Dec 17, 1916

20-UNDERTAKER John Towers — ADDRESS 58 S Dolphin

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0472

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0472

CERTIFICATE OF DEATH.

89

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1802 Maryland Ave ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie Lee Cardwell

(Residence in Baltimore: No. 1802 Maryland Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec 15, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Simon Cardwell

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary Hughes

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Cardwell

(Address) 1802 Maryland Ave

15- Filed DEC 17 1916, 191.... Registrar. [illegible] Asst. Registrar. Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 15, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 4 1916, to Dec 15 1916, that I saw her alive on Dec 15 1916, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. G. Ahrendt M. D.

Dec 16, 1916 (Address) 1534 E. Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State [illegible] yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, McCandlish cem

DATE OF BURIAL, Dec 17 191.0

20-UNDERTAKER [illegible]

ADDRESS 530 Dolphin

important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0473

CERTIFICATE OF DEATH

92

D 0473

1 PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. 115 W. Hughes A ST. 72 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Ellen A Newman

(Residence in Baltimore: No. 115 W. Hughes A St.; yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 ~~SINGLE~~, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Unknown (Month), (Day), 1867 (Year)

7 AGE: 49 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Home Life
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Va

PARENTS

10 NAME OF FATHER: Robert Waters

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (State or country): unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joseph Coleman
(Address) 115 N. Hughes St

15 Filed DEC 17 1916, 191—
HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 15 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 191 6, to Dec 15 191 6, that I saw h alive on Dec 14, 191 6, and that death occurred, on the date stated above, at 3 30 pm.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) yrs. mos. 16 ds

Contributory (SECONDARY): Arteriosclerosis

(Duration) yrs. mos. 14 ds

(Signed) C. H. Jansen M. D.

Dec 17, 1916 (Address) 1725 Hughes St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Ct

DATE OF BURIAL: Dec 17 1916

20 UNDERTAKER: L. H. Brown & Son

ADDRESS: 108 N. Monty St

D 0474

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

100

D 0474

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3029 Belmont av ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Fortune

(Residence in Baltimore: No. 3029 Belmont av St.; 16 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: w Lite

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Unknown (Month), 1900 (Day) (Year)

7-AGE: 16 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Thomas J Fortune

11-BIRTHPLACE OF FATHER (State or country): New York

12-MAIDEN NAME OF MOTHER: Anna Stemer

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas J Fortune

(Address) 3029 Belmont Av

DEC 17 1916 Filed 191

HARRY C. ANDERS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 16 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec-14, 1916, to Dec-16 1916, that I saw him alive on Dec-16, 1916, and that death occurred, on the date stated above, at 3 30 a.m.

The CAUSE OF DEATH* was as follows:

Oedema of Throat.

(Duration) yrs. mos. ds

Contributory (SECONDARY) Septicemia - (Ludwig's Angina)

(Duration) yrs. mos. 3 ds.

(Signed) Martin W. Shute M. D.

Dec 17, 1916 (Address) 806 N Fulton av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral

DATE OF BURIAL: Dec 17, 1916

20-UNDERTAKER: M Fraher & Sons

ADDRESS: 606 Lafayette Av

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0475

CERTIFICATE OF DEATH.

91 D 0475

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1902 Aisquith ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew J Hughes

(Residence in Baltimore: No. 1902 Aisquith St.; 25 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE. Col.

5-~~SINGLE, MARRIED, WIDOWED, or DIVORCED.~~ (Write the word.) Married

6-DATE OF BIRTH, Unknown. (Month) (Day) 1850 (Year)

7-AGE, About 35 yrs. mos. ds. If LESS than 1 day, hrs. or mins.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer - Day
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Charles Hughes.

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Sallie Houghton.

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Hughes.

(Address) 1902 Aisquith St.

15-

Filed DEC 17 1916, 191.... HARRY [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 8 1916, to Dec 15 1916, that I saw h[illegible] alive on Dec 14 1916, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

[illegible] Pneumonia Lobar

(Duration) yrs. 0 mos. 8 ds.

CONTRIBUTORY (Secondary) Bronchitis? Pneumonia

Acute (Duration) yrs. mos. 8 ds.

(Signed) L. G. W. Kennard M. D.

Dec 16 1916. (Address) 708 Eden St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery — DATE OF BURIAL, Dec. 17, 1916

20-UNDERTAKER, Wm. R. A. Elliott — ADDRESS 1[illegible] East St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0476

CERTIFICATE OF DEATH.

92 D 0476

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 546 Orchard ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Crowner

(Residence in Baltimore: No. 546 Orchard St.; — yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1867 (Year)

7-AGE, 49 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), A. A. Co. Md

PARENTS.

10-NAME OF FATHER, Crowner

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Henrietta

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Crowner

(Address) 546 Orchard

15-

Filed DEC 17 1916, 191. HARRY C. ADELBERG Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 14th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10 1916, to Dec 14 1916, that I saw her alive on Dec 14 1916, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) D. F. Hardesty M. D.

12/14, 1916. (Address) 117 N. Castleton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cem

DATE OF BURIAL, 12, 191.

20-UNDERTAKER, James Hemsley

ADDRESS 518 N. Eden

important. See instructions on back of certificate.

D 0477

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 D. 0477.

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1525 Mc Elderry ST: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Rhoda A Titus

(Residence in Baltimore: No. 1525 Mc Elderry St.: 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: colored | 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widow

6 DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7 AGE: 50 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Home cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Jacob Holland

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Henrietta Holland

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nettie Titus

(Address) 1525 Mc Elderry

DEC 17 1916 Filed ....., 191.... HARRY C. [illegible] Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 15, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 14, 191 6 to Dec 15 191 6 that I saw h[illegible] alive on Dec 15, 191 6 and that death occurred, on the date stated above, at 2,40 a.m. The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Indefinite (Duration) yrs. mos. ds

Contributory (SECONDARY) Cardiac Dropsy

(Duration) yrs. 3 mos. ds.

(Signed) Edward Fisher M. D.

Dec 15, 191 6 (Address) 1612 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. | In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Woodberry Cemetery | DATE OF BURIAL: Dec 17, 1916

20 UNDERTAKER: [illegible] Good | ADDRESS: 1[illegible] W. Mc Elderry

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0478

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0478

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3038 Bosley ST.; 1 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislaus Siejack

(Residence in Baltimore: No. 3038 Boston St. St. 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	Widower

6-DATE OF BIRTH, Oct 30 (Month), 1863 (Day) (Year)

7-AGE, 53 yrs. 1 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Woodsawyer

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, not Known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Siejack

(Address) 3038 Boston St

15- Filed DEC 17 1916, 191.... HARRY O. ALDERMAN Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 15 (Day), 1916 (Year)

No. I HEREBY CERTIFY, That I attended deceased from Dec 15 1916 to Dec 15 1916, that I saw him alive on Dec 15 1916, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(Duration) ....yrs. don't Know mos. ds.

(Signed) S. B. Tilton M. D.

Dec. 17, 1916. (Address) 3035 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	Dec 18, 1916

20-UNDERTAKER	ADDRESS
Stephen J. Faulkowski	1012 N. Kenwood Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0479

CERTIFICATE OF DEATH.

170 D 0479

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1310 E. Chase ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augustine Hubbel

(Residence in Baltimore: No. 1310 E. Chase St.; 73 yrs., 8 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH March 27, 1843 (Month) (Day) (Year)

7-AGE, 73 yrs. 8 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dealer in Brewers
(b) General nature of industry, business, or establishment in which employed (or employer): Bottler Supplies

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Augustine Hubbel Jr

(Address) 1310 E. Chase St.

15-

Filed DEC 17 1916, 191.... HARRY C. ADDELSON Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1916, to Dec 14 1916, that I saw him alive on Dec 14 1916, and that death occurred, on the date stated above, at 2 30 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(Duration) 2 yrs. — mos. — ds.

(Signed) Robert J. Green M. D.

Dec 15, 1916 (Address) 130½ Augusta St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, Dec 18, 191...

20-UNDERTAKER Henry Hoerle & Son

ADDRESS 1301 E. Eager St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0480

CERTIFICATE OF DEATH.

138 D 0480

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 141 N. Ellwood Av ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Hoffmann

(Residence in Baltimore: No. 141 N. Ellwood ave St.; 13 yrs., 5 mos.) ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married.

6-DATE OF BIRTH, November 8 (Month) (Day), 1900 (Year)

7-AGE, 16 yrs. 1 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), France

PARENTS.

10-NAME OF FATHER. Louis Schmitt

11-BIRTHPLACE OF FATHER (State or Country). France

12-MAIDEN NAME OF MOTHER Mary Lobasko

13-BIRTHPLACE OF MOTHER (State or Country), Phila. Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Julius Hoffmann

(Address) 141 N. Ellwood Av

15-

DEC 17 1916 HARRY C. REDLICH

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec, 15, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 15 191 6, to Dec 15 191 6, that I saw h Sr alive on Dec 15 191 , and that death occurred, on the date stated above, at 6 20 P. m.

The CAUSE OF DEATH* was as follows:

Puerperal Eclampsia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) yrs. mos. ds.

(Signed) Wm. J. Reese M. D.

Dec 15, 191 6 (Address) 208 Ellwood Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery

DATE OF BURIAL, Dec. 18, 191 6

20-UNDERTAKER Henry Hoech Son

ADDRESS 1301 E Eager St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0481

HEALTH DEPARTMENT—CITY OF BALTIMORE

81 D 0481

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 938 Ensor ST.: 10 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Burke

(Residence in Baltimore: No. 938 Ensor St.; 64 yrs., — mos., 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Not Known (Month), 1 (Day), ... (Year)

7-AGE, 64 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Commissaire
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Edward Burke

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Marie Judge

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Barbara Burke

(Address) 938 Ensor St.

15-

Filed ....., 191.....

Registrar.

DEC 17 1915 HARRY C. ANDER... BURIAL PERMIT ISSUED

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 16 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1916, to Dec. 16, 1916, that I saw h[illegible] alive on " " 1916, and that death occurred, on the date stated above, at 7:10 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. H. Kaufman M. D.

Dec. 17, 1916 (Address) 1121 N. Carlton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer Cemetery

DATE OF BURIAL. Dec. 19, 1916

20-UNDERTAKER Henry Storck Son

ADDRESS 1307 E. Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0482

CERTIFICATE OF DEATH.

92 D.0482

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 302 Eutaw ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pink Gamble

(Residence in Baltimore: No. 302 Eutaw St.; 58 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, ... (Month) ..... (Day) 1858 (Year)

7-AGE, 58 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Geo. Gamble

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Eutaw

13-BIRTHPLACE OF MOTHER (State or Country), Eutaw

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Talg Eutaw

(Address) 302 Eutaw

15-

Filed ....., 191.... DEC 17 1916 HARRY C. BIDDISON BUREAU OF VITAL STATISTICS

Registrar. Permit Clerk

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 5 1916, to Dec 15 1916, that I saw him alive on Dec 14 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows: Pulmonary Tb

..... (Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Heart Failure

..... (Duration) ... yrs. ... mos. 10 ds.

(Signed) ..... M. D.

Dec 17, 1916. (Address) 712 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn

DATE OF BURIAL, Dec 17 1916

20-UNDERTAKER John H Toadvine

ADDRESS 193 N Pine St

Spec.—5-15-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0483

CERTIFICATE OF DEATH.

103 D 0483

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 S Carey St ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Gross

(Residence in Baltimore: No. 1119 S Carey St St.: 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, ...Unknown.... (Month), 1 (Day), ... (Year)

7-AGE	If LESS than 1 day, ...hrs. or....min.?
81 yrs. mos. ds.	

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Sieber

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Heise

(Address) 1119 S. Carey St.

15- Filed DEC 17 1916 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 16.., (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 3 1916, to Dec 16 1916, that I saw her alive on Dec 16 1916, and that death occurred, on the date stated above, at 7.10 P m.

The CAUSE OF DEATH* was as follows:

....Gastritis....Acute....

.... (Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Senile Decay

.... (Duration) ....yrs. ....mos. ....ds.

(Signed) Edw Gmeiner M. D.

Dec 17, 1916 (Address) 317 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Dec 17., 1916

20-UNDERTAKER Joseph Cook ADDRESS 1003 W Balto St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0484 HEALTH DEPARTMENT—CITY OF BALTIMORE D 0484

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2039 W. Lafayette ave ST.; 16 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Dorsey Edward Parker.

(Residence in Baltimore: No. 2039 W. Lafayette ave St.; yrs., mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH. DEC. (Month) 13 (Day), 1916 (Year)

7-AGE. ✓ yrs. ✓ mos. 3 ds.

If LESS than 1 day, ✓ hrs. or ✓ min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Dorsey L. Parker.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Bowndrett

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. E. Shannon

(Address) 700 Fulton Ave

15-

Filed DEC 17 1916, 191... MARY C. ADDEO Registrar of Burial Permits Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. DEC. (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from DEC 13 1916, to DEC. 16 1916, that I saw him alive on DEC 16 1916, and that death occurred, on the date stated above, at 7 30 p. m.

The CAUSE OF DEATH* was as follows:

Insufficient Ammation

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Debility

(Duration) yrs. ✓ mos. 3 ds.

(Signed) George E. Shannon M. D.

DEC 16 1916 (Address) 700 Fulton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Town Cem — DATE OF BURIAL, DEC. 17th, 1916

20-UNDERTAKER Joseph B. Cook — ADDRESS 1107 W. Balto St

important. See instructions on back of certificate.

93750

D 0485

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 0485

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Johnson

(Residence in Baltimore: No. 102 E. Lexington St.; —yrs., —mos. —ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Man	Colored	Married

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE, 32 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Painter (House)
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Basil Wm. Johnson

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Cida Johnson

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. William Johnson

(Address) 1102 E. Lexington St.

15- DEC 17 1916 Filed....., 191.... CARL C. ANDERSON Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 14 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmy. tuberculosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia 1 week

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. F. Kelly M. D. (Coroner.)

Dec 15, 1916. (Address) 637 Brunswick

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, DEC. 17 1916

21-UNDERTAKER Felix B. Pyle ADDRESS 102 E. Lexington

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0486

CERTIFICATE OF DEATH.

15 1 D 0486

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1917 Sherwood ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ~~Baby~~ Agnes Gilbert Ayres

(Residence in Baltimore: No. 1917 Sherwood St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Infant

6-DATE OF BIRTH, Dec (Month) 15 (Day) 1916 (Year)

7-AGE, ...yrs.....mos.....ds.

If LESS than 1 day, 9 hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Ayres.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie Neuhauser

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)....John Ayres.....

(Address)....1917 Sherwood Ave

15-

Filed DEC 17 1916, 191.... HARRY U. ADDIS

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15 1916, to Dec 16 1916, that I saw him alive on Dec 16 1916, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

.....Prematurity (7 mo)

..... (Duration)....yrs....mos. 1 ....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration)....yrs....mos....ds.

(Signed)....John S. Fenby....M. D.

12/16, 1916 (Address) 1223 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Trinity Cem. DATE OF BURIAL, Dec 17 1916

20-UNDERTAKER Leo G. Cook ADDRESS Northern Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0487

HEALTH DEPARTMENT—CITY OF BALTIMORE

80 D 0487

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Yetta Michaelson

(Residence in Baltimore: No. 2430 Woodbrook Ave St.: 27 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1858 (Year)

7-AGE, 58 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Oscar Hoffman

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Sarah

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E Baltimore

15- Filed DEC 17 1916, 191.... HARRY C. ALDERMAN Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 16, (Day) 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 7 1916, to Dec 16 1916, that I saw her alive on Dec 16 1916, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Pleurisy

(Duration) yrs. mos. 21 ds.

(Signed) Bernard Jacobson M. D.

Dec. 17..., 1916 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State 17 yrs. mos. ds.

Where was disease contracted, if not at place of death? (21

Former or usual residence 2430 Woodbrook Ave

19-PLACE OF BURIAL OR REMOVAL, Hebrew Southern Ave

DATE OF BURIAL, 12/1/16 191..

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Baltimore

important. See instructions on back of certificate.

D 0488

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 0488

CERTIFICATE OF DEATH

50

1 PLACE OF DEATH — Registered No. C

City of Baltimore (No 1432 Riverside Ave 7th Ward) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Charles Oliver Allen

(Residence in Baltimore: No. 1432 Riverside Ave St.; 38 yrs. 3 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Aug (Month) 23 (Day), 1878 (Year)

7 AGE: 38 yrs. 3 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Penny State.

9 BIRTHPLACE (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Harmon Allen

11 BIRTHPLACE OF FATHER (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Regina Ritter

13 BIRTHPLACE OF MOTHER (State or country): Balto Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Allen
(Address) 1432 Riversdale

15 Filed DEC 17 1916 19[illegible] HARRY C. ALLEN Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 14 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June, 1916, to Dec 1916, that I saw h[illegible] alive on Dec 13 1916, and that death occurred, on the date stated above, at 12.00 m.

The CAUSE OF DEATH* was as follows:

Acute Enteritis

(Duration) 2 wks yrs. mos. ds

Contributory (SECONDARY) Chronic

(Duration) yrs. 6 mos. ds.

(Signed) C. Mitchell M. D.
Dec 17, 1916 (Address) 1299 William St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cathedral Cem — DATE OF BURIAL: Dec 18, 1916

20 UNDERTAKER: D & M. Telephone 722 Light — ADDRESS: 411 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D. 489

D 0489

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0489

CERTIFICATE OF DEATH.

REGISTERED No. C 167

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hopkins Hospital ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Freda Gnessin

(Residence in Baltimore: No. 277 N Exeter st St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write word.)
Female	White	Baby

6-DATE OF BIRTH, May 23 1914, 1
(Month) (Day) (Year)

7-AGE, 2 yrs. 6 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Joseph Gnessin

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Ethal Sheperior

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Guessin

(Address) 277 N Exeter

15- Filed DEC 18 1916, 191 ROBERT R. KRAUTER Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 16 1916, 191
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns Accidental while near the coal stove.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

Dec 17 1916 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State 2 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 277 N. Exeter st

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mt Laurel — DATE OF BURIAL, Dec 18, 1916

20-UNDERTAKER J. Levinson & Bro — ADDRESS 1107 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

490

79 D 0490

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 508 N. Broadway ST. 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Hyman Goldberg

(Residence in Baltimore: No. 508 n Broadway St 18 yrs. 6 mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male | 4-COLOR OR RACE White | 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Single

6-DATE OF BIRTH June 17, 1898 (Month) (Day) (Year)

7-AGE 18 yrs. 6 mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work School boy
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore Md

PARENTS

10-NAME OF FATHER Max Goldberg

11-BIRTHPLACE OF FATHER (State or country) Russia

12-MAIDEN NAME OF MOTHER Jennie Wentraub

13-BIRTHPLACE OF MOTHER (State or country) Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Max Goldberg

(Address) 508 N Broadway

15 DEC 18 1916 Filed 19

ROBERT B. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Dec 14th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1916, to, Dec 16 1916, that I saw h im alive on Dec 16 1916 and that death occurred, on the date stated above, at 10 30 A m.

The CAUSE OF DEATH* was as follows:

Deceased was co of the heart

(Duration) 7 yrs. mos. ds

Contributory (SECONDARY) Failure of compensation

(Duration) yrs. 7 mos. ds.

(Signed) H. J. McE Kelly M. D.

Dec 17th, 1916 (Address) 1731 Eutaw Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. | In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 508 N Broadway

19-PLACE OF BURIAL OR REMOVAL Hebw Blair Rd. | DATE OF BURIAL Dec 17, 1916

20-UNDERTAKER L. Lennon & Bro | ADDRESS 1107 E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0491

D 0491

CERTIFICATE OF DEATH.

84

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 Hull. St.; 34th WARD) REGISTERED No. C

2-FULL NAME August Loose.

(Residence in Baltimore: No. 1122 Hull. St.; 60 yrs. — mos. — ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White.	Married

6-DATE OF BIRTH October 30th (Month) (Day), 1843 (Year)

7-AGE, 73 yrs. 1 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer at
(b) General nature of industry, business, or establishment in which employed (or employer): Fire Brick Co.

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Address 1122 Hull St.

(Address) August Loose

15- DEC 18 1916 Filed....., 191.... ROBERT B. KRAUSE. Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 15th 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12-10-1916, to 12-15 1916, that I saw him alive on 12-14-1916, and that death occurred, on the date stated above, at 6.30 p. m.

The CAUSE OF DEATH* was as follows:

Bronchitis (capillary)

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) M. D. Lyle

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Lyle M. D.

12-17-1916. (Address) 1510 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Swartz Cem. DATE OF BURIAL, Dec 18 1916

20-UNDERTAKER E & B Hark ADDRESS 115 E Hoff St

important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0492

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

152 D 0492

REGISTERED No. C 1

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 32 S. Hare St. ST.; 1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Edward Smeaton

(Residence in Baltimore: No. 32 S. Hare St. St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6 DATE OF BIRTH: December (Month) I4 (Day), 1916 (Year)

7 AGE: ... yrs. ... mos. Two ds. | If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Frank J. Smeaton

11 BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Anna Junghanel.

13 BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank J. Smeaton

(Address) 32 S. Hare St.

15. Filed DEC 18 1916, 191— ROBERT R. KRAUTH. Special Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: December (Month) I4 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from December I4, 1916, to December I6, 1916, that I saw him alive on December I5, 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

ATELECTASIS.

(Duration) — yrs. — mos. 1 ds

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Allen C. Beetham, M. D.

I2-I6-, 1916 (Address) 3139 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Dec. 15, 1916

20 UNDERTAKER: Jos. J. Kerr ADDRESS 1562 E. Luzerne

D 0493

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

16 D 0493

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 768 St. Peter ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline R. Eran

(Residence in Baltimore: No. 768 St. Peter St.; 50 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
~~Female~~	White	Widow

6-DATE OF BIRTH Dec 27 (Month), 1841 (Day) (Year)

7-AGE 74 yrs. 11 mos. 19 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Duties
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Rennsteil

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Don't Know

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henrietta Jones

(Address) 768 St Peter St.

15- DEC 18 1916 Filed ....., 191.. ROBERT B. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Dec (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10, 1916, to, Dec 16 1916, that I saw h.. alive on Dec 15 1916, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(Duration) 1 yrs mos. ds.

Contributory (SECONDARY) .....

(Duration) yrs. mos. ds.

(Signed) Dolly Hoof M. D.

Dec 16, 1916 [Address] 14 E Eutaw Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem. DATE OF BURIAL: Dec 18 1916

20-UNDERTAKER: Mr & Mrs Jno. W Keufel ADDRESS: 501 W Fayette St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0494

CERTIFICATE OF DEATH.

170 D 0494

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1926 Hollins ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James A Maben

(Residence in Baltimore: No. 1926 Hollins St.: ....yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Widower

6-DATE OF BIRTH, Not Known
(Month) (Day) (Year)

7-AGE, 74 yrs. ..... mos. ..... da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Carpenter

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Andrew Maben

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Wm Maben

(Address) 1926 Hollins St

15- DEC 18 1916 Filed....., 191.....

ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 15, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 8 1916, to Dec 14 1916, that I saw him alive on Dec 14 1916, and that death occurred, on the date stated above, at 7h m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Contributory

(Duration) ....yrs. ....mos. ....da.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....da.

(Signed) Wallace A Cook M. D.

12-16-, 1916. (Address) Fairmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, Dec 18, 1916.

20-UNDERTAKER, Geo A Gerber — ADDRESS, Balto Md

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0495 — 92 — D 0495

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1904 Hollins ST.; 20 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Lee Johannes

(Residence in Baltimore: No. 1904 Hollins St.: Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, ~~MARRIED, WIDOWED,~~ OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April 9th, 1892 (Month) (Day) (Year)

7-AGE, 24 yrs. 8 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Bartlett & Hayward Co

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Harry H Johannes

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER. Zilda Horlen

13-BIRTHPLACE OF MOTHER (State or Country). Sweden

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry H Johannes

(Address) 1904 Hollins St

15-

Filed DEC 18 1916 191... ROBERT P. HEALY ... Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 15, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 8 1916, to Dec 15 1916, that I saw h im alive on Dec 14 1916, and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

(Pneumonitis (Both Lungs)

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Marshall G Quick M. D.

Dec 16 191 6 (Address) 11 S W Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Dec 18, 1916

20-UNDERTAKER Geo A Gerber — ADDRESS Balto & Payson

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

4698

D 0496

CERTIFICATE OF DEATH.

18 D 0496

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 W Fayette ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas A Hancock

(Residence in Baltimore: No. 1012 W Fayette St.; 81 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Mar

6-DATE OF BIRTH, November 25, 1831
(Month) (Day) (Year)

7-AGE, 85 yrs. - mos. 21 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Detective
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Charles A Hancock

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Indecipherable

13-BIRTHPLACE OF MOTHER (State or Country), Indecipherable.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs C A Hancock

(Address) 12 S Arlington Ave

15-

Filed DEC 18 1916, 191.... ROBERT R. KRAUTER, Registrar.

Burial Permit

to 1000 N. Fayette st

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15 1916, to Dec 16 1916, that I saw h..... alive on Dec 16 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) ..... yrs. ..... mos. 6 hrs.

(Signed) T J Norwood M. D.

Dec 16, 191.. (Address) 939 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery

DATE OF BURIAL, Dec 19, 1916.

20-UNDERTAKER George J Smith

ADDRESS 1000 N Fayette ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0497

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

28 D 0497

CITY OF BALTIMORE: (No. 763 W. Fayette St.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Edward Hubbell

(Residence in Baltimore: No. 763 W. Fayette St.; 7 yrs.. mos. ds.)

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Sept. (Month) 13 (Day), 1871 (Year)

7-AGE. 45 yrs. 3 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Plymouth, Washington Co. N. Carolina

PARENTS.

10-NAME OF FATHER. John Hubbell

11-BIRTHPLACE OF FATHER (State or Country). N. C.

12-MAIDEN NAME OF MOTHER. Carrie Patrick

13-BIRTHPLACE OF MOTHER (State or Country). N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. K. Hubbell

(Address) 763 W. Fayette St.

15-

Filed DEC 18 1916, 191.....

ROBERT R. KRAUTER
Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1916, to Dec. 16, 1916, that I saw h[illegible] alive on Dec. 16, 1916, and that death occurred, on the date stated above, at 9:40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic bronchitis (do not know if tuberculous) (two months duration)

Chronic Cholecystitis + intestinal indigestion - Pulmonary tuberculosis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Acute enteritis

(Duration) ....yrs. ....mos. 2 ds.

(Signed) Maurice S. Shamer M. D.

Dec. 17, 1916 (Address) 3320 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Western Cemetery

DATE OF BURIAL. Dec. 18, 1916.

20-UNDERTAKER George J. Smith

ADDRESS 1000 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0498

CERTIFICATE OF DEATH.

REGISTERED NO. C D 0498

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 W. Balto St. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie King

(Residence in Baltimore: No. 1008 W. Balto St

St.; 77 yrs. 11 mos. 2 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH Dec 25, 1838 (Month) (Day) (Year)

7-AGE. 77 yrs. 11 mos. 21 da.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... None
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Jas McEvoy

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Beshmeck

(Address) 1008 W. Balto St

15- Filed DEC 18 1916, 191... ROBERT E. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 6th 1916, to Dec 16 1916, that I saw h.. alive on Dec 16 1916, and that death occurred, on the date stated above, at 12 45 m.

The CAUSE OF DEATH* was as follows:

1 Cerebral Hemorrhage (Cause)
2 Chronic Nephritis
(Duration) ... yrs. ... mos. ... da.
CONTRIBUTORY (Secondary) Senility
(Duration) ... yrs. 5 mos. 10 da.

(Signed) Wm. J. E. Blanck M. D.
Dec 16, 191.. (Address) 1103 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, St. Peter's Cemetery — DATE OF BURIAL, Dec 17 1916

20-UNDERTAKER Harry W. Ehlen — ADDRESS 1900 W. North Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0499

CERTIFICATE OF DEATH.

37 D 0499

REGISTERED No. C.

1-PLACE OF DEATH Md. Gen. Hosp.

CITY OF BALTIMORE: (No. Madison Ave + Linden ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Edward Byrd.

(Residence in Baltimore: No. — St.: — yrs. — mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH. Dec. (Month) 4 (Day), 1916 (Year)

7-AGE.	If LESS than 1 day,
— yrs. — mos. 11 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, William Simpson

11-BIRTHPLACE OF FATHER (State or Country). Westover Md.

12-MAIDEN NAME OF MOTHER Hattie Byrd

13-BIRTHPLACE OF MOTHER (State or Country). Crisfield Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- DEC 18 1916

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 4 1916, to Dec 15 1916, that I saw h[illegible] alive on Dec. 15 1916, and that death occurred, on the date stated above, at 2:00 A m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

..... (Duration)....yrs....mos....11....ds.

CONTRIBUTORY (Secondary).....

..... (Duration)....yrs....mos....ds.

(Signed) Edwin Wentzel M. D.

12-15-, 191.6 (Address) Md Gen Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 11 ds. In the State — yrs. — mos. 11 ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Mary Bee

D 0500

28 D 0500

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 Myrtle Ave St.; 17 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Bee,

(Residence in Baltimore: No. 400 Myrtle Ave St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem

4-COLOR OR RACE, Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, ... 1883 ....., 1 .....
(Month) (Day) (Year)

7-AGE, 33 yrs. ..... mos. ..... da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Old Confederate Home
(b) General nature of industry, business, or establishment in which employed (or employer) Families

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country). unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Agnes Freeland

(Address) 30 Myrtle Ave

15- Filed DEC 18 1916, 191.....

ROBERT B. KRAUTER
Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 14 ....., 191 6
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 29th 191 6, to Dec. 14th 191 6, that I saw h— alive on Dec. 14th 191 6, and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Fulminans

Coma

..... (Duration) ..... yrs. 2 mos. ..... da.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) H. Lee Slack M. D.

Dec. 16, 191 6, (Address) 22 W. Mulberry St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, DEC. 18, 191 6

20-UNDERTAKER Charles B. Jones

ADDRESS 2357 N. Pine St

important. See instructions on back of certificate.

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 0501

CERTIFICATE OF DEATH

28 D 0501

1-PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE (No. 2126 Penrose Ave ST.: 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Katherine Dietz

(Residence in Baltimore: No. 2126 Penrose Ave ST.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: January (Month) 6 (Day), 1872 (Year)

7-AGE: 44 yrs. 11 mos. 9 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: August Heinemeyer

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Sarah Wachmer

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-I THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Chas. Dietz

(Address) 2126 Penrose Ave

15 Filed DEC 18 1916, 19.. ROBERT R. KRAUTER REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 15 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1916, to Dec. 14 2 1916, that I saw her alive on Dec. 14, 1916, and that death occurred, on the date stated above, at 8.50 PM

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 3 mos. 11 ds.

Contributory (SECONDARY) Pulmonary Hemorrhage

(Duration) yrs. mos. 1 ds.

(Signed) H. J. Carrick M. D.

Dec 16 1916 (Address) 1417 W. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: LOUDON PARK

DATE OF BURIAL: DEC 13 1916

20-UNDERTAKER: ARMSTRONG-DENNY CO.

ADDRESS: 715 Light

D 0502

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

D 0502

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2837 Benard St. ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Hasson

2837 Benard St.

(Residence in Baltimore: No. ..... St.; ..... yrs. ..... mos. ..... ds.)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write word): Married

6-DATE OF BIRTH: [illegible] 9th. (Day) 1871 (Year)

7-AGE: 45 yrs. 3 mos. 6 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): Howard Co. Md.

PARENTS

10-NAME OF FATHER: Geo. W. King

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Rachel Clarke

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): C. Edward Hasson

(Address): 2837 Benard St.

15- Filed DEC 18 1916, 191.. ROBERT R. KRAUTER REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 15 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15 1916, to, Dec 16 1916, that I saw h[illegible] alive on Dec 15 1916, and that death occurred, on the date stated above, at 7 10 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

9 Days
(Duration) ..... yrs ..... mos. ..... ds.

Contributory (SECONDARY) .....
(Duration) ..... yrs ..... mos. ..... ds.

(Signed), R. B. Norment M. D.

Dec 16th 1916 [Address] 3847 Auchentoroly Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: St. Mary,s Hampden DATE OF BURIAL: Dec. 18th 1916

20-UNDERTAKER: A. S. Marshall ADDRESS: 3539 Falls Road

Spec.—8-24-14—M. & T.—2000 Bks.

D 0503

HEALTH DEPARTMENT—CITY OF BALTIMORE

104 D 0503

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore General Hosp. REGISTERED NO. C

CITY OF BALTIMORE: (No. 1123 N. Mount St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter J. MacFadden

(Residence in Baltimore: No. 1123 Woodley Sl- St.; yrs., 22 mos. 14 ds.)

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, Feb. (Month) 2 (Day) 1915 (Year)

7-AGE, 1 yrs. 10 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Harry MacFadden

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Mamie Kaisling

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry MacFadden (Father)

(Address) 1123 Woodley Sl-

15-

Filed DEC 18 1916 191.... ROBERT E. KRAUTH Registrar.

Special Permit 6167A

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 16 1916, to Dec 17 1916, that I saw him alive on Dec 17 1916, and that death occurred, on the date stated above, at 11:55 P. m.

The CAUSE OF DEATH* was as follows:

Diarrhea & Enteritis

about 5 weeks.
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. L. Lazenby M. D.

Dec....., 191... (Address) 1939 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. 22 mos. 14 ds.

Where was disease contracted, if not at place of death? 1123 N. Woodley, Sl-

Former or usual residence 1123 N Woodley, Sl-

19-PLACE OF BURIAL, OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Dec. 20, 1916

20-UNDERTAKER James Bayne ADDRESS 674 Wilson

Spec.—8-24-14—M. & T.—2000 Bks.

D 0504

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0504

CERTIFICATE OF DEATH.

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 N. Mount ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter L. Dunaee

(Residence in Baltimore: No. 126 N. Mount St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, April (Month) 17 (Day), 1861 (Year)

7-AGE, 55 yrs. 8 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): B. & O. R. R.

9-BIRTHPLACE, (State or Country), Maine

PARENTS.

10-NAME OF FATHER, Walter L. Dunaee

11-BIRTHPLACE OF FATHER (State or Country), Maine

12-MAIDEN NAME OF MOTHER Harriet Carruthers

13-BIRTHPLACE OF MOTHER (State or Country), Maine

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eleanora L. Dunaee

(Address) 126 N. Mount St.

15- Filed DEC 18 1916, 191.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 16 1916, to Dec 16 1916, that I saw h.... alive on Dec 16 1916, and that death occurred, on the date stated above, at 11:30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) F. M. Tanner M. D.

Dec 17, 1916. (Address) 436 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park Cem	Dec. 19... 1916.
20-UNDERTAKER	ADDRESS
Robert Brooks & Son	17 S. Calhoun St.

important. See instructions on back of certificate.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH

D 0505 PLACE OF DEATH

Registered No. C 120 D 0505

CITY OF BALTIMORE (No. 202 S. Wolfe St.: 2 Ward) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leah Katzen

(Residence in Baltimore: No. 202 S. Wolfe St.: 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED ~~WIDOWED OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: Unknown (Month) (Day), 1846 (Year)

7-AGE: 70 yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Arye Drobkin

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: ~~Drobkin~~

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Morris Katzen

(Address) 2003 E. Pratt

15. Filed DEC 18 1916, 19... ROBERT B. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December (Month) 17 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1916, to Dec. 17, 1916, that I saw h[illegible] alive on Dec. 17, 1916, and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH* was as follows:

Interstitial nephritis,

(Duration) 2 yrs. mos. ds

Contributory (SECONDARY) ~~Uraemia~~ Cardiac dilatation and failure

(Duration) yrs. mos. ds.

(Signed) Herman Seidel M. D.

Dec. 17, 1916 (Address) 1931 E. Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: 12/18, 1916

20-UNDERTAKER: Jack Levy — ADDRESS: 411 E Baltimore St

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0506

CERTIFICATE OF DEATH.

92 D 0506

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H Brandt

(Residence in Baltimore: No. 1017 Sassafras Court St.; 63 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec 3, 1853 (Month) (Day) (Year)

7-AGE, 63 yrs. — mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John H Brandt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Annie Wesner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie E Brandt

(Address) 1017 Sassafras Court

15- Filed DEC 18 1916, 191.... ROBERT P. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 14 1916, to Dec 17 1916, that I saw h-- alive on Dec 17 1916, and that death occurred, on the date stated above, at 9.10 a m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis
Obstructed Hernia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

(Signed) Edward P Bunk M. D.

12/19/1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 1017 Sassafras St

Former or usual residence same

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem

DATE OF BURIAL, Dec 20, 1916

20-UNDERTAKER William Cook

ADDRESS 502 E. North

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0507

CERTIFICATE OF DEATH.

28 D 0507

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 East St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry J. Turn

(Residence in Baltimore: No. 515 East St.; 75 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored ~~Widowed~~

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH, November, 1 (Month) (Day) (Year)

7-AGE. About 70 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer): Clothing Store

9-BIRTHPLACE, (State or Country), Calvert Co. Md

PARENTS.

10-NAME OF FATHER. Levin Johns

11-BIRTHPLACE OF FATHER (State or Country) Talbot County

12-MAIDEN NAME OF MOTHER Marie Shadon

13-BIRTHPLACE OF MOTHER (State or Country). Talbot Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary B. Denby

(Address) 515 East Street

15-DEC 18 1916 ROBERT E. KRAUSE

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1916, to Dec 17 1916, that I saw h[illegible] alive on Dec 14 1916, and that death occurred, on the date stated above, at 7A, m.

The CAUSE OF DEATH* was as follows: 1

Tuberculosis

(Duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) St. Vitus Dance

(Duration) yrs. mos. 17 ds.

(Signed) [illegible] M. D.

Dec 17, 1916 (Address) 712 S. Stricker

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Dec 19, 1916

20-UNDERTAKER William Cook

ADDRESS 507 E Pratt St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 2 D 0508

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 S. High St. ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Eber

(Residence in Baltimore: No. 407 S. High St.; 20 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 6, 1842
(Month) (Day) (Year)

7-AGE, 74 yrs. 5 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Lout Knox

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lout Knox

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Gensler

(Address) 70 Garrison Lane

15- DEC 18 1916

Filed ....., 191.....

ROBERT B. KRAUTH
Deputy Registrar of Births

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 9 1916, to Dec. 16 1916, that I saw h[illegible] alive on Dec. 16 1916, and that death occurred, on the date stated above, at 6.30 p. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Broken Hip

Accidental fall while walking through hallway

(Duration) 2 yrs. mos. ds.

(Signed) C. F. Burton M. D.

Dec 17, 1916 (Address) 1711 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park. DATE OF BURIAL. Dec. 18, 1916

20-UNDERTAKER Cumbook ADDRESS 802 E. Fayette

important. See instructions on back of certificate.

50

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0509

CERTIFICATE OF DEATH.

10 D 0509

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2015 W Pratt ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Genaler

(Residence in Baltimore: No. 2015 W. Pratt St St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, Widowed OR DIVORCED. (*Write* the word.)

6-DATE OF BIRTH, Dec (Month) 9 (Day) 1842 (Year)

7-AGE, 74 yrs. mos. 8 ds.

If LESS than 1 day. ...hrs. or...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Home Work
(b) General nature of industry, business, or establishment in which employed (or employer). At Home

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Jacob Gisler

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Annie Gisler

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Fred H. Hoffman

(Address) 2015 W. Pratt St

15- Filed DEC 18 1916 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12. (Month) 16 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 11 1916, to Dec 16. 1916, that I saw her alive on Dec 15. 1916, and that death occurred, on the date stated above, at 9 15 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast
Exhaustion

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) yrs. 1 mos. ds.

(Signed) H. Wilson M. D.

12-17-, 1916. (Address) 1733 Hollins St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Dec 19., 1916

20-UNDERTAKER H. S. Fink — ADDRESS 1921 W. Pratt St

important. See instructions on back of certificate.

Exact statement of OCCUPATION is very

may be properly classified.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0510

CERTIFICATE OF DEATH.

79 D 0510

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 Jackson St ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Rose Watts.

(Residence in Baltimore: No. 1707 Jackson St St.: 78 yrs., 2 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Sept (Month) 24 (Day), 1838 (Year)

7-AGE, 78 yrs. 2 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Barney Burgess

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Mary Nichols

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. H. Carroll

(Address) 1721 Jackson St.

15-

Filed DEC 18 1916 ROBERT E. KRAUTH, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 21 1916, to Dec 16 1916, that I saw h.. alive on Dec 16 1916, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. T. Seabury M. D.

Dec 16, 1916. (Address) 621 Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem

DATE OF BURIAL, Dec 17, 1916

20-UNDERTAKER Wm P. Evans & Son

ADDRESS 1128 N Charles St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0511

CERTIFICATE OF DEATH.

92 D. 0511

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Protestant Infirmary ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alpha Bancroft,

(Residence in Baltimore: No. 2310 Edmondson Ave St.: 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	married

6-DATE OF BIRTH, Jan. (Month) 8th (Day) 1870 (Year)

7-AGE, 46 yrs. 11 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Engraver
(b) General nature of industry, business, or establishment in which employed (or employer)..... Alpha Photo Engraving Co

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John D. Bancroft.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mollie Wilkey

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. C. Kelly M.D.

(Address) Union Protestant Infirmary

15- Filed DEC 18 1916, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 16th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 8th 1916, to Dec 16th 1916, that I saw him alive on Dec 16th 1916, and that death occurred, on the date stated above, at 11 45 m.

The CAUSE OF DEATH* was as follows:

Infection following extraction of molar tooth Nov 28th-16

..... (Duration).....yrs.....mos. 18 ds.

CONTRIBUTORY (Secondary) Pneumonia (Lobar)

..... (Duration).....yrs.....mos. 1 ds.

(Signed) R. T. Kieffer M. D.

Dec 16., 1916 (Address) 1514 Division St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. mos. 8 ds. In the State 46 yrs. 11 mos. 23 ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 2310 Edmondson Ave,

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Greenmount Cemetery	Dec 19, 191...
20-UNDERTAKER Robt Tetamer	ADDRESS 1442 W Baltimore

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0512

9VD 0512

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1103 W. Lanvale Street

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Robbins Ruddach

(Residence in Baltimore: No. 1103 W. Lanvale Street St.: 61 yrs., 1 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	married

6-DATE OF BIRTH, November (Month) 2 (Day), 1855 (Year)

7-AGE, 61 years ..... yrs. 1 mos. 14 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Robert J. Harvey

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Amelia Walker

13-BIRTHPLACE OF MOTHER (State or Country), Bladensburg, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. W. Ruddach

(Address) 1103 W. Lanvale St

15- DEC 18 1916 Filed ....., 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 16 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Dec. 9th 1916, to Dec 16th 1916, that I saw h er alive on Dec 15th 1916, and that death occurred, on the date stated above, at 6.55 a. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

..... (Duration) — yrs. — mos. 8th ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. Gelb M. D.

Dec 17, 1916. (Address) 1111 W. Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Loudon Park	Dec. 18, 1916
20-UNDERTAKER	ADDRESS
W. J. Tregoe & Son	2 North Eutaw

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0513

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0513

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 N. Carey ST.: 19th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie R. Seevers

(Residence in Baltimore: No. 205 N. Carey St ST.; 80 yrs., 2 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Nov. (Month) 25 (Day) 1836 (Year)

7-AGE, 80 yrs. — mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. J. Sickmen

(Address) Perkins & Hatt Co.

15- DEC 18 1916 ROBERT R. KRAUTER
Filed....., 191..... Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 17th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 5th 1916 to Dec 17th 1916, that I saw her alive on Dec 17th 1916, and that death occurred, on the date stated above, at 8.30 a m.
The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

Don't Know (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Bronchitis & Pneumonia

Don't Know (Duration).....yrs.....mos.....ds.

(Signed) A. B. Clarke M. D.

Dec 17th, 1916 (Address) 1200 N. Bayard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet

DATE OF BURIAL, Dec 18, 1916.

20-UNDERTAKER W. F. Turner

ADDRESS North Ave

IMPORTANT.—Certificate to be filled in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0514

HEALTH DEPARTMENT—CITY OF BALTIMORE

150 D 0514

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1721 Cairo ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Bryan

(Residence in Baltimore: No. 1721 Cairo St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col'd

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec 15, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 1 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Jefferson Wilson

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Lucinda Bryan

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 1721 Cairo St.

15-

Filed DEC 18 1916, 191.. ROBERT B. KRAUTER
Burial Permit 6154 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) and that said deceased came to ....death on the day stated above.

The CAUSE OF DEATH* was as follows: Non Closure of the Foramen Ovale of the Heart

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. W. Hollman M. D.
(Coroner)

Dec 17, 191.. (Address) 1917 E. Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Peters

DATE OF BURIAL. Dec 17, 1916

20-UNDERTAKER Wilbert Brown

ADDRESS 3066 Mount St.

NOTE.—Each item of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0515

CERTIFICATE OF DEATH.

99 D 0515

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 East Preston Street St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Estelle Rose

(Residence in Baltimore: No. 9 East Preston St. St.; 65 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, November 7, 1851 (Month), 1 (Day) (Year)

7-AGE, 65 yrs. 1 mos. 8 ds. If LESS than 1 day, hrs. or mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Peter Rose

11-BIRTHPLACE OF FATHER (State or Country), France

12-MAIDEN NAME OF MOTHER Sophia Albers

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. W. Rose

(Address) Pikesville, Md.

15- Filed DEC. 18 1916, 191 ROBERT R. KRAUTER, Assist. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 15 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1st 1916, to Dec 10 1916, that I saw h[illegible] alive on Dec 10th 1916, and that death occurred, on the date stated above, at 11.40 P. m.

The CAUSE OF DEATH* was as follows:

Toxaemia resulting from Pyorrhoea alveolaris

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Toxaemic Coma

(Duration) 1 yrs. mos. 14 ds.

(Signed) [illegible] M. D.

Dec. 16, 1916 (Address) 1[illegible] Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, 12/18, 1916

20-UNDERTAKER Henry W. Means & Son

ADDRESS 805 N. Eutaw St.

SCOPE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0516

CERTIFICATE OF DEATH.

45 D 0516

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3502 Benson St. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abraham L. L. Williams

(Residence in Baltimore: No. 3502 Benson St. St.; 65 yrs., 2 mos. 9 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Oct. 7, 1848.
(Month) (Day) (Year)

7-AGE, 68 yrs. 2 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer: General
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country). Maryland.

PARENTS.

10-NAME OF FATHER, Wm. P. Williams

11-BIRTHPLACE OF FATHER (State or Country). Maryland.

12-MAIDEN NAME OF MOTHER Elizabeth A. Marshall

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harriet E. Williams (wife)

(Address) 3502 Benson St.

15- DEC 18 1916

Filed....., 191... ROBERT R. KRUGER
Special Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 16, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12/1 1916, to 12/16 1916, that I saw him alive on 12/15 1916, and that death occurred, on the date stated above, at 4:15 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma testicle (left)

(Duration) ....yrs. unknown mos. ....ds.

CONTRIBUTORY (Secondary) Operation

(Duration) ....yrs. ....mos. 7 ds.

(Signed) Geo. W. [illegible] M. D.

12/16, 191... (Address) 2020 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Marys Cem. Woodberry	12/19, 191...
20-UNDERTAKER	ADDRESS
Ehrenfeld & Lord	1700 Eutaw Pl.

Cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0517

CERTIFICATE OF DEATH

79 D 0517

REGISTERED NO. C.....

1-PLACE OF DEATH U. S. Marine Hosp

CITY OF BALTIMORE: (No. "" ST.; "12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Conner

(Residence in Baltimore: No. -- 128 W. Beverly St.; 55 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED or DIVORCED (write the word.) Single

6-DATE OF BIRTH, Dont Know ....., 1..... (Month) (Day) (Year)

7-AGE, 55 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer) U. S. N.

9-BIRTHPLACE, (State or Country), Md Balto. Md.

PARENTS.

10-NAME OF FATHER, Bernard Connors

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Carson

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Hospital Record (Informant).....

(Address).....

15- DEC 18 1916 Filed....., 191.... ROBERT L. KRAUTH Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 16, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 14 1916, to Dec 16 1916, that I saw h-- alive on Dec 16 1916, and that death occurred, on the date stated above, at 5 or 6 m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

..... (Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary).....

..... (Duration) yrs. mos. ds.

(Signed) J. D. Rossland M. D.

Dec 16, 1916 (Address) U. S. Marine Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Europe

Former or usual residence 128 Beverly St.

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery | DATE OF BURIAL, Dec 19, 1916

20-UNDERTAKER P. J. & W. L. Flynn | ADDRESS 1951 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0518

CERTIFICATE OF DEATH.

90 D 0518

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 N Pulaski ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Elsie M Webster

(Residence in Baltimore: No. 402 N Pulaski St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1844 (Year)

7-AGE, 65 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House (At Home)
(b) General nature of industry, business, or establishment in which employed (or employer). Work

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER, John Poor

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Walter

(Address) 402 N Pulaski St.

15-

Filed DEC 18 1916 ROBERT B. ERWIN Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 16 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 12 1916, to Dec 16 1916, that I saw her alive on Dec 16 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Senile Bronchitis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Asthma

(Duration) yrs. mos. 10 ds.

(Signed) Herbert D. Cain M. D.

Dec 17 1916. (Address) 327 E Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	Dec 20, 1916
20-UNDERTAKER John J. Cowan & Son	ADDRESS 901 Hollins St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 0519

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 337 S. Monroe ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis N. Roman

(Residence in Baltimore: No. 337 S. Monroe St.; 48 yrs., 7 mos. 10 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. May (Month) 6 (Day), 1868 (Year)

7-AGE. 48 yrs. 7 mos. 10 ds.

If LESS than 1 day, ...hrs. or...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer). Jobbing

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER. Nicholas Roman

11-BIRTHPLACE OF FATHER (State or Country), France

12-MAIDEN NAME OF MOTHER Mary Flemming

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clara E. Roman

(Address) 337 S. Monroe St.

15-

Filed DEC 18 1916, 191... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 3 1916, to Dec 16 1916, that I saw h[illegible] alive on Dec 15 1916, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

1.

Toxaemia

(Duration)...yrs...mos. 1 ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

(Duration)...yrs...mos...ds.

(Signed) Howard McLean M. D.

Dec 17 1916 (Address) 20 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Bethesda Cemetery

DATE OF BURIAL. Dec 19..., 1916

20-UNDERTAKER. John J. Donavan Son

ADDRESS 901 Hollins

Spec.—8-24-14—M. & T.—2000 Blks.

D 0520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

117 D 0520

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 S. Luzerne Ave St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Williams

(Residence in Baltimore: No. 527 S. Luzerne Ave St.; ... yrs., ... mos. ... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, April (Month) 20 (Day), 1855 (Year)

7-AGE, 61 yrs. 9 mos. 16 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House-wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: John T. Wilson

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Adele

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jonathan E. Williams

(Address) 527 S. Luzerne

15- DEC 18 1916 ROBERT R. KRAUTER

Filed ..., 191... Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 8 1916, to Dec. 16 1916, that I saw her alive on Dec. 15 1916, and that death occurred, on the date stated above, at 3 40 a m.

The CAUSE OF DEATH* was as follows:

General Peritonitis

(Duration) 7 yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) (Defer further history)

(Duration) ... yrs. ... mos. ... ds.

(Signed) William H. Johnson M. D.

Dec. 18, 1916. (Address) 3016 Guilford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem

DATE OF BURIAL, Dec. 19th, 1916.

20-UNDERTAKER Philip Herring

ADDRESS 1612 Eutaw St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0521

D 0521

CERTIFICATE OF DEATH.

47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 2 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abraham Goldberg

(Residence in Baltimore: No. 1729 E. Balto. St.; 19 yrs., 6 mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 19 yrs. 6 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cap Maker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Benj. Goldberg

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Benj. Goldberg

(Address) 1729 E. Balto. St.

15- DEC 18 1916 ROBERT R. KRAUTER

Filed....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-18-16 1916, to Dec. 18 1916, that I saw h[illegible] alive on Dec. 18- 1916, and that death occurred, on the date stated above, at 8 00 Am.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis
(Organism Streptococcus)
Rheumatic(?)

(Duration)....yrs. 3 mos. 10 ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration)....yrs. — mos. 4 ds.

(Signed) Norwood F. Foard M. D.

Dec. 18 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. 3 mos. — ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence 1729 E. Balto. St.

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale — DATE OF BURIAL, Dec. 19 1916

20-UNDERTAKER S. Levinson & Bro. — ADDRESS 1107 E Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0522

CERTIFICATE OF DEATH.

91 D 0522

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Cook

(Residence in Baltimore: No. 1042 Homewood Ave St.; 56 yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Sept Knee ....., 1 ..... (Month) (Day) (Year)

7-AGE, 72 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Nurse at
(b) General nature of industry, business, or establishment in which employed (or employer) St Joseph's Hospital

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. R. H. Bayard

(Address) 707 Gaither Bldg.

15- Filed DEC 18 1916, 191.....

HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 9 1916, to Dec 17 1916, that I saw her alive on Dec 17 1916, and that death occurred, on the date stated above, at 1.40 A m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Dilitation

..... (Duration) ..... yrs. ..... mos. 1 ..... ds.

(Signed) William F. Cowdry M. D.

Dec 17, 1916. (Address) St Jos Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 4 yrs. 8 mos. 18 ds. In the State 56 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? St Jos Hosp

Former or usual residence 1042 Homewood Ave

19-PLACE OF BURIAL OR REMOVAL, St Mary's Cemetery Govanstown

DATE OF BURIAL, Dec 19, 1916

20-UNDERTAKER Henry Houck Lee

ADDRESS 1301 E Eager St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0523

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0523

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1834 E Chase St.; 8 WARD)

REGISTERED No. C 28

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia B. Steinkamp

(Residence in Baltimore: No. 1834 E Chase St.; St.; 16 yrs., 9 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Female	white	single

6-DATE OF BIRTH, February (Month) 20 (Day), 1900 (Year)

7-AGE, 16 yrs. 9 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. md.

PARENTS.

10-NAME OF FATHER, William Steinkamp

11-BIRTHPLACE OF FATHER (State or Country), Balto. md.

12-MAIDEN NAME OF MOTHER, Emma Hise

13-BIRTHPLACE OF MOTHER (State or Country), Balto. md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. William Steinkamp

(Address) 1834 E Chase St.

15- Filed DEC 18 1916, 191... Earl C. [illegible] Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 3, 1916, to Dec. 18, 1916, that I saw her alive on Dec. 17, 1916, and that death occurred, on the date stated above, at 4:20 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) — yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edwin B. Fenby, M. D.

Dec. 18, 1916 (Address) 1223 N. Carolina St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Dec. 21, 1916

20-UNDERTAKER, Henry Horck Son — ADDRESS, 301 E Eager St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 0524

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 S Bunney ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Pawlak

(Residence in Baltimore: No. 1013 S Bunney St St.; 3 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct (Month) 15 (Day), 1859 (Year)

7-AGE, 57 yrs. 2 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, † Klishak

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Pawlak

(Address) 1013 S Bunney

15-

Filed DEC 18 1916, 191 HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 16 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Nov 1916, to Dec 16 1916, that I saw h[illegible] alive on Dec 16 1916, and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Leo Kaufmann M. D.

12/15, 191 6 (Address) 1116 E Lexington St.

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Stanislaus Cem

DATE OF BURIAL, Dec 19, 191 6

20-UNDERTAKER Stephen J. Frackowski

ADDRESS 1012 S Ellwood Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0525

CERTIFICATE OF DEATH.

50 D 0525

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 641 W Lanvale St. ; St.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Bankson.

(Residence in Baltimore: No. 641 W Lanvale St ; St.: 17 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, March 19, 1866 (Month) (Day) (Year)

7-AGE, 50 yrs. 8 mos. 27 ds. — If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of Industry, business, or establishment in which employed (or employer): Shop at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, not Known

11-BIRTHPLACE OF FATHER (State or Country), not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maria Bankson

(Address) 641 W. Lanvale St.

15- DEC 18 1916 Filed....., 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 16, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 14 1916, to Dec. 16 1916, that I saw him alive on Dec. 16 1916, and that death occurred, on the date stated above, at 3.30 m. P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 4 yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Diabetes

(Duration) yrs. mos. ds.

(Signed) W. C. Hillenger M. D.

Dec. 16, 1916 (Address) 641 W Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cem — DATE OF BURIAL, Dec. 19, 1916

20-UNDERTAKER Stephen F. Kackowski — ADDRESS 1018 E Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

D 0526

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0526

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 West Franklin St. ; 4 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Flowers

(Residence in Baltimore: No. 1 West Franklin St (Rockingham Apt) ST.: 70 yrs. 8 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH. April 18, 1846 (Month) (Day) (Year)

7-AGE. 70 yrs. 8 mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Woman at Farm
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore Maryland

PARENTS.

10-NAME OF FATHER. James Ellicott Flowers

11-BIRTHPLACE OF FATHER (State or Country). Maryland.

12-MAIDEN NAME OF MOTHER Guilelma G Hooks.

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr Edgar S Perkins

(Address) 1 W Rockingham

15- Filed DEC 18 1916, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. December 15th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 28th 1916, to December 14th 1916, that I saw h.m alive on December 15th 1916, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(Duration) — yrs. 1 mos. 21 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) — yrs. — mos. 6 ds.

(Signed) Edgar Shirley Perkins M. D.

December 18, 1916. (Address) 1 West Franklin St (Rockingham)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. London Park

DATE OF BURIAL. Dec 20, 1916

20-UNDERTAKER Jas E Cook

ADDRESS 1131 W Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

D 0527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 0527

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Spicer

(Residence in Baltimore: No. 209 N. Broadway St.: — yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November (Month) 15 (Day), 1898 (Year)

7-AGE, 18 yrs. mos. 29 da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Steven Spicer

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Quinton

13-BIRTHPLACE OF MOTHER (State or Country). West Indies

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. M. Hardy

(Address) Johns Hopkins Hospital

15- DEC 18 1916 Filed ..... 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 5 1916, to December 17 1916, that I saw him alive on December 17 1916, and that death occurred, on the date stated above, at 3.10 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ..... yrs. ..... mos. 7 da.

CONTRIBUTORY (Secondary) Tuberculous Peritonitis

(Duration) ..... yrs. 3 mos. ..... da.

(Signed) Allan G. Hinton M. D.

Dec. 17..., 1916 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 2 mos. 12 da. In the State Life yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?

Former or usual residence 209 N. Broadway St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery. DATE OF BURIAL, Dec 20 1916

20-UNDERTAKER Wm. B. A. Elliott. ADDRESS 505 East St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0528

HEALTH DEPARTMENT—CITY OF BALTIMORE 40

D 0528

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 E. 22nd. ST.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Johnston

(Residence in Baltimore: No. 303 E. 22 nd St.; — yrs. — mos. — da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, June (Month) 11 (Day), 1839 (Year)

7-AGE, 77 yrs. 6 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... Druggist

9-BIRTHPLACE, (State or Country), Scotland

PARENTS.

10-NAME OF FATHER, Wm. Johnston

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Christina Bruce

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth D. Johnston

(Address) 303 E. 22d St.

15- Filed DEC 18 1916, 191.....

MARY [illegible]
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1, 1916, to Dec 17 1916, that I saw h[illegible]m alive on Dec 17 1916, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Face

About (Duration) 1 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) 1 yrs. mos. 2 ds.

(Signed) A. G. Wilson M. D.

Dec 18, 1916 (Address) 6 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge — DATE OF BURIAL, Dec 19, 1916

20-UNDERTAKER E. W. Mitchell & Co. — ADDRESS 1100 N. Fayette

D 0529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

D 0529

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1910 E Pratt St.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 19.)

2-FULL NAME Nellie M Spann

(Residence in Baltimore: No. 1910 E Pratt St., St.; Lift yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Nov 17 th (Month) (Day) 1877 (Year)

7-AGE: 39 yrs. - mos. 29 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto Md.

PARENTS

10-NAME OF FATHER: James Sieney

11-BIRTHPLACE OF FATHER (State or country): Ireland.

12-MAIDEN NAME OF MOTHER: Mary Whalen

13-BIRTHPLACE OF MOTHER (State or country): Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jas Spann

(Address) 1910 E Pratt St

15- Filed DEC 18 1916 191.....

HARRY C. ADDEY
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 12 (Month) 16 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9-29, 1916, to, 12-16 1916, that I saw h[illegible] alive on 12-16 1916, and that death occurred, on the date stated above, at 7 [illegible] m.

The CAUSE OF DEATH* was as follows:

Tonsulitis

(Duration) ..... yrs ..... mos ..... ds.

Contributory (SECONDARY): Abscess of Pelvis

(Duration) ..... yrs 4 mos ..... ds.

(Signed) J E Earle M. D.

12-18 1916 [Address] 111 E Baltimore

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: Dec 19th 1916

20-UNDERTAKER: John A Moran

ADDRESS: Park & Arunah

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0530

D 0530

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.: 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Dieveen (Dicken)

(Residence in Baltimore: No. Church Home & Inf St.; — yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, December 16, 1837
(Month) (Day) (Year)

7-AGE, 79 yrs. 1 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Frank Schultz

(Address) 1105 W. Lanvale St.

15- Filed DEC 18 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 16, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 6 1916, to Dec 16 1916 that I saw h— alive on Dec 16 1916, and that death occurred, on the date stated above, at 7.20 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) 6 hours

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W M Keyser M. D.

Dec 16, 1916. (Address) Church Home & Inf

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 3 yrs. 0 mos. 28 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Church Home & Infirmary

Former or usual residence Church Home & Infirmary

19-PLACE OF BURIAL OR REMOVAL, Bured L. Co.

DATE OF BURIAL, Dec 19, 191..

20-UNDERTAKER H E Engel

ADDRESS 1719 Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

D 0531

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0531

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 423 Courtland St ST.; H WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Barnett

(Residence in Baltimore: No. 423 Courtland St St.; — yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, 14 (Month) Unknown (Day), 1861 (Year)

7-AGE, 55 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) House Wife

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alford Barnett

(Address) 1364 N. Bulkamm St.

15- Filed DEC 18 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12/6 — 1916, to 12/16 1916, that I saw h[illegible] alive on 12/16 — 1916, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

(a) Acute Nephritis

.....

.....

..... (Duration) ... yrs. ... mos. 11 ds.

CONTRIBUTORY (Secondary) Heart Disease (Duration) ... yrs. ... mos. 2 ds.

(Signed) [signature] M. D.

12/17, 1916. (Address) 2325 Druid Hill Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery DATE OF BURIAL DEC 19 1916, 191...

20-UNDERTAKER James H. Dennis ADDRESS 1307 Pennsylvania Ave

Case

D 0532 HEALTH DEPARTMENT—CITY OF BALTIMORE D 0532

64

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No. 1642 Barnes st ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Kucera

(Residence in Baltimore: No. 1642 Barnes st St.: yrs. 30 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: April (Month) I5 (Day) I84[illegible], 1 (Year)

7-AGE: 72 yrs. 8 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... House Wife

9-BIRTHPLACE, (State or Country): Austria

PARENTS.

10-NAME OF FATHER: Vaclaw Jawleneka

11-BIRTHPLACE OF FATHER (State or Country): Austria

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or Country): Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) John Kucera
(Address) 1642 Barnes s t

15- Filed DEC 18 1916 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) I8 (Day) I916 (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary).....

(Duration)..... yrs..... mos..... ds.

(Signed)..... (Coroner.) M. D.

Dec I8 I916 (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death [illegible] yrs. mos. ds. In the State 42 yrs. mos. ds.

Where was disease contracted, if not at place of death?

1642 Barnes st

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Dec 20, 1916

20-UNDERTAKER: Frank Leach Son — ADDRESS: 1446 Bank St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0533

CERTIFICATE OF DEATH.

113 D 0533

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jas. Babeck

(Residence in Baltimore: No. 812 N. Bond St.; 30 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH: Not Known, 1 (Month) (Day) (Year)

7-AGE: 67 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Austria

PARENTS.

10-NAME OF FATHER: Not Known

11-BIRTHPLACE OF FATHER (State or Country): Not Known

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or Country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Kate Sklesko

(Address): 1906 Eutaw St.

15-

Filed DEC 18 1916, 191.. HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: December 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11/9/ 1916, to Dec. 17, 1916, that I saw him alive on Dec. 17 1916, and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Atrophic cirrhosis of Liver

(Duration) at least 3 mos.

CONTRIBUTORY (Secondary) Hypostatic pneumonia

(Duration) yrs. mos. 4 ds.

(Signed) M. M. Vance M. D.

Dec. 18, 1916 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 8 ds. In this State 30 yrs. mos. ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence 812 N. Bond St.

19-PLACE OF BURIAL OR REMOVAL: Oak Hill

DATE OF BURIAL: Dec 20, 1916

20-UNDERTAKER: Frank Crockett

ADDRESS: 1904 Eutaw St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0534

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

79 D 0534

REGISTERED NO. C

CITY OF BALTIMORE (No. 808 Peach Alley. ST. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Greenleaf.(Col'd)

(Residence in Baltimore: No. 808 Peach Alley St.: 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male.	Colored.	Single

6-DATE OF BIRTH, August 31st. 1883., / (Month) (Day) (Year)

7-AGE, 33 yrs. 3 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Seedy Greenleaf.(C)

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER, Maria Brooks.(C)

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Boswell (C)Sister.
119 -16th St.S.E,
(Address) Washington D.C.

15- DEC 19 1916 ROBERT R. KRAUTER
Filed....., 191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 16th. 1916., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Ed M Rennard (Coroner.) M. D.

Dec. 17, 1916. (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn ✝	Dec 19 16
20-UNDERTAKER	ADDRESS
L. E. Brown & Son	108 N Howard St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0535
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

104 D 0535
REGISTERED NO. C

CITY OF BALTIMORE: (No. 1120 Warner ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emory Woolford

(Residence in Baltimore: No. Same (1120 Warner St.) St.; ..... yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	colrd	Single

6-DATE OF BIRTH, Oct (Month) 21 (Day), 1916. (Year)

7-AGE,	If LESS than 1 day,
....yrs. 1 mos. 26 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, James Woolford

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mandie Jones

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maude Woolford

(Address) 1120 Warner

15- DEC 19 1916 ROBERT R. KRAUTER
Filed ....., 191.... Registrar.
BURIAL PERMIT ISSUED

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 17 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 17 1916, to Dec 17 1916, that I saw h[illegible] alive on Dec 17 1916, and that death occurred, on the date stated above, at 1120 p m.

The CAUSE OF DEATH* was as follows:

Pa T
Pain Enteritis
probably
(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) L. R. Krauter M. D.
Dec 18, 1916 (Address) 522 St Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn	Dec 19, 1916
20-UNDERTAKER	**ADDRESS**
J. N. Prowell Son	108 W Monroe

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 0536

CERTIFICATE OF DEATH

97 D 0536

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 S Vincent St. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Jones

(Residence in Baltimore: No. 306 S. Vincent St.; 12 yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PERMIT, WITH ONTARIO INK THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Dec - 25, 1871 (Month) (Day) (Year)

7-AGE: 44 yrs. 11 mos. 22 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Fireman
(b) General nature of industry, business, or establishment in which employed (or employer): Boat

9-BIRTHPLACE (State or country): Norfolk Va

PARENTS

10-NAME OF FATHER: not known

11-BIRTHPLACE OF FATHER (State or country): Not known

12-MAIDEN NAME OF MOTHER: Not known

13-BIRTHPLACE OF MOTHER (State or country): not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry Jones

(Address) 306 S. Vincent

15- DEC 19 1916 Filed ....., 191—

ROBERT B. KRAUTER
Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec - 17 - 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 16, 1916, to, Dec 17 1916, that I saw him alive on Dec 16 1916, and that death occurred, on the date stated above, at 3.05 P.M.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) — yrs. 1 mos. 7 ds.

Contributory (SECONDARY) Lobar Pneumonia

(Duration) — yrs. 2 mos. 1 ds.

(Signed) F. C. Link M. D.

Dec 17, 1916. [Address] 1313 W. North Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: Dec 20th 1916

20-UNDERTAKER: C. Jones

ADDRESS: 207 S Streeter St

WHITE PERMIT; WITH INFANTS RECORD

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Mary Grew

D 0537

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

10

D 0537

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 514 St Marys st ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary Grew

(Residence in Baltimore: No. 514 St Marys st ST.: Dont Know yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colord

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): widow

6 DATE OF BIRTH: Dont Know (Month) (Day) (Year)

7 AGE: abt 56 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: John Ryan

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Hester Ryan

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Ryan

(Address) 514 St Marys

15 Filed DEC 19 1916 191 ROBERT R. KRAUTER REGISTRAR

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 18 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1916, to Dec 18 1916 that I saw her alive on Dec 16, 1916 and that death occurred, on the date stated above, at 8 a 9 m.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) yrs. mos. 4 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) H K Gorsuch M. D.

Dec 19, 1916 (Address) 117 W. Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Dec 20, 1916

20 UNDERTAKER: Samuel Handy

ADDRESS: 578 N Eden

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0538

CERTIFICATE OF DEATH.

92 D 0538

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 Belvidere St. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lula Bird

(Residence in Baltimore: No. 1417 Belvidere St.: ...yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1880 (Year)

7-AGE, 36 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ill Occupation
(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Jame Bird

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Sallie Bird

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Luther Bird

(Address) 947 Greenmillon

15-

Filed DEC 19 1916, 191.....

ROBERT E. KRAUTER
Registrar.

Burial Permit Mark

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 18, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 14 191 6, to Dec 18 191 6, that I saw h[illegible] alive on Dec 18 191 6, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

La Grippe Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Edward Thorp M. D.

12/18 191... (Address) 1812 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cem

DATE OF BURIAL, Dec 21, 1916

20-UNDERTAKER, Samuel F. Smiley

ADDRESS 3718 Eden

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0539

CERTIFICATE OF DEATH.

91 D 0539

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 506 N. Paca ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Tinta Ward

(Residence in Baltimore: No. 506 N. Paca St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col'd

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec 16 (10) 1913
(Month) (Day) (Year)

7-AGE, 3 yrs. 6 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Richard Ward

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Viola Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard Ward

(Address) 506 N. Paca St

15-

Filed DEC 19 1916, 191.... ROBERT E. KRAUTER Registrar.
Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 16, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or (inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Collapse

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

Dec. 19 191.6 (Address) 319 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 506 N. Paca

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Dec 19 19 16

20-UNDERTAKER Samuel J. Hawley ADDRESS 518 W. Saratoga

Spec.—8-24-14—M. & T.—2000 Bks.

D 0540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 0540

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Penitentiary, ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Mackey

(Residence in Baltimore: No. Maryland Penitentiary St.; .....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, ... January ....., 1890
(Month) (Day) (Year)

7-AGE, ... 26 yrs. 11 mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... General
(b) General nature of industry, business, or establishment in which employed (or employer)..... Laborer

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, George Keys.

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Hattie Jones

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Kennard

(Address) Maryland Penitentiary

15- DEC 19 1916 Filed ....., 191... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... December ..... 16 ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November-6 1914, to December-16 1916, that I saw him alive on December-16 1916, and that death occurred, on the date stated above, at 11.20 A. m.

The CAUSE OF DEATH* was as follows:

.....

.....

..... Pulmonary Hemorrhage

..... (Duration) 30 min. yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

..... (Duration) 2 yrs. 1 mos. 10 ds.

(Signed) William F. Schwark M. D.

December 16 1916. (Address) Md. Penitentiary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 10 mos. 25 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence Easton Md.

19-PLACE OF BURIAL OR REMOVAL, Easton Md. DATE OF BURIAL, Dec 19 1916

20-UNDERTAKER W J Tarburton ADDRESS Md Pen

N. B.—Every item of information should be carefully supplied. AGE, should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0541

CERTIFICATE OF DEATH.

1920

D 0541

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2208 Gaugh ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Klumm

(Residence in Baltimore: No. 2208 Gaugh St. 6 yrs., mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH. Feb 22, 1837
(Month) (Day) (Year)

7-AGE. 79 yrs. 9 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, John H Stutt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Mary E. Kumtshan

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles H. Klumm

(Address) 2208 Gaugh St.

15-

DEC 19 1916

Filed....., 191.....

ROBERT N. KRAUTER

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 15, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 30 1916, to Dec 15 1916, that I saw h.r alive on Dec 15 1916, and that death occurred, on the date stated above, at 11 40 p m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonal Phthisis

(Duration) 2 yrs. mos. ds.

(Signed) Geo. Heller M. D.

Dec 17, 1916. (Address) 1937 Gaugh St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore City — DATE OF BURIAL, Dec 19, 1916

20-UNDERTAKER H. Saudstone — ADDRESS 1100 Flat St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0542

CERTIFICATE OF DEATH.

79

D 0542

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 S. High ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raphael Caplan

(Residence in Baltimore: No. 24 S. High St.; 30 yrs., — mos., — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month), (Day), 1 (Year)

7-AGE, 78 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Peddler
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Louis Caplan

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Caplan

(Address) 24 S. High St.

15- Filed DEC 19 1916, 191... ROBERT R. KRAUTER Social Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 18, (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 16 1916, to Dec 18, 1916, that I saw him alive on Dec 18, 1916, and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. ds.

(Signed) D. Wallenstein M. D.

Dec. 18, 1916. (Address) 6 E. Exeter St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 24 S. High St

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cem. DATE OF BURIAL, Dec 19, 1916

20-UNDERTAKER L. Levinson & Bro ADDRESS 1072 Balto St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0543 HEALTH DEPARTMENT—CITY OF BALTIMORE D 0543

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 240 N. Exeter St.: 5 WARD)

REGISTERED No. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie Gardner

(Residence in Baltimore: No. 240 N. Exeter St.; 27 yrs., mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. Unknown, 1850 (Month) (Day) (Year)

7-AGE. 66 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER. Aaron Beiter

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Balto St

15- Filed DEC 19 1916, 191 ROBERT R. KRAUTER Registrar. Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 30, 1916, to Dec. 17, 1916, that I saw her alive on Dec. 17 1916, and that death occurred, on the date stated above, at 11.45 A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Robert J. Green M. D.

Dec 18, 1916 (Address) 120½ Aisquith St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Ahren Rosedale

DATE OF BURIAL. 12/19, 1916

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Balto

Spec.—8-24-14—M. & T.—2000 Bks.

D 0544

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 0544

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 546 W Lee St. ST.; 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Rexroath

(Residence in Baltimore: No. 546 W Lee St ST.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... Jan. (Month) 25 (Day), 1867 (Year)

7-AGE, 49 yrs. 10 mos. 21 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Tobacco-
(b) General nature of industry, business, or establishment in which employed (or employer)..... for city

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. John Rexroath

11-BIRTHPLACE OF FATHER (State or Country). Maryland.

12-MAIDEN NAME OF MOTHER Emma Kelly.

13-BIRTHPLACE OF MOTHER (State or Country). Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mrs Jennie Rexroath

(Address)..... 546 W. Lee St

15-

Filed DEC 19 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec. (Month) 16 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec 10 1916, to Dec 16 1916, that I saw h[illegible] alive on Dec 16 1916, and that death occurred, on the date stated above, at 10:30 P.M.

The CAUSE OF DEATH* was as follows:

..... Pulmonary Tuberculosis .....

..... (Duration) ..... yrs. ..... mos. 6m ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

Dec 17, 1916 (Address) 611 E. Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cemetery

DATE OF BURIAL. Dec. 19..., 1916.

20-UNDERTAKER James Pignani & Son

ADDRESS 1011 S. Paca St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0545

CERTIFICATE OF DEATH

92

REGISTERED No. D 0545

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 519 N Brice St: 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Rose Anna Strickling

(Residence in Baltimore: No. 519 N Brice St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: June (Month) 12th (Day), 1849 (Year)

7 AGE: 67 yrs. 6 mos. 6 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: W. Marcell

11 BIRTHPLACE OF FATHER (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (State or country): Balto Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Jessie Brownfield
(Address) 519 Brice St Balto

15 DEC 19 1916, 191 ROBERT R. KRAUTER REGISTRAR
Filed Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: December (Month) 17th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 16th, 1916, to Dec 17th 1916, that I saw h.. alive on Dec 17th, 1916, and that death occurred, on the date stated above, at 10-15 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) Senile Weakness

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. McElroy M. D.

12/18, 1916 (Address) 400 N Paca St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Greader Hill Cem. DATE OF BURIAL: Dec. 20, 1916

UNDERTAKER: Robt Turner ADDRESS: 1402 N Broadway

D 0546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16 D 0546

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Found dead Mercy Hospital St. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Grott

(Residence in Baltimore: No. 714 N. Collington Av St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 27 (Day), 1852 (Year)

7-AGE 64 yrs. 4 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer) Paper Hanger

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry Grott

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elizabeth Hummig

13-BIRTHPLACE OF MOTHER (State or Country). New York.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Grott

(Address) 714 N Collington Ave

15-

Filed DEC 19 1916, 191.... ROBERT A. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows

Arteriosclerosis

Sudden (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

.... (Duration) ....yrs. ....mos. ....ds.

(Signed) W. H. Daly (Coroner) M. D.

Dec 18, 191 (Address) 1639 Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL, Dec 19, 16

20-UNDERTAKER Geo M Sinn

ADDRESS 511 N Gilmor

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0547

CERTIFICATE OF DEATH.

9V D 0547

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1641 E. Monument St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie F. Hlavacek

(Residence in Baltimore: No. 1641 E. Monument St.; ....yrs.....mos.....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widowed

6-DATE OF BIRTH: September 6th, 1848 (Month) (Day) (Year)

7-AGE: 68 yrs. 3 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Bohemia

PARENTS.

10-NAME OF FATHER: Joseph Lehky

11-BIRTHPLACE OF FATHER (State or Country): Bohemia

12-MAIDEN NAME OF MOTHER: Terea Holekova

13-BIRTHPLACE OF MOTHER (State or Country): Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Anna Hlavac

(Address) 1644 E. Monument St

15- Filed DEC 19 1916, 191.... ROBERT P. KRAUTH Burial Permit Officer Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 16th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 10th 1916, to Dec. 16 1916, that I saw h[illegible] alive on Dec 16 1916, and that death occurred, on the date stated above, at 4[illegible] m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Toxemia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm J. Dehner M. D.

....., 191... (Address) 701 Kennedy St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Dan'l Hill Cem

DATE OF BURIAL: Dec. 19..., 1916

20-UNDERTAKER: Geo. M. Smith

ADDRESS: 84 N. Mo[illegible]

Spec.—8-24-14—M. & T.—2000 Blks.

D 0548

HEALTH DEPARTMENT—CITY OF BALTIMORE

154 D 0548

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 E. Biddle ST.; 8 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dinelia M. Mc Coull

(Residence in Baltimore: No. 2106 E. Biddle St.; 40 yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Oct (Month) 18 (Day), 1826 (Year)

7-AGE, 90 yrs. 2 mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Housework

9-BIRTHPLACE. (State or Country), France

PARENTS.

10-NAME OF FATHER, Robert Mc Coull

11-BIRTHPLACE OF FATHER (State or Country), Baltimor

12-MAIDEN NAME OF MOTHER Christina Offner

13-BIRTHPLACE OF MOTHER (State or Country), France

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William J. Mc Coull

(Address) 2106 E. Biddle St

15- DEC 19 1916 Filed ..... 191.....

ROBERT B. KRAUTH

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 1916, to Dec 17th 1916, that I saw h er alive on Dec 14 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Old age

..... (Duration) ..... yrs. unknown mos. ..... ds.

CONTRIBUTORY (Secondary) Heart failure

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Reginald 2 Conry M. D.

Dec 18 191 1/2 (Address) 414 2 North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Vincent Cemetery

DATE OF BURIAL, Dec 20, 1916

20-UNDERTAKER William Cork

ADDRESS 502 E North Ave

Dr Conry 414 E North Ave Tel. 1086 Ave

Spec.—5-19-13—M. & T.—500 Bks.

D 0549

HEALTH DEPARTMENT—CITY OF BALTIMORE

170

D 0549

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 217 N. Carrollton Ave 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E. Hibline

(Residence in Baltimore: No. 217 N. Carrollton Ave St.; yrs. 3½ mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec. (Month) 18 (Day), 1883 (Year)

7-AGE, 32 yrs. 11 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER, Chas. R. Lemmon

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md.

12-MAIDEN NAME OF MOTHER Carrie B. Jones

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. M. Hibline

(Address) 217 N. Carrollton Ave

15-

Filed DEC 19 1916, 191.... Robert T. Williams Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1916, to Dec. 16, 1916, that I saw her alive on Dec. 16 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Anaemia

(Duration) yrs. mos. 4 ds.

(Signed) J. S. Lamplugh M. D.

Dec 18, 1916. (Address) 818 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Dec. 19th, 1916

20-UNDERTAKER Wm B Crothers

ADDRESS 21 N Fulton Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0550

CERTIFICATE OF DEATH.

40

D 0550

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 306 Dallas ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hariet Jones

(Residence in Baltimore: No. 306 S. Dallas St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) ... (Day) 1868 (Year)

7-AGE, 48 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... mts.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Pd Occupation

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Levin Lee

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Kitty Lee

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Earl Jones

(Address) 306 S. Dallas St.

15-

DEC 19 1916

Filed ..., 191...

ROBERT R. KRAUTER

Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1916, to Dec. 17, 1916, that I saw h[illegible] alive on Dec. 16, 1916, and that death occurred, on the date stated above, at 4:30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach?

(Duration) ... yrs. 4 mos. ... ds.

CONTRIBUTORY (Secondary) Gastric Catarrh

(Duration) ... yrs. ... mos. ... ds.

(Signed) Jno. C. Clemson M. D.

Dec. 17, 1916 (Address) 1520 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel

DATE OF BURIAL, Dec 19, 1916

20-UNDERTAKER John W. Henderson

ADDRESS 317 Cathedral St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

D 0551

40 STATE OF MARYLAND
CERTIFICATE OF DEATH

D 0551

1 PLACE OF DEATH
County
Village or City Baltimore (No. 1767 Ashburton St. 15 Ward)
Registration Dist. No.
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME James J. Parsons

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6 DATE OF BIRTH: April (Month) 26 (Day) 1858 (Year)

7 AGE: 58 yrs. 8 mos. 1 ds. If LESS than 1 day, hrs. OR min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Chief Janitor
(b) General nature of industry, business, or establishment in which employed (or employer): Baltimore Steam Bleach

9 BIRTHPLACE (State or country): Richmond Va

PARENTS
10 NAME OF FATHER: James S. Parsons
11 BIRTHPLACE OF FATHER (State or country): London Eng.
12 MAIDEN NAME OF MOTHER: Bridget Dougherty
13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. H. Parsons
(Address) 1767 Ashburton St.

15 Filed DEC 19 1916, 191 ROBERT R. KRAUTER, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 19 (Day) 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct. 26th, 1916, to Dec. 19th, 1916, that I last saw h[e] alive on Dec. 18th, 1916, and that death occurred on the date stated above, at 5 30 a. m.

The CAUSE OF DEATH * was as follows:

Cancer of Stomach
Exploratory
Contributory Secondary: Cachexia and Starvation

Duration: yrs. 7 mos. do.
Duration: yrs. 1 mos. do.

(Signed) Fred Wm. Penke, M. D.
Dec. 19, 1916 (Address) Hallowell Me

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 3 yrs. mos. ds. In the State 45 yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence Hallowell Me.

19 PLACE OF BURIAL OR REMOVAL: London Park. DATE OF BURIAL: Dec 21, 1916

20 UNDERTAKER: Robt Burkes Son. ADDRESS: 178 Calhoun St.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0552

CERTIFICATE OF DEATH.

92 D 0553

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1926 W. Franklin ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kathrine M. Fallon

(Residence in Baltimore: No. 1926 W. Franklin St.; 56 yrs., 2 mos. 22 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, September 26, 1860 (Month) (Day) (Year)

7-AGE, 56 yrs. 2 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Smith

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Lutz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice P. Fallon

(Address) 1926 W. Franklin

15- DEC 19 1916 Filed..... 191.....

ROBERT B. KRAUTER Registrar

Aerial Perm... Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 18th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 13 1916, to Dec 18 1916, that I saw h[illegible] alive on Dec 17 1916, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Heart Failure

(Duration)..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Intestinal Hemorrhage

(Duration)..... yrs. ..... mos. 4 ds.

(Signed) [illegible] M. D.

Dec 18 1916 (Address) 1450 Druid Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery — DATE OF BURIAL, Dec. 20, 1916.

20-UNDERTAKER H. C. Brandingdon — ADDRESS 517 Schroeder

Spec.—8-24-14—M. & T.—2000 Blks.

B D 0553

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

D 0553

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2820 Dillon ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Trulz

(Residence in Baltimore: No. 2820 Dillon St.; ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, ? May 12 (Month) (Day) 1860 (Year)

7-AGE, 56 yrs. 7 mos. 15 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Bohemia

PARENTS.

10-NAME OF FATHER: Frank Pirkl

11-BIRTHPLACE OF FATHER (State or Country): Bohemia

12-MAIDEN NAME OF MOTHER: Don't know

13-BIRTHPLACE OF MOTHER (State or Country): Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Trulz

(Address) 2820 Dillon

15- Filed DEC 19 1916, 191.....

ROBERT E. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15 1916, to Dec 15 1916, that I saw h[illegible] alive on Dec 15 1916, and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

1. Cerebral Hemorrhage
2. Hypertension
(Paralysis of left side)

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Congestion of Lungs

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) W. T. Burke M. D.

Dec 19, 1916. (Address) 2042 Madison St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, Dec 20 1916

20-UNDERTAKER John A Horan & Co

ADDRESS Balto

Spec.—8-24-14—M. & T.—2000 Bks.

D 0554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 D 0554

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 Winter ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Horsey

(Residence in Baltimore: No. 101 Winter St.; 20 yrs.... mos.... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, ... (Month) ..... (Day), 1853 (Year)

7-AGE, 63 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... Home Work

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Stewart

(Address) 101 Winter St.

15- DEC 19 1916 Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 17, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 20 191[illegible], to Dec 17 191[illegible], that I saw h[illegible] alive on Dec 16 191[illegible], and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

.....
Cardio Nephritis
(Contributory Tuberculosis)
..... (Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)
..... (Duration) ....yrs. ....mos. 2 ds.

(Signed) H. A. Galbraith M. D.

Dec 19, 191[illegible], (Address) 132 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn	Dec 21 1916
20-UNDERTAKER John H Toadvine	ADDRESS 142 W Pratt St

Spec.—8-24-14—M. & T.—2000 Bks.

D 0555

HEALTH DEPARTMENT—CITY OF BALTIMORE

89 D 0555

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1931 Gough ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Rauh.

(Residence in Baltimore: No. 1931 Gough St.; 70 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dec. 15th (Month) (Day), 1843 (Year)

7-AGE, 73 yrs. — mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... House Keeper

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jacob Bieber

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) 1931 Gough St.

15-

Filed DEC 19 1916, 191.... Daniel Lewis Clark Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 14 1916, to Dec 17 1916, that I saw her alive on Dec 17 1916, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary).....

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Wollstein M. D.

Dec 17, 1916 (Address) 1 S Bond St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, Dec 20, 1916

20-UNDERTAKER Lilly & Zuber

ADDRESS 403 S. Wolfe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0556 64 D 0556

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3576 Poole St. St.; 13 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marion V. Ebbert

(Residence in Baltimore: No. 3576 Poole St. St.; 14 yrs. — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 30 (Day), 1862 (Year)

7-AGE, 54 yrs. 7 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Josiah Ambrose

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Ann Miller

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marion Baker

(Address) 3576 Poole St.

15- Filed DEC 19 1916, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15 191.., to Dec 18 191.., that I saw h[illegible] alive on Dec 18 1916, and that death occurred, on the date stated above, at 2:45 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (complication)

..... (Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

Arteriosclerosis (Duration) 3 yrs. ..... mos. ..... ds.

(Signed) Vernon D. Kelly M. D.

Dec 19, 1916. (Address) 3[illegible] Falls Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Woodlawn Cemetery	Dec. 20., 1916
20-UNDERTAKER	ADDRESS
Horace Burgee & Son	363 Falls Road

D 0557

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0557.

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 706 Bradley ST. 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E. Cooper

(Residence in Baltimore: No. 706 Bradley St.; yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Col'd	Single

6-DATE OF BIRTH, May (Month) 19 (Day), 1916 (Year)

7-AGE. ....yrs. 7 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William Cooper

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Liana Cooper

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 706 C. Bradley St.

15- DEC 19 1916 HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia, Acute

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cold & Influenza

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. F. McCahan M. D.

(Coroner)

Dec 19, 1916. (Address) 1918 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, Dec 20, 1916

20-UNDERTAKER David Easton — ADDRESS 916 Penna Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0558

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 0558

CERTIFICATE OF DEATH

170

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 43 S Schroeder St. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie C Burke

(Residence in Baltimore: No. 43 S Schroeder St. 2 Yrs. ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: ~~Sex~~ Female

4-COLOR OR RACE: White

5-~~SINGLE~~ MARRIED ~~WIDOWED OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: Dec (Month) 20 (Day) 1870 (Year)

7-AGE: 45 yrs. 11 mos. 28 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Bernard Mullen

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Jane Riley

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Burke

(Address) 43 S Schroeder

15- DEC 19 1916 Filed ..., 191 HENRY C. ANDREW Bureau of Vital Statistics REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 8th, 1916, to, Dec 17 1916, that I saw h[illegible] alive on Dec 17 1916, and that death occurred, on the date stated above, at 6:47 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) One yrs. ... mos. ... ds.

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed) [illegible], M. D.

12/18, 191.. [Address] [illegible]

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem. DATE OF BURIAL: Dec 19 16

20-UNDERTAKER: George A Farley ADDRESS: Fulton & Lanvale

Spec.—8-24-14—M. & T.—2000 Blks.

D 0559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 D 0559

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1243 N. Bond ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard R. Enson.

(Residence in Baltimore: No. 1243 N. Bond St.; Lifetime yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 16, 1873 (Month) (Day) (Year)

7-AGE, 43 yrs. mos. 3 da. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Pilot
(b) General nature of industry, business, or establishment in which employed (or employer): Boy

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Benj F. Enson.

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER, Emily J. Joyce

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lotte Stocks

(Address) 1243 N. Bond St.

15- DEC 19 1916 Filed....., 191.... MARY C. ANDERSON Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 11 1916, to Dec. 17 1916, that I saw h[im] alive on Dec. 17. 1916, and that death occurred, on the date stated above, at 4:30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary) Hypostatic pneumonia

(Duration) 2 yrs. 6 mos. da.

(Signed) Edgar J. Sandrock M. D.

Dec. 17., 1916. (Address) 1601 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery — DATE OF BURIAL, Dec. 20., 1916.

20-UNDERTAKER Albert E Fuller — ADDRESS 321 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0560

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0560

64

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1645 Bentalou ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles B. Bates

(Residence in Baltimore: No. 1645 Bentalou St.; 49 yrs.,.... mos.,.... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... Oct (Month) 9th (Day) 1862 (Year)

7-AGE. About 54 yrs. 3 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Balto Bargain House

9-BIRTHPLACE, (State or Country), New Haven Conn

PARENTS.

10-NAME OF FATHER, C. B. Bates

11-BIRTHPLACE OF FATHER (State or Country), Conn

12-MAIDEN NAME OF MOTHER Eliz Towns

13-BIRTHPLACE OF MOTHER (State or Country), Conn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Allen Bates

(Address) 1645 Bentalou St.

15- DEC 19 1916 Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec. (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 16 1916, to Dec. 17 1916, that I saw him alive on Dec. 15 1916, and that death occurred, on the date stated above, at 2.15 p.m.

The CAUSE OF DEATH* was as follows:

.....

Apoplexy

.....

..... (Duration) ....yrs. ....mos. 3 ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Howard C. Silver M. D.

Dec. 19, 1916. (Address) 1914 Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cem	Dec 22nd, 1916
20-UNDERTAKER H. W. Lankford	ADDRESS 624 Mt Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0561

HEALTH DEPARTMENT—CITY OF BALTIMORE

170 D 0561

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 N. Chester ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Schnell

(Residence in Baltimore: No. 809 N. Chester St.; 50 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, June 12 (Month) (Day), 1862 (Year)

7-AGE, 54 yrs. 6 mos. 5 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Fireman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Stationary Engine

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Schnell

(Address) 809 N. Chester St

15- DEC 19 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 17 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 23 1915, to Dec 17 1916, that I saw him alive on Dec 16 1916, and that death occurred, on the date stated above, at 10 30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

..... (Duration) ..... yrs. 6 mos. ..... ds.

(Signed) Geo. [illegible] M. D.

12-18-16, 191.. (Address) 1737 Jefferson St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery

DATE OF BURIAL, Dec 20, 1916

20-UNDERTAKER Christian Miller

ADDRESS 2337 Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0562 HEALTH DEPARTMENT—CITY OF BALTIMORE D 0562

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 900 N. Port ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph V. Base

(Residence in Baltimore: No. 900 N. Port St.: 40 yrs. — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day) (Year)

7-AGE, 46 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor Clothing
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER. John Base

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Base

(Address) 900 N. Port St

15- Filed DEC 19 1916, 191..... HARRY C. ANDREWS Registrar. BURIAL Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15 1916, to Dec 17 1916, that I saw him alive on Dec 17 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Septic Bronchopneumonia

(Duration) 1 yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. F. Runck M. D.

Dec 18, 1916 (Address) 600 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Bohemian National Cemetery

DATE OF BURIAL, Dec 20, 1916

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0563

CERTIFICATE OF DEATH.

79 D 0563

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1330 N Stockton ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriet Pinkard

(Residence in Baltimore: No. 1330 N Stockton St.; Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Colored	Widow

6-DATE OF BIRTH, Don't know (Month) ..... (Day) ....., 1866. (Year)

7-AGE, 50 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Asbury Pinkard

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Asbury Pinkard Clothier

(Address)..... 1330 Stockton St

15-

Filed DEC 19 1916, 191..... MARY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 18 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 30 1916, to Dec 18 1916, that I saw her alive on Dec 17 1916, and that death occurred, on the date stated above, at 1.10 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) E. Wallace Frey M. D.

Dec 19, 1916. (Address) 1928 Pentral Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
J Johnson MD	Dec 20 1916.
20-UNDERTAKER Samuel Ramsey	ADDRESS 5 E Lex St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 0564

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospital ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy J. Covell

(Residence in Baltimore: No. 2211 Presbyterian St.: yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	Single

6-DATE OF BIRTH, May (Month) 25 (Day) 1867 (Year)

7-AGE, 49 yrs. 6 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Capt. John Covell

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. L. Cragg

(Address) 2211 Presbyterian

15- DEC 20 1916 Filed....., 191.... ROBERT R. KRAUTH Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcoholism

(Duration) yrs. mos. ds.

(Signed) H. T. Tully (Coroner.) M. D.

Dec 19, 1916 (Address) 1037 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Dec 21, 1916

20-UNDERTAKER W. J. Jackson — ADDRESS North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Jehu H. Young.

D 0565

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0565

CERTIFICATE OF DEATH.

79

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. In Infirmary of Mercy Hospital St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jehu H. Young

(Residence in Baltimore: No. 2716 Edmondson Ave 48 yrs. 5 mos. 21 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June (Month) 27 (Day), 1868 (Year)

7-AGE, 48 yrs. 5 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Supt Flat car dept
(b) General nature of industry, business, or establishment in which employed (or employer): United Ry Co

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Edwin R Young

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Sarah Hall

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary Young

(Address) 2716 Edmondson Ave

15. Filed DEC 20 1916, 191 ROBERT R. KRAUTER Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 16 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Valvular disease

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. T. Phillips M. D.

(Coroner) 1637 Eutaw (Address)

Dec 21 191..

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn Cem	Dec 21 1916

20-UNDERTAKER Joseph D Cook ADDRESS 1013 W Balto St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0566 | 104 D 0566

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Estelle Klerlein.

(Residence in Baltimore: No. 1005 E Eager St.; ..... yrs., 7 mos. 25 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Sept 23 1916 (Month) (Day) (Year)

7-AGE. ..... yrs. 2 mos. 25 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... child .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Albert Klerlein

11-BIRTHPLACE OF FATHER (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER Estelle Burns

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert Klerlein.

(Address) 1005 East Eager St

15-

Filed DEC 20 1916, 191.. ROBERT R. KRAUTER Registrar.

Burial Permit 6161

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 18, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 13 1916, to Dec 18 1916, that I saw her alive on Dec 18 1916, and that death occurred, on the date stated above, at 6 15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Emma E Neagle M. D.

12/18, 191.6 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 5 mos. ..... ds. In the State ..... yrs. 3 mos. ..... ds.

Where was disease contracted, if not at place of death? 1005 E Eager St

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet

DATE OF BURIAL, Dec 20, 191.6

20-UNDERTAKER J. D. Cook

ADDRESS 103 N Bond

Peter Gonicki

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0567 — 104 — D 0567

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 733 E Bond St. ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Gonicki

(Residence in Baltimore: No. 733 E Bond St

St.; yrs., 11 mos. 3 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June 25, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 1 1 mos. 3 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Stanislaus Gonicki

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Josepa Semowska

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josepa Gonicki

(Address) 733 E Bond St.

15- DEC 20 1916 Filed ....., 191.. ROBERT B. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Gastro Enteritis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry Ly dy Coroner M. D.

Dec 21, 191 6 (Address) 1610 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL
Holy Rosary	Dec 20, 1916
20-UNDERTAKER William Fialkowski	ADDRESS 1611 Eastern

Spec.—8-24-14—M. & T.—2000 Blks.

D 0568

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0568

CERTIFICATE OF DEATH.

92

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Herman Uhlenberg

(Residence in Baltimore: No. 1932 W. Saratoga St.: Lifetime ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Nov 23 (Month), 23 (Day), 1863 (Year)

7-AGE. 53 yrs. 0 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Plumbing House

9-BIRTHPLACE, (State or Country), Balto Md.,

PARENTS.

10-NAME OF FATHER, Herman H. Uhlenberg.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER C. M Brockmeyer

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank G. Uhlenberg

(Address) 1932 W. Saratoga St

15- Filed DEC 20 1916, 191... ROBERT R. KRAUTER Registrar

Burial Permit

Dr Feeney Rough

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 19th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 17 1916, to Dec 19 1916, that I saw h.. alive on Dec 19 1916, and that death occurred, on the date stated above, at 6.35 P.M.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Pneumonia (Lobar)

(Duration) ....yrs. ....mos. 4 ds.

(Signed) P. Rulison M. D.

Dec 19, 1916 (Address) 1321 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Dec 22, 1916

20-UNDERTAKER Mrs. Mrs John W. Teufel ADDRESS 804 E Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

D 0569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 0569

REGISTERED NO. C

1-PLACE OF DEATH 8

CITY OF BALTIMORE: (No. 10 Hare ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Ann Kelly

(Residence in Baltimore: No. 10 Hare St. 5 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Dec. 17, 1825 (Month) (Day) (Year)

7-AGE, 91 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER, Paul Van Hooper

11-BIRTHPLACE OF FATHER (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER Jane Smith

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Kelly

(Address) 204 Park Ave

15- DEC 20 1916 ROBERT R. KRAUTER

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 17th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 27th 1916, to Dec. 17th 1916, that I saw her alive on " 16th 1916, and that death occurred, on the date stated above, at 8.45A m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchitis Senile

(Duration) yrs. mos. 12 ds.

(Signed) Jacob L. Wiseman M. D.

12-18, 1916 (Address) 30 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, Dec. 20, 1916.

20-UNDERTAKER Jos. Cook — ADDRESS 726 Park Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Burial Permit

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0570

CERTIFICATE OF DEATH.

15 D 0570

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 18 Ward)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Knight.

(Residence in Baltimore: No. 537 N. Collins St

St.; ....yrs.,....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. August 18 (Month) (Day), 1916 (Year)

7-AGE, ...yrs. 4 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), N

12-MAIDEN NAME OF MOTHER Alice Knight

13-BIRTHPLACE OF MOTHER (State or Country). 2

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L.M. Tracy

(Address) Johns Hopkins Hospital

15. Filed DEC 20 1916, 191.... ROBERT P. KRAUTER Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 17 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 14 1916, to December 17 1916, that I saw h[illegible] alive on December 17 1916, and that death occurred, on the date stated above, at 2.50 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia, t. Influenza

..... (Duration) ....yrs. 5 mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Wilder R. Miller M. D.

Dec 17, 1916 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ✓ yrs. ✓ mos. 2 ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 537 N. Collins St

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL, DEC 19 1916, 191....

20-UNDERTAKER ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner Health.

M 3053

Spec.—8-24-14—M. & T.—2000 Bks.

Rosanna Bodenwick

D 0571

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0571

CERTIFICATE OF DEATH.

109

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 938 W Franklin ST.; 18 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosanna Bodenwick

(Residence in Baltimore: No. 938 W Franklin St.; 81 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Widow

6-DATE OF BIRTH, December 6, 1833.
(Month) (Day) (Year)

7-AGE, 81 yrs. — mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Edward Mastine

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sarah Mc H

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen D. Watkins

(Address) 938 W. Franklin St

15-

Filed DEC 20 1916, 191.....

ROBERT S. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10 1916, to Dec 18 1916, that I saw h[illegible] alive on Dec 18 1916, and that death occurred, on the date stated above, at 5 30 m.

The CAUSE OF DEATH* was as follows:

Asphyxia from Coal Gas

Suicide

(Duration) ....yrs....mos. 8 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ....yrs....mos. 1 ds.

(Signed) H A Kummer M. D.

Dec 19, 1916. (Address) 1401 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park

DATE OF BURIAL. Dec 21 1916.

20-UNDERTAKER Geo W Little

ADDRESS 531 Fremont Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0572 D 0572

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2852 Pennsylvania Av ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Annie Messenmeil

(Residence in Baltimore: No. 2852 Penna. Av. St.; 53 yrs. ..... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Apr. (Month) 15th (Day) 1864 (Year)

7-AGE, 52 yrs. 8 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER, David Hoban

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Bridget Hanic

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas Messenmeil

(Address) 2852 Penna Ave

15-

Filed DEC 20 1916, 191.....

ROBERT E. KRAUTER
Vital Statistics

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 18th (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 8th 1916, to Dec. 18 1916, that I saw her alive on Dec. 18 1916, and that death occurred, on the date stated above, at 2:55 p.m.

The CAUSE OF DEATH* was as follows:

Bronchitis Followed by Pneumonia

6 to 7 weeks (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Dilated Heart and ..... (Duration) ..... yrs. ..... mos. ..... ds.

general weakening away

(Signed) E. E. Smith M. D.

Dec 18, 1916 (Address) 1605 N. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cem. DATE OF BURIAL. Dec. 21, 191.6

20-UNDERTAKER Chas. P. Evans & Son ADDRESS 1140 N. Mt Royal Ave

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0573

CERTIFICATE OF DEATH.

28 D 0573

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 Cloverdale Road St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matilda Shad.

(Residence in Baltimore: No. 1221 Cloverdale Road St.; 1 yrs., 2 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Divorced

6-DATE OF BIRTH, December 25, 1864 (Month) (Day) (Year)

7-AGE, 51 yrs. 11 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, — Shad

11-BIRTHPLACE OF FATHER (State or Country), Don't Know

12-MAIDEN NAME OF MOTHER, Louise Lowkeeker

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Florence Nolan.

(Address) 2034 W. Fayette St

15. Filed DEC 20 1916 ROBERT B. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 19, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 16 1916, to Dec. 19 1916, that I saw her alive on Dec. 19 1916 and that death occurred, on the date stated above, at 345 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Paul Brown M. D.

12/19, 1916 (Address) 1837 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Dec 21, 1916

20-UNDERTAKER W. J. Tschiesinger & Son ADDRESS 1

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0574

CERTIFICATE OF DEATH.

120 D 0574

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1903 Aliceanna ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Franciszka Derda

(Residence in Baltimore: No. 1903 Aliceanna St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July, 18, 1862
(Month) (Day) (Year)

7-AGE, 54 yrs. 5 mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Michael Nowakowski

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Stanislaus Derda.

(Address) 1903 Aliceanna St.

15-

Filed DEC 20 1916, 191.....

ROBERT R. KRAUTER
Registrar.

Burial Permit Stork

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December, 19, 1916,
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec, 16, 1916, to Dec, 19, 1916, that I saw her alive on Dec, 19, 1916, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Uraemia

..... (Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Diffuse Nephritis (Duration) 1 yrs. — mos. — ds.

(Signed) David Frenchman M. D.

12/19/1916 (Address) 127 W. Lee St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Dec 22, 1916.

20-UNDERTAKER M. F. Sadowski ADDRESS 705 S. Ann St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 D 0575

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1047 Harford Ave.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick J. Murphy

(Residence in Baltimore: No. 1047 Harford Ave St.; ..... yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, April 28, 1859
(Month) (Day) (Year)

7-AGE, 57 yrs. 7 mos. 21 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Grinder in
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Machine Shop

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Timothy Murphy

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Ivory

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Murphy

(Address) 1047 Harford Ave

15- DEC 20 1916 ROBERT R. KRAUTER

Filed ....., 191.... Registrar.

Dr Green 120½ Aisquith

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 19, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 13 1916 to Dec. 18 1916, that I saw him alive on Dec. 18 1916, and that death occurred, on the date stated above, at 12.25 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Bright's disease

..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) Robert J. Green M. D.

Dec 19, 1916 (Address) 120½ Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral	Dec. 21, 1916.

20-UNDERTAKER H. C. Kuddeback ADDRESS 9 E. Fremont Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 0576

CERTIFICATE OF DEATH.

102 D 0576

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. Mercy Hospital St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Lynch

(Residence in Baltimore: No. 2830 Woodbrook St.; 48 yrs., 5 mos. 19 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, June 11, 1868 (Month) (Day) (Year)

7-AGE, 48 yrs. 5 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Workman
(b) General nature of industry, business, or establishment in which employed (or employer) ..... United Railroads

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, James Lynch

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Kellar

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Lynch.

(Address) 2830 Woodbrook Ave

15- Filed DEC 20 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 17, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 16 1916, to Dec 17 1916, that I saw him alive on Dec 17 1916, and that death occurred, on the date stated above, at 8.40 P m.

The CAUSE OF DEATH* (was as follows)

Ruptured Gastric Ulcer

(Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Wm. [illegible] M. D.

Dec 17, 191 6 (Address) 711 W Lanvale Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State 30 minutes yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 2830 Woodbrook Ave

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL, Sparrows Md. DATE OF BURIAL, Dec. 21, 1916

20-UNDERTAKER E & B Hale ADDRESS 115 E West St

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0577

CERTIFICATE OF DEATH.

170

D 0577

REGISTERED No. C.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 518 Gold St. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Charlotte Davis

(Residence in Baltimore: No. 518 Gold St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, March 26, (Month) (Day) 1852 (Year)

7-AGE, 64 yrs. 8 mos. 22 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry Wood

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Louisana Anderson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Neighbor

(Address) 518 Gold St.

15- Filed DEC 20 1916, 191.., ROBERT R. KRAUTER Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. ds.

(Signed) H. Wellington M. D.
(Coroner.)

Dec. 19, 1916 (Address) 819 N. Dulaney

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds. Home

Where was disease contracted, if not at place of death?

Former or usual residence 518 Gold St.

19-PLACE OF BURIAL OR REMOVAL, Mt. Lebanon Cemetery

DATE OF BURIAL, Dec. 20th 1916.

20-UNDERTAKER Felix V. Pye

ADDRESS 102 E. Mulberry St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0578

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0578

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 245 S. Eden St ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Kirsner

(Residence in Baltimore: No. 245 S. Eden St St.: 28 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unkown (Month), (Day), 1835 (Year)

7-AGE, 81 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Russia

PARENTS.

10-NAME OF FATHER, Samuel

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unkown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Levi's

(Address) 1411 E Balto X

15-

Filed DEC 20 1916, 191.... MARY C. ANDY
Burial Permit Issued Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 20 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1914, to Dec 20 1916, that I saw her alive on Dec. 20 1916, and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis, arterio sclerosis, interstitial nephritis

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial asthma

(Duration) yrs. mos. 14 ds.

(Signed) Herman Seidel M. D.

Dec 20, 1916 (Address) 1931 E. Pratt st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Herm Cem — DATE OF BURIAL, 12-21, 1916

20-UNDERTAKER, Jack Levi — ADDRESS 1411 E Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1920 D 0579

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Jacobson

(Residence in Baltimore: No. 919 E Pratt St.; 27 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. Unknown (Month) (Day), 1836 (Year)

7-AGE. 80 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E Baltimore St

15-

Filed DEC 20 1916, 191.... HARRY C. ARNOLD Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 19, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 21 1916, to Dec 19 1916, that I saw her alive on Dec 19 1916, and that death occurred, on the date stated above, at 8 a.m. p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Contusion

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(Duration) 1 yrs. mos. ?

(Signed) Edward Jacobson M. D.

Dec 19..., 1916. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 29 ds. In the State 27 yrs. mos. ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence 919 E Pratt St

19-PLACE OF BURIAL OR REMOVAL. Hebrew Rosedale

DATE OF BURIAL, Dec 21, 191...

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0580

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0580

CERTIFICATE OF DEATH.

REGISTERED No. C 15

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 7 r g W Mulberry St.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Smith.

(Residence in Baltimore: No. 7 r g W Mulberry St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec 18, 1916
(Month) (Day) (Year)

7-AGE, 2 yrs. mos. 2 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of Industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Gordon Smith

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Julia Gordon

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Gordon

(Address) 7 r g W Mulberry

15-

Filed DEC 20 1916 MARRY ADDRESS

Burial Permit Issued

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. D. Doncaster M. D.
(Coroner)

Dec 20, 1916 (Address) 312 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem DATE OF BURIAL, Dec 21, 1916

20-UNDERTAKER John A Toadvine ADDRESS 1421 Hill St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0581

D 0581

41

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 N. Broadway ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Rebecca Hilbert

(Residence in Baltimore: No. 419 N. Broadway St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan 13, 1850 (Month) (Day) (Year)

7-AGE, 66 yrs. 11 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country) Balto City

PARENTS.

10-NAME OF FATHER. Geo A Rawlings

11-BIRTHPLACE OF FATHER (State or Country). Balto City

12-MAIDEN NAME OF MOTHER Louisa Frederick

13-BIRTHPLACE OF MOTHER (State or Country). Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm R Hilbert

(Address) 419 N Broadway

15- DEC 20 1916 Filed ....., 191.... HARRY C. ANDREWS CITY Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 18, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 12 1916, to Dec. 18 1916, that I saw h-r alive on Dec. 17 1916, and that death occurred, on the date stated above, at 3.45 A. m.

The CAUSE OF DEATH* was as follows: Carcinoma Rectum

Probably (Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) General Arteriosclerosis

Probably (Duration) 1 yrs. 7 mos. 1 ds.

(Signed) Arthur G Barnes M. D.

12-19-16, 191.. (Address) 1621 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery — DATE OF BURIAL, Dec. 21, 1916

20-UNDERTAKER Albert E Fuller — ADDRESS 221 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B D 0582 — HEALTH DEPARTMENT—CITY OF BALTIMORE — 56. D 0582

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 St Paul St ST.; 11 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice White Moale.

(Residence in Baltimore: No. 715 St Paul St St.: — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female.

4-COLOR OR RACE. White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 22nd (Day) 1853 (Year)

7-AGE. 63 yrs. 6 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Somerset Co Md.

PARENTS.

10-NAME OF FATHER, William L. H. White.

11-BIRTHPLACE OF FATHER (State or Country) Wicomico Co Md.

12-MAIDEN NAME OF MOTHER Angeline Barkley.

13-BIRTHPLACE OF MOTHER (State or Country) Somerset Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Minnie Mills Dick

(Address) Cambridge Md.

15- Filed DEC 20 1916 191.... HARRY C. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 20th (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1916, to Dec 19th 1916, that I saw h[illegible] alive on December 19th 1916, and that death occurred, on the date stated above at 8 a. m.

The CAUSE OF DEATH* was as follows:

[redacted]

Chronic Alcoholism

(Duration) yrs. 2 mos. 17 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. F. Lockwood M. D.

Dec 20th, 1916 (Address) 8 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, Dec 21st, 1916.

20-UNDERTAKER Henry W. Jenkins & Sons Co

[illegible] Orchard Sts.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 0583 — 28 D 0583

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 N. Patterson Park Ave St.; (WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Riley Jones

(Residence in Baltimore: No. 101 N Patterson Park Ave St.; 77 yrs.. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, May 25, 1839 (Month) (Day) (Year)

7-AGE, XX yrs. 7 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer): Grocery

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Bezar Jones

11-BIRTHPLACE OF FATHER (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Johnson Lansdale

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie L Jones

(Address) 1010 N Patterson

15- HARRY [illegible] Registrar.

Filed DEC 20 1916, 191.....Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Dec 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 15 1916, to Dec 19 1916, that I saw h.. alive on Dec 19 1916, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage

(Duration) yrs. mos. 7 ds.

(Signed) J. H. O'Donnell M. D.

Dec 20, 1916 (Address) 1021 Fleet St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Dale-Cemetery — DATE OF BURIAL: Dec 22 1916

20-UNDERTAKER: Robt L Turner — ADDRESS: 429 Bway

D 0584

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0584

CERTIFICATE OF DEATH.

89

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1024 Vine ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Hall

(Residence in Baltimore: No. 1024 Vine St.; yrs. 26 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH. Aug (Month) 17 (Day), 1872 (Year)

7-AGE. 44 yrs. 4 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cook
(b) General nature of industry, business, or establishment in which employed (or employer). Private Res

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Benjamin Locks

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Eliza Brown

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julia Corbett

(Address) 1024 Vine St

15- Filed DEC 20 1916, 191.... Registrar.

MARRY C. ADAMS
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec (Month) 18 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Oedema of Lungs

(Duration) 2 hours

CONTRIBUTORY (Secondary) Bronchitis acute

(Duration) 2 mos.

(Signed) James M. Fenby M. D. (Coroner)

Dec 19 1916 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn	Dec 21 1916
20-UNDERTAKER	ADDRESS
Alfred J Beckard	Schroeder St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Special Blank—M. & T.—2000 Bks.

D 0585

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0585

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 430 Moore St.; 11 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm E. Conway

(Residence in Baltimore: No. 430 Moore St.; 15 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Unknown (Month) (Day) 187 (Year)

7-AGE, 65 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Yard

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Saml S Conway

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Eliza Conway

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen Conway

(Address) 430 Moore St

15- HARRY C. ANDREWS

Filed DEC 20 1916, 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Dec 18th, 1916 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 12 1916, to Dec 18 1916, that I saw h[illegible] alive on Dec 17 1916, and that death occurred, on the date stated above, at 7.45 A m.

The CAUSE OF DEATH was as follows:

Acute Pneumonia Influenza

Hemiplegia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 11 ds.

(Signed) [illegible] M. D.

Dec 19 1916 (Address) 1432 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, Dec 22 1916

20-UNDERTAKER Saml Wensley

ADDRESS 518 N Bond

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0586

CERTIFICATE OF DEATH

170 D 0586

REGISTERED No. C .....

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2002 Pulaski St. 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Thomas M. Ward

(Residence in Baltimore: No. 2002 Pulaski St.: 58 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Unknown, 1858 (Month) (Day) (Year)

7 AGE: 58 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Plumber
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: John F Ward

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridgt Bradley

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma L Ward

(Address) 2002 N Pulaski St

15 DEC 20 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 12 (Month) 19 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1916 to Dec 19 1916 that I saw h[illegible] alive on Dec 18, 1916 and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) ..... yrs. 6 mos. ..... ds

Contributory (SECONDARY) Pneumonia

(Duration) ..... yrs. ..... mos. 6 ds.

(Signed) Jno H Blum M. D.

Dec 20, 1916 (Address) 710 St N Care

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Dec 22, 191...

20 UNDERTAKER: M Fahey & Sons — ADDRESS: 606 Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Blks.

92 D 0587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 0587

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 330 S Sharp Ave ST.: 9 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Irvin Brune

(Residence in Baltimore: No. 330 S Sharp Ave St.: 24 yrs. 7 mos. 10 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, September 9, 1891.
(Month) (Day) (Year)

7-AGE, 25 yrs. 3 mos. 10 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Boarding House

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Adolph Brune

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Georgetta Albert

13-BIRTHPLACE OF MOTHER (State or Country), Philadelphia Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Burton

(Address) 1622 Fremont Road

15- Harry C. Kinnier
Burial Permit Clerk.

Filed DEC 20 1916 191...
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 19th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 9th 1916, to Dec 19th 1916, that I saw him alive on Dec 19th 1916, and that death occurred, on the date stated above, at 12 Noon

The CAUSE OF DEATH* was as follows:

Pleuro Pneumonia

(Duration) ... yrs. ... mos. 26 da.

CONTRIBUTORY (Secondary) Endocarditis.

(Duration) 3 yrs. 3 mos. 4 da.

(Signed) R. Brent S. Kirk M. D.

Dec 19th 1916. (Address) 2127 Linford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge Cemetery	Dec 22nd, 1916.
20-UNDERTAKER George Schilling & Sons	ADDRESS 1126 E Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0588

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0588

CERTIFICATE OF DEATH.

150

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1340 N. Stockton ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Rawlings

(Residence in Baltimore: No. 1340 N Stockton St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col'd	Single

6-DATE OF BIRTH, Dec. 16, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 3 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), 1340 N. Stockton Baltimore

PARENTS.

10-NAME OF FATHER, Nelson Rawlings

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Harriet Elmore

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Father

(Address) 1340 N. Stockton

15-

Filed DEC 20 1916 191.. HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 18, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Con Cholera Infantum 2 days

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) yrs. mos. ds.

(Signed) M. Watkins M. D.
(Coroner)

Dec. 20 1916. (Address) 897 N. Stockton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Cem	Dec 21, 1916
20-UNDERTAKER, James A. Dennis	ADDRESS, 1303 Eastman St

Spec.—8-24-14—M. & T.—2000 Bks.

D 0589

HEALTH DEPARTMENT—CITY OF BALTIMORE

119

D 0589

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 N. Durham ST.; 6 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George J. Albrecht

(Residence in Baltimore: No. 114 N. Durham St.; Life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Feb. (Month) 5 (Day), 1894 (Year)

7-AGE, 22 yrs. 10 mos. 13 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Labors Day
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore city

PARENTS.

10-NAME OF FATHER, Anthony Albrecht.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore city.

12-MAIDEN NAME OF MOTHER Anna Egenhofer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anthony Albrecht.

(Address) 114 N. Durham St

15- DEC 20 1916 Filed ..... 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 18th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 191 6 to Dec 18 191 6, that I saw h... alive on Dec 18 191 6., and that death occurred, on the date stated above, at 1.20 m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis,

(Duration) ... yrs. ... mos. 21 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) ... yrs. ... mos. ... ds.

(Signed) D. J. Kraus M. D.

Dec 18, 1916 (Address) 2008 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUAY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer Cem. DATE OF BURIAL. Dec. 21., 1916.

20-UNDERTAKER Lilly & Zeiler ADDRESS 403 N. Wolfe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

78 D 0590

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 115 N Payson ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary K. Helland

(Residence in Baltimore: No. 115 N Payson St.: yrs. 52 8 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: Dec (Month) 11 (Day), 1864 (Year)

7-AGE: 52 yrs. mos. 8 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of Industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Peter Schaub

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Maria Poepper

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard Helland

(Address) 115 N Payson St

15- Filed DEC 20 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquire.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Oedema of Lungs

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

Myocarditis (Duration) yrs. mos. 2 ds.

(Signed) James M. Teufel (Coroner.) M. D.

Dec 19 1916 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs...mos...ds. In the State ...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Dec 21st, 1916

20-UNDERTAKER Mrs Mrs John H. Teufel

ADDRESS 801 W. Fayette St.

D 0591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 D 0591

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 726 W. Lexington St. 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Thomas F. Higdon

(Residence in Baltimore: No. 726 W Lexington St.; 64 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: Sept (Month) 4 (Day), 1851 (Year)

7 AGE: 65 yrs. 3 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Thomas Higdon

11 BIRTHPLACE OF FATHER (State or country): Charles Co Md

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (State or country): Dont. Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): George Higdon
(Address): 726 W. Lexington St

15. Filed DEC 20 1916, 19.. HARRY C. ANDERS Registrar
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 18 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1916, to Dec 18 1916, that I saw h~~im~~er alive on Dec 17, 1916, and that death occurred, on the date stated above, at 6 a m.
The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY): No other history

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C Ellis Williams M. D.
Dec 18, 1916 (Address) 601 Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Baltimore Cem. DATE OF BURIAL: Dec 21, 1916

20 UNDERTAKER: Geo. W. Rittenour ADDRESS: 130 Monroe St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0592

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0592

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 644 N. Mulberry ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Middleton

(Residence in Baltimore: No. 644 N. Mulberry — St.; Life yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Unknown (Month) , 1 (Day) (Year)

7-AGE, 57 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) at Home

9-BIRTHPLACE, (State or Country), Balt. Md.

PARENTS.

10-NAME OF FATHER, Wm Robinson

11-BIRTHPLACE OF FATHER (State or Country), Balt. Md.

12-MAIDEN NAME OF MOTHER H Lewis

13-BIRTHPLACE OF MOTHER (State or Country), Balt. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary R. Dean

(Address) 120 Hoffman Ave.

15- Filed DEC 20 1916, 191.. HARRY C. ANDREAE Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 20th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 11 1916, to Dec. 20 1916, that I saw h[illegible] alive on Dec. 19 1916, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Acute Bron. Chronic

(Duration) yrs. 2 mos. 5 ds.

(Signed) Jno. S. Fulton M. D.

Dec. 20, 1916. (Address) 206 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral DATE OF BURIAL, Dec. 22, 1916.

20-UNDERTAKER, J. H. Byrnes ADDRESS 1424 W. Lexington St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0593 HEALTH DEPARTMENT—CITY OF BALTIMORE D 0593

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Kelly

(Residence in Baltimore: No. 104 Parkins St. St.; — yrs., — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... Unknown ....., 1858
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
58 yrs. — mos. — da.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Day.....

9-BIRTHPLACE, (State or Country) W. Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), W. Va.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), W. Va

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) John J. Cowan

(Address) 901 Hollins St.

15- DEC 20 1916 HARRY C. ANDREWS

Filed....., 191.... [redacted] Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec. 20 ....., 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 19 1916, to Dec. 20 1916, that I saw h[redacted] alive on Dec. 20 1916, and that death occurred, on the date stated above, at 9 45 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Several years.

(Duration) ....yrs. ....mos. ....da.

CONTRIBUTORY (Secondary) Prostatitis

Short time

(Duration) ....yrs. ....mos. ....da.

(Signed) John Allen M. D.

12/20, 191 6 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 da. In the State — yrs. — mos. — da.

Where was disease contracted, if not at place of death? —

Former or usual residence 104 Parkins St.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Western Cemetery	Dec. 22nd, 1916.
20-UNDERTAKER [redacted] Cowan	ADDRESS 901 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0594

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0594

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1821 Covingtpn St. ST. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W.Foley.

(Residence in Baltimore: No. 1821 Covington St. St.; yrs. 50 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower.

6-DATE OF BIRTH, May 15th. 1853. (Month) (Day) (Year)

7-AGE, 63 yrs. 7 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General.

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, Franklin Foley.

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER, Do not know.

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary A. Doyle. (daughter)

(Address) 1821 Covington St.

15- ROBERT P. KRAUTZ

Filed Dec 20" 1916 Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 19th. 1916. (Month) (Day) (Year) 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Reinhardt M. D. (Coroner)

Dec. 20, 1916. (Address) 1017 S. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Vincents Cemetery DATE OF BURIAL, Dec 21, 1916

20-UNDERTAKER, W. J. M. Glynn ADDRESS, 142 Light St.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 0595

CERTIFICATE OF DEATH

28

D 0595

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 602 Hubbard alley ST.: 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Henry Hite

(Residence in Baltimore: No. 602 Hubbard Alley St.: 33 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 ~~SINGLE~~ MARRIED ~~WIDOWED~~ OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: ..... (Month) ....., 1883 (Day) (Year)

7 AGE: 33 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Jno Hite

11 BIRTHPLACE OF FATHER (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Catherine Baker

13 BIRTHPLACE OF MOTHER (State or country): Balto Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Jno. Hite

(Address): 602 Hubbard al.

15 Filed DEC 21 1916 ROBERT R. KRAUTH Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 18 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 17 1916 to Dec 18 1916.

that I saw ~~him~~ alive on Dec 17 1916.

and that death occurred, on the date stated above, at 4 p m.

The CAUSE OF DEATH* was as follows:

Interstitial Pulmonale

..... (Duration) yrs. 1 mos. ..... ds

Contributory (SECONDARY) Exhaustion

..... (Duration) yrs. ..... mos. 7 ds.

(Signed) P. E Lilly M. D.

Dec 19 1916 (Address) for Thurston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel cemetery DATE OF BURIAL: Dec 21 1916

20 UNDERTAKER: R E Gross ADDRESS: 1405 McElderry st

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0596

CERTIFICATE OF DEATH.

9 D 0596

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2000 E. Preston ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME H.H. Robert Schmidt

(Residence in Baltimore: No. 2000 E Preston St.; 3 yrs., 3 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Sept (Month) 16 (Day), 1913 (Year)

7-AGE, 3 yrs. 3 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Herman F Schmidt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary E. Sohn

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herman F Schmidt

(Address) 2000 E Preston St

15-

Filed DEC 21 1916, 191.. ROBERT P. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 11 1916, to Dec 20 1916, that I saw h[illegible] alive on Dec 20 1916, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Diptheria

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) ....yrs. ....mos. ....ds.

(Signed) B O Herzog M.D.

Dec 20, 191.6 (Address) 205 N Paca

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery

DATE OF BURIAL, Dec 21 191.6

20-UNDERTAKER Robt Stamm

ADDRESS 1424 Bway

4 P.M.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0597

HEALTH DEPARTMENT—CITY OF BALTIMORE

178 D 0597

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH Found in

CITY OF BALTIMORE (No. Stable in rear of II Polk st 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Wolschlager

(Residence in Baltimore: No. None St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... Sept (Month) 7 (Day) 1848 (Year)

7-AGE, 68 yrs. 3 mos. 11 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Balto Co

PARENTS.

10-NAME OF FATHER, Louis Wolschlager

11-BIRTHPLACE OF FATHER (State or Country), Balto Co

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James A Wolschlager

(Address) Overlea Balto Co Md

15- Filed DEC 21 1916 ROBERT B. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec (Month) 18 (Day) 1916 (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Freezing

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner.) M. D.

Dec 20 1916 191... (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Stable in rear of II Polk st

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	Dec 21 1916
20-UNDERTAKER	ADDRESS
Robt F Sumwalt	1492 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0598

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0598

CERTIFICATE OF DEATH.

50

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Annie Willing

(Residence in Baltimore: No. 926 N. Calvert St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE, ... yrs. 38 mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Wm R Robertson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Rebecca Kelly

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs R Robertson

(Address) 926 N Calvert St

15- DEC 21 1916 Filed ....., 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 20, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 19 1916, to Dec 20 1916, that I saw h- alive on Dec 20 1916, and that death occurred, on the date stated above, at 2:30 A m. The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Diabetes Coma

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A M Harmeier M. D.

12/22 191.. 6 (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 926 N Calvert St

19-PLACE OF BURIAL OR REMOVAL, Pimlico Md

DATE OF BURIAL, ... 191...

20-UNDERTAKER W J Richards

ADDRESS Pimlico

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0599

CERTIFICATE OF DEATH.

64 D 0599

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 W. Franklin Street ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jonathan Nesbitt

(Residence in Baltimore: No. 1215 W. Franklin Street St.; 75 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~. (*Write* the word.) Widow

6-DATE OF BIRTH, Sept. 2, 1841 (Month) (Day) 1 (Year)

7-AGE, 75 yrs. 3 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): B. & O. R. R.

9-BIRTHPLACE, (State or Country), Richmond, Va

PARENTS.

10-NAME OF FATHER, James Nesbitt

11-BIRTHPLACE OF FATHER (State or Country), Manchester, England

12-MAIDEN NAME OF MOTHER Angelina Ward

13-BIRTHPLACE OF MOTHER (State or Country), North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Nesbitt Bauer

(Address) 1215 W. Franklin Street

15-

Filed DEC 21 1916, 191.....

ROBERT P. KRAUTER

Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 19, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1915, to December 1916, that I saw him alive on December 19 1916, and that death occurred, on the date stated above, at 6.15 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 1 yrs. 6 mos. ....ds.

(Signed) Thomas Jackson M. D.

Dec 29 1916 (Address) 1002 E. Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Dec 22, 191.

20-UNDERTAKER: Wm. J. Tarbuton | ADDRESS: North & Pennsa

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0606

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

62

D 0606

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1904 E. Fairmount Ave St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joshua J. Champness

(Residence in Baltimore: No. 1904 E. Fairmount ave St.: 69 yrs., 1 mos. 5 ds.)

CAUSE OF DEATH to be written in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Nov. (Month) 14 (Day), 1847 (Year)

7-AGE, 69 yrs. 1 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer) Shipp. Bld. Co.

9-BIRTHPLACE, (State or Country) Balto. Md.

PARENTS.

10-NAME OF FATHER, Champness.

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Lucy Asley

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. J. Champness

(Address) 1904 E. Fairmount Ave

15- Filed DEC 21 1916, 191.... ROBERT R. KRAUTER STATE REGISTRAR Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 9 1916, to Dec 19 1916, that I saw h[illegible] alive on Dec 18 1916, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

a. Cerebral Hemiplexy

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) Locomotor Ataxia

(Duration) 2 yrs. ....mos. ....ds.

(Signed) Geo. H. Hellen M. D.

Dec 19, 1916 (Address) 1937 Gough St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount

DATE OF BURIAL, Dec 22 1916

20-UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans

Spec.—8-24-14—M. & T.—2000 Blks.

D 0601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 0601

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2324 Morris ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Wicks

(Residence in Baltimore: No. 2324 Morris St.; 3 yrs., 10 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH. July 13, 1913
(Month) (Day) (Year)

7-AGE, 3 yrs. 10 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Ezekiel Wicks

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Sallie Brockner

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sallie Wicks

(Address) 2324 Morris St

15-

Filed DEC 21 1916 ROBERT R. KRAUTER By..... Registrar

Serial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 18th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 17 1916., to Dec 18th 1916., that I saw her alive on Dec 18th 1916., and that death occurred, on the date stated above, at 10.5 p m.

The CAUSE OF DEATH* was as follows:

1. Tuberculosis of Cerebral Nucleus of Brain (Duration) yrs. 1 mos. 18 ds.

CONTRIBUTORY (Secondary) Tuberculosis of the Intestines (Duration) yrs. 1 mos. 18 ds.

(Signed) Edward Eschmann M. D.

Dec 20th, 191.., (Address) 1339 W North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL. Dec 21, 1916

20-UNDERTAKER Edward Ringgold — ADDRESS 1463 Bery st

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0602

CERTIFICATE OF DEATH.

9 D 0602

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Layton

(Residence in Baltimore: No. 1918 Sherwood Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Mono

6-DATE OF BIRTH, October 9, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 2 mos. 11 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Arthur Layton

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Emma Reider

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address) John Hopkins Hosp.

15- DEC 21 1916 191.... ROBERT R. KRAUTER Burial Permit Clerk
Filed Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 20, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 11 1916, to Dec 20, 1916, that I saw h.. alive on Dec 20 1916, and that death occurred, on the date stated above, at 3.40 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar

..... (Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Wilder R. Tileston M. D.

Dec ....., 191.6 (Address) John Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 9 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1918 Sherwood Ave

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cemetery DATE OF BURIAL, Dec 21st, 1916

20-UNDERTAKER George J. Ruth ADDRESS 1735 Hanford Ave.

CAUSE OF DEATH to be written in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 0603

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1003 Saulsbury Place St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lizzie Johnson

(Residence in Baltimore: No. 1003 Saulsbury Place St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	Widow

6-DATE OF BIRTH, Unknown ....., 1..... (Month) (Day) (Year)

7-AGE, apparent 40 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Unknown
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed DEC 21 1916 191.... ROBERT R. KRAUTER. Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 13, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Unadjusted (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Unadjusted (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Unknown

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry Lyman Smith M. D. (Coroner.)

Dec 16 1916 (Address) 1610 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL DEC 20 1916 Department of Health

N.B. Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

383

D 0604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 120 D 0604

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Foote

(Residence in Baltimore: No. Long Green Balto Co MD St.: yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Unk

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, About 60 yrs. mos. ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unk

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country), Unk

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country), Unk

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed DEC 21 1916 ROBERT E. KRAUTER Clerk
Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec 9 1916 (Month) (Day) (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) ..... (Coroner.) M. D.

Dec. 11 1916 (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

D 0605

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0605

CERTIFICATE OF DEATH.

3 92

1 PLACE OF DEATH. CITY OF BALTIMORE (No. City Jail, St.: WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antone Schantz

(Residence in Baltimore: No. Said to be 6228 Bond St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Unknown

6-DATE OF BIRTH, ..., 1 ..... (Month) (Day) (Year)

7-AGE, 36 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Unknown
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jail

(Address).....

15- DEC 21 1916 Filed....., 191..... ROBERT R. KRAUTHE VITAL STATISTICS Clerk Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 10, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy of inquiry.) and that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Lobar Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D. (Coroner)

Dec 10, 1916 (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL, ... 19...
20-UNDERTAKER	ADDRESS

DEC 20 1916

Commissioner Health,

Per. Wm. E. WOODALL

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0606 64 D 0606

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 737 E Lanvale St St.: W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Dudki

(Residence in Baltimore: No. 737 E Lanvale St St.; yrs., mos. da.)

unknown

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	unknown

6-DATE OF BIRTH, unknown (Month) (Day) (Year)

7-AGE. 55 yrs. apparent mos. da. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work unknown
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). unknown

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eastern Police Station

(Address) Bond & Broadway

15-

Filed DEC 21 1916 191 ROBERT R. KELCHER Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 6, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. da.

CONTRIBUTORY unknown (Secondary)

(Duration) yrs. mos. da.

(Signed) Thomas Ryan Limacy M. D. (Coroner)

Dec 6, 1916. (Address) 1610 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL DEC 21 1916

Commissioner of Health,

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 0607

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST.: 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julius Cobb

(Residence in Baltimore: No. Unknown St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male | 4-COLOR OR RACE, Col | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 40 yrs. ..... mos. ..... ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, "

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) University Hospital Records
(Address) Green and Lombard Sts.

15-
Filed DEC 21 1916 191 ROBERT L. KRAUTER
Burial Permit Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 3, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert L. Doscall M. D.
(Coroner.)
Dec 18 1916 (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	DEC 20 1916
20-UNDERTAKER	ADDRESS

Commissioner of Health

Dec. 21 1916

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0608 D 0608

CERTIFICATE OF DEATH.

×92

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roy Austin

(Residence in Baltimore: No. Gibsons Point Mc Comas St. ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, 22 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed....., 191... ROBERT ..... Registrar.

DEC 21 1916 Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec 17 ....., 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 8, 1916, to Dec 17, 1916, that I saw h[illegible] alive on Dec 11 1916, and that death occurred, on the date stated above, at 630 m.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia,

..... (Duration)..... yrs. ..... mos. 9 ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration)..... yrs. ..... mos. ..... ds.

(Signed) Elmer Wendenreich M. D.

D. 12-18, 1916 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 9 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 717 Cole Mc Gibsons Point Md

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, ..., 191...

20-UNDERTAKER | ADDRESS

JOHNS HOPKINS HOSPITAL DEC 21 1916 Commissioner Health.

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0609

CERTIFICATE OF DEATH.

x92 D 0609

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Carter (Can?)

(Residence in Baltimore: No. Harrows Point Md St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 35 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant):

(Address):

15- Filed DEC 21 1916 191 ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 17, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 8, 1916, to Dec 17 1916, that I saw h[illegible] alive on Dec 17 1916, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elmer Hewsenner M. D.

12-18, 1916 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 579 Hanover Corner Baltimore

19-PLACE OF BURIAL, OR REMOVAL, JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, DEC 2 0 1916 191

20-UNDERTAKER

ADDRESS

Commissioner Health.

WM. F. WOODALL

Cause of death to be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0610 **CERTIFICATE OF DEATH.** 152 D 0610

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospt St.; West WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Gray

(Residence in Baltimore: No. University Hospital St.: 0 yrs. 0 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, November (Month) 25 (Day), 1916 (Year)

7-AGE, ...yrs. 14 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work X
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Bond

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Anna Gray

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15-

Filed....., 191.... ROBERT P. KRAUTH Registrar.

DEC 21 1916 Burial Permit 6757

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 9 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Nov 25 1916, to Dec 9 1916, that I saw him alive on Dec 9 1916, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

..... (Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) J. J. Wolff M. D.

Dec 10, 1916 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 14 ds. In the State ....yrs. ....mos. 14 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL, ..., 191...

20-UNDERTAKER ADDRESS

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 611

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 611

X 108

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH St Josephs Hospital 9

CITY OF BALTIMORE, (No. ..... St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Katherine O Phelps

(Residence in Baltimore: No. 314 Coal Spring Lane St.; ..... yrs. ..... mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	white	Married

6-DATE OF BIRTH, Sept (Month) 15 (Day), 1883 (Year)

7-AGE, 33 yrs. 5 mos. 5 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home.

9-BIRTHPLACE, (State or Country), Balto Co.

PARENTS.

10-NAME OF FATHER, J. W. Carter.

11-BIRTHPLACE OF FATHER (State or Country), Balto Co.

12-MAIDEN NAME OF MOTHER asked not given

13-BIRTHPLACE OF MOTHER (State or Country), asked not given

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank C. Phelps

(Address) 314 Cold Spring Lane

15- Filed DEC 21 1916 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 17 1916, to Dec 20 1916, that I saw h[illegible] alive on Dec 20 1916, and that death occurred, on the date stated above, at 12 4 m.

The CAUSE OF DEATH* was as follows:

Peritonitis Acute

Pulmonary Embolism

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Appendicitis

Pelvic Inflammatory disease

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. T. Clement M. D.

Dec 20, 1916 (Address) St Joseph Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 314 Cold Spring Lane

19-PLACE OF BURIAL OR REMOVAL, St Marys Groves. DATE OF BURIAL, Dec 22, 1916

20-UNDERTAKER A S Marshall 3539 Falls Rd ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0612 HEALTH DEPARTMENT—CITY OF BALTIMORE D 0612

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Mulberry & Edgewood Ave. St. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Kraus

(Residence in Baltimore: No. Mulberry & Edgewood St.; 54 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female / Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 15 (Day), 1861 (Year)

7-AGE, 55 yrs. 6 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) at home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Kaspar Steinmann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Katherine Lay

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Kraus

(Address) Mulberry & Edgewood

15- Filed DEC. 21 1916, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 17 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15 1916, to Dec 17 1916, that I saw her alive on , , 1916, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Cerebral Hemorrhage

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. J. Reed M. D.

Dec 17., 1916 (Address) 916 E. Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Dec 22, 1916

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 W. Balto. St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0613

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 0613

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 E. Chase St. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edwin V. Otto

(Residence in Baltimore: No. 1818 E. Chase St St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: May (Month) 26 (Day), 1891 (Year)

7-AGE: 25 yrs 6 mos 29 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Printer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: William Otto.

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Sarah E. Hawkins

13-BIRTHPLACE OF MOTHER (State or country): Balt.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah E. Hawkins

(Address) 1818 E. Chase St

15- Filed DEC 21 1916 ROBERT R. KRAUTH. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 3, 1916, to, Dec 20 1916, that I saw h[illegible] alive on Dec 19 1916, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) 0 yrs 0 mos 17 ds.

Contributory (SECONDARY)

(Duration) yrs mos ds.

(Signed), H. E. Buckhanan M. D.

Dec 20 1916. [Address] 3100 Harford Rd

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem. DATE OF BURIAL: Dec. 22 1916

20-UNDERTAKER: Frank A. Fink ADDRESS: 910 W. Gay St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0614

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0614

CERTIFICATE OF DEATH.

REGISTERED No. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 406 S.Sharp St. ST.: [illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer S.Brooks.

(Residence in Baltimore: No. 406 S.Sharp St.

St.; yrs., 2 mos. 11 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White.	Single.

6-DATE OF BIRTH, October 8th. 1916., 1
(Month) (Day) (Year)

7-AGE, -- yrs. 2 mos. 11 da. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John Brooks.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Nellie Pierce.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Brooks.(father)

(Address) 406 S. Sharp St.

15 DEC 21 1916 HARRY C. ANDER[illegible]

Filed ....; 191.... Burial Permit Clerk.

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 19th. 1916., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.

(Duration) .... yrs. .... mos. .... da.

CONTRIBUTORY (Secondary) [illegible]

(Duration) .... yrs. .... mos. .... da.

(Signed) [illegible] M. D.
(Coroner)

Dec. 21, 1916. (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... da. In the State .... yrs. .... mos. .... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cem. DATE OF BURIAL. Dec. 24 1916.

20-UNDERTAKER John J. Pegram & Co. ADDRESS 926 W. Baltimore.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0615 40 D 0615

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1839 E. Lafayette Ave St.; 8 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert F. Hazel.

(Residence in Baltimore: No. 1839 E. Lafayette Ave St.; — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Oct (Month) ..... (Day), 1840 (Year)

7-AGE, 76 yrs. 2 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Carpenter House
(b) General nature of industry, business, or establishment in which employed (or employer)..... Retired

9-BIRTHPLACE, (State or Country). Pa.

PARENTS.

10-NAME OF FATHER. John Hazel

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Fredericka —

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary J. Hazel

(Address) 1839 E. Lafayette Ave

15- Filed DEC 21 1916, 191.... HARRY C. ANDREES Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. December (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 8 1916, to Dec-19 1916, that I saw h[illegible] alive on Dec-19. 1916, and that death occurred, on the date stated above, at 11. P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma - liver

..... (Duration) yrs. 5 mos. 7 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) yrs. — mos. — ds.

(Signed) Wilbur P. Stubbs M. D.

Dec 20, 1916 (Address) 6477 N. Calhoun St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Greenmount Cemetery

DATE OF BURIAL. Dec. 22, 1916

20-UNDERTAKER Albert E. Fuller

ADDRESS 221 N. Bradford

D 0616

HEALTH DEPARTMENT—CITY OF BALTIMORE

79 D 0616

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1014 W. Barre St.: 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie C. Scullen

(Residence in Baltimore: No. 907 Barre St.; yrs. 36 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 17th, 1880 (Month) (Day) (Year)

7-AGE. 36 yrs. 5 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Candy - Operator
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, James Scullen

11-BIRTHPLACE OF FATHER (State or Country). Pa

12-MAIDEN NAME OF MOTHER Catherine Gallagher

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Scullen

(Address) 907 Barre

15- Filed DEC 21 1916, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 19, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

Probably (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Valvular Disease of Heart

(Duration) yrs. mos. ds.

(Signed) C. L. Donovan M. D.

Dec 20 1916 (Coroner.) (Address) 312 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cem.

DATE OF BURIAL. Dec 22 1916

20-UNDERTAKER John J Cavanaugh Son

ADDRESS 900 Hollins St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0617 HEALTH DEPARTMENT—CITY OF BALTIMORE D 0617

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 219 Rock ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Brown

(Residence in Baltimore: No. 219 Rock St. — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Col	Married

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE, 54 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm Hopkins

11-BIRTHPLACE OF FATHER (State or Country), Md,

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Harry Brown
(Address) 219 Rock.

15- Filed DEC 21 1916, 191.... HARRY C. ANDREWS Registrar.
Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Chronic Valvular Heart Disease
(Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. L. Duncan M. D. (Coroner.)
Dec 20, 1916 (Address) 312 N. Carey St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cemetery	Dec 22 1916
20-UNDERTAKER	ADDRESS
Charles B. Jones	235 N. Pines

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0618

CERTIFICATE OF DEATH.

28 D 0618

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 692 W Mulberry ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nettie Ringgold

(Residence in Baltimore: No. 692 W. Mulberry St.; 8 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 2, 1870 (Month) (Day) (Year)

7-AGE, 46 yrs. ..... mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work out at Service Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) Wife

9-BIRTHPLACE, (State or Country), Chestertown Md

PARENTS.

10-NAME OF FATHER, John E. Dent

11-BIRTHPLACE OF FATHER (State or Country) Chestertown Md

12-MAIDEN NAME OF MOTHER Fannie Gray

13-BIRTHPLACE OF MOTHER (State or Country) Syracuse N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Ringgold

(Address) 692 W. Mulberry St.

15- DEC 21 1916 Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 20, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 4 1916, to Dec 20 1916, that I saw h.. alive on Dec 20 1916, and that death occurred, on the date stated above, at 6.15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Anemia ?

(Duration) ..... yrs. ? mos. ..... ds.

(Signed) Wm. H. Wright M. D.

Dec 21., 1916. (Address) 1209 Presstman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Dec 24th 1916.

20-UNDERTAKER Charles. B. Jones

ADDRESS 2357 N. Pine St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0619

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0619

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. West Fortieth St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Elmo Bruin

(Residence in Baltimore: No. 4200 Glenwood Ave Balto. (If non-resident give STATE or COUNTRY.) (If under 1 day, ... hrs. or ... min.) (If under 1 year, ... mos. ... ds.) (If 1 year or over, ... yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 3 (Month) 1907 (Day) (Year)

7-AGE, 9 yrs. 6 mos. 17 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Chas. A. Bruin

11-BIRTHPLACE OF FATHER (State or Country), Dist. Penn.

12-MAIDEN NAME OF MOTHER Anna Burke

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Allen Fuller

(Address) 3517 Springdale Ave

15- DEC 21 1916 Filed ..... 191 ..... HARRY C. ... Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage

due to having been run over by automobile (Duration) Accident mos. ds.

CONTRIBUTORY (Secondary) ..... (Duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D. (Coroner.)

Dec 21, 1916. (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Old Spring Lane Md

Former or usual residence 4200 Kenwood Ave Md

19-PLACE OF BURIAL OR REMOVAL, Forest Presbyterian Cem. DATE OF BURIAL, Dec 22, 1916

20-UNDERTAKER H. Allen Fuller ADDRESS 3517 Springdale Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0620 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D 0620

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 517 Rose Hill Terrace St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Gallagher

(Residence in Baltimore: No. 517 Rose Hill Terrace St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	married

6-DATE OF BIRTH, April (Month) 23 (Day), 1872 (Year)

7-AGE,	If LESS than 1 day,
44 yrs. 7 mos. 28 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Illinois

PARENTS.

10-NAME OF FATHER, Patrick Sullivan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Jane M. Buckley

13-BIRTHPLACE OF MOTHER (State or Country), Vermont

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hugh Gallagher

(Address) 517 Rose Hill Terrace

15- Filed DEC 21 1916, 191... HARRY C. AHERN Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 21 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from April 1915, to December 1916, that I saw her alive on Dec. 20 1916, and that death occurred, on the date stated above, at 11:40 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Mary F. VonKlein M. D.

Dec. 21, 1916. (Address) 1028 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lochaburg Pa	Dec 22, 1916.
20-UNDERTAKER	**ADDRESS**
H. Allen Fuller	3517 Springdale Ave

important. See instructions on back of certificate.

Spec.—S-24-14—M. & T.—2000 Bks.

D 0621

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0621

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 Smith St. ST.; 14 WARD)

REGISTERED NO. C 28

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Wolf

(Residence in Baltimore: No. 605 Smith St St.; 44 yrs. 3 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Sept 1 (Month) (Day) 1872 (Year)

7-AGE, 44 yrs. 3 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Matthias Wolf

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Josepha Wittekemeier

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Wolf

(Address) 605 Smith St

15- Filed DEC 21 1916, 191.... HARRY A DILLEY Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 20 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 11 1916, to Dec 20 1916, that I saw h[illegible] alive on Dec 20 1916, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

Pneumonia

(Duration) ....yrs. ....mos. 9 ds.

CONTRIBUTORY (Secondary) Pulmonary

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas T Chatten M. D.

Dec 21, 1916. (Address) 1330 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery — DATE OF BURIAL, Dec 23 1916

20-UNDERTAKER Peter Kope — ADDRESS 1320 W Baltimore St

important. See instructions on back of certificate.

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0622

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92

REGISTERED NO. C D 0622

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 29 Gorman Ave ST 20 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Augusta Hahn

(Residence in Baltimore: No. 29 Gorman ave St.: 7 yrs. 1 mos. ✓ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH: April (Month) 14 (Day), 1874 (Year)

7-AGE: 42 yrs. 8 mos. 6 ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Rochester New York.

PARENTS

10-NAME OF FATHER: Hugo Kuehne

11-BIRTHPLACE OF FATHER (State or country): Saxony.

12-MAIDEN NAME OF MOTHER: Catherine Diebrich

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Melvin S. Hahn

(Address): 29 Gorman Ave

15. DEC 21 1916 Filed ..... 191 HARRY C. ANDE... Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 20 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1916, to Dec 20, 1916, that I saw h[illegible] alive on Dec 20, 1916 and that death occurred, on the date stated above, at 1 p. m.

The CAUSE OF DEATH* was as follows:

D.
Pericarditis
(Duration) ✓ yrs. ✓ mos. 8 ds.
Contributory (SECONDARY) Pneumonia (Double lung)
(Duration) ✓ yrs. ✓ mos. 10 ds.

(Signed) George C. Shannon M. D.
Dec 20, 1916, (Address) 700 Fulton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Dec 22 1916

20-UNDERTAKER: Bottom & Co ADDRESS: 1725 Lafayette ave

D 0623

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0623

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital St. 9 WARD)

REGISTERED No. C 1770

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Meyers

(Residence in Baltimore: No. Clinton & Fait ave St.; yrs. 50 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Single

6-DATE OF BIRTH: mar 9 1859, 1 (Month) (Day) (Year)

7-AGE: 57 yrs. 7 mos. 29 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: Nicholas Meyers

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Margaret Hembelman

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edwd. Meyers

(Address) 3661 O'Donnell st

15- Filed DEC 22 1916 ROBERT R. KRAUTER Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Dec 18 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] (Coroner.) M. D.

Dec 20 1916 (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 57 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Clinton & Fait Ave

19-PLACE OF BURIAL OR REMOVAL: Sacred Heart Cemetery

DATE OF BURIAL: Dec 22nd 1916

20-UNDERTAKER: Lilly & Zeiler

ADDRESS: 403 S. Wolfe st.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0624

CERTIFICATE OF DEATH.

109 D 0624

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 S. Wolfe. ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Andrew Brown

(Residence in Baltimore: No. 407 S. Wolfe St.; ..... yrs., 1 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... Nov. 16 ....., 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
.....yrs. 1 mos. 5 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Child .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Andrew Brown

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Rosie Zaromska

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Brown

(Address) 407 S. Wolfe St.

15-

Filed DEC 22 1916 191 ROBERT R. KRAUTER
Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 21, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 20 1916, to Dec 21 1916, that I saw him alive on Dec 20 1916, and that death occurred, on the date stated above, at 3 P.M. The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) N. L. Hubard M. D.

Dec 21, 1916. (Address) 9100 Allendale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
St Stanislaus.	Dec 22nd, 1916.
20-UNDERTAKER Lilly & Zeiler	ADDRESS 403 S. Wolfe

CAUSE OF DEATH must be plainly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0625

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0625

110

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St.; 17 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Booker

(Residence in Baltimore: No. 1230 Argyle Ave. St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Black	Married

6-DATE OF BIRTH, Nov. 24, 1887.
(Month) (Day) (Year)

7-AGE, 29 yrs. - mos. 26 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country). Va.

PARENTS.

10-NAME OF FATHER, Carsen Gee

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Fannie Owens

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Phelps

(Address) Johns Hopkins Hosp.

15- DEC 22 1916 ROBERT R. KRAUTER
Filed....., 191.... Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 20, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 13 1916, to Dec 20 1916, that I saw h[er] alive on Dec 20 1916 and that death occurred, on the date stated above, at 11:25 p. m.

The CAUSE OF DEATH* was as follows:

Pleuro Pneumonia

(Duration) 5 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Alcoholism

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. E. Robertson M. D.

Dec 20, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. 7 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1230 Argyle Ave

19-PLACE OF BURIAL OR REMOVAL, Cemetery Va. DATE OF BURIAL, Dec 23, 1916.

20-UNDERTAKER Samuel Hensley ADDRESS 578 W. Lafayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0626 — CERTIFICATE OF DEATH. — 105 D 0626

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1102 Druid Hill Ave St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Asa Porter Jr.

(Residence in Baltimore: No. 1102 Druid Hill Ave St.; 3 yrs., 1 mos. 28 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Child

6-DATE OF BIRTH, Oct (Month) 27 (Day), 1913 (Year)

7-AGE, 3 yrs. 1 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Child.

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Asa J Porter Sr

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Hattie Carter

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Asa Porter, Sr.

(Address) 1102 Druid Hill Ave

15- Filed DEC 22 1916, 191.....

ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 20th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1916, to Dec 20 1916, that I saw him alive on Dec 20th 1916, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Diarrhoea + Enteritis

(Duration) ....yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Harry F. Brown M. D.

Dec 21, 1916 (Address) 1501 Druidman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. — DATE OF BURIAL, Dec 24 1916

20-UNDERTAKER Samuel Handley — ADDRESS 1810 Eastern Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0627 (1434) CERTIFICATE OF DEATH. (Burial and removal to) D 0627

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 1434 N. Caroll ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Williams

(Residence in Baltimore: No. 1434 N. Caroll St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col'd	Single

6-DATE OF BIRTH, (Nov) (Month) 20 (Day) 1916 (Year)

7-AGE,	If LESS than 1 day,
....yrs. 1 mos. 20 ds.	....hrs. or ....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Moses Williams

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Margaret Harris

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE ~~BEST~~ OF MY KNOWLEDGE.

(Informant) None

(Address) 1434 N. Caroll

15-

Filed DEC 22 1916 191.... ROBERT R. KRAUTH

Burial Permit Clerk — Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 19 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

Dilatation of Heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) " yrs. mos. ds.

(Signed) H. McElwee M. D.

(Coroner)

Dec 20, 1916 (Address) 1617 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1434 N. Caroll

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
HOPKINS HOSPITAL	DEC 21 1916
	....., 19....

20-UNDERTAKER	ADDRESS
Commissioner Health.	

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

56 D 0628

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2627 Dulaney ST.: 20 WARD)

2-FULL NAME South Mooney

(Residence in Baltimore: No. 2627 Dulaney St.

St.: yrs., 20 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, May 17, 1869
(Month) (Day) (Year)

7-AGE, 47 yrs. 7 mos. 4 ds.

If LESS than 1 day, ...hrs. or....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Penn.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mabel F. Michael

(Address) 2044 W. Lombard St.

15- Filed DEC 22 1916 191 ROBERT R. KRAUTER Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) F. Edw. Smith M. D.
(Coroner)

Dec 21, 1916 (Address) 910 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Dec 23, 1916

20-UNDERTAKER Joseph B. Cook ADDRESS 1103 W. Balto St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0629

CERTIFICATE OF DEATH.

28 D 0620

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 877 N. Castel St.; 7th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Svoboda

(Residence in Baltimore: No. 877 N. Castel St.; 30/ yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan 20, 1860 (Month) (Day) (Year)

7-AGE 56 yrs. 11 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) Housework

9-BIRTHPLACE, (State or Country), Austria

PARENTS.

10-NAME OF FATHER Joseph Martinek

11-BIRTHPLACE OF FATHER (State or Country) Austria

12-MAIDEN NAME OF MOTHER Mary Martinek

13-BIRTHPLACE OF MOTHER (State or Country) Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Svoboda

(Address) 877 N. Castel

15- Filed DEC 22 1916, 191.. ROBERT R. KRAUTER Registrar

Burial Permit Work

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 20th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 8th 191.., to Dec 19th 1916, that I saw her alive on December 19 1916, and that death occurred, on the date stated above, at 6.06 P. m.

The CAUSE OF DEATH* was as follows:

..... Tuberculosis ..... 1 year 6 months
..... (Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia (Catarrhal)
..... (Duration) yrs. 10 mos. ds.

(Signed) Thomas J. Thomas M. D.

Dec 21st, 1916. (Address) 1124 W Wolfe st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Hill DATE OF BURIAL, Dec 23, 191..

20-UNDERTAKER Wilhelm Cook ADDRESS 587 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0630

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

30 D 0630

REGISTERED No. C

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 612 Bradley ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hanny Sims

(Residence in Baltimore: No. 612 Bradley St.: 12 yrs. 7 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Feb. 8, 1873 (Month) (Day) (Year)

7-AGE: 43 yrs. 10 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Porter (dept-store)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lillian Sims (Wife)

(Address) 612 Bradley

15. Filed DEC 22 1916 ROBERT R. KRAUTER REGISTRAR

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 21 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1916, to Dec. 21 1916.

that I saw h— alive on Dec. 21, 1916.

and that death occurred, on the date stated above, at 6:5- m.

The CAUSE OF DEATH* was as follows:

Diabetis

(Duration) 0 yrs. 2 mos. 11 ds

Contributory (SECONDARY): none

(Duration) yrs. mos. ds.

(Signed) R B Kenyon M. D.

Dec 21, 1916 (Address) 422 N Greene

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cem. DATE OF BURIAL: Dec 23, 1916

20-UNDERTAKER: Daniel Easton Renn & Co ADDRESS 916

Spec.—8-24-14—M. & T.—2000 Bks.

Albert Mac Kenthun

D 0631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 D 0631

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 101 Rope walk Lane St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Mac Kenthun

(Residence in Baltimore: No. 101 Rope walk Lane St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, Aug (Month) 24 (Day), 1870 (Year)

7-AGE, 46 yrs. 3 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Teamster
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Wm Mackenthun

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Christina Miller

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Mackenthun

(Address) 1206 S Charles St

15-

Filed DEC 22 1916 191.....

ROBERT B. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 21 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 17 1916, to Dec 21 1916, that I saw h[illegible] alive on Dec 20 1916, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Cerebro Bronchial Pneumonia

(Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Alcoholism

(Duration) ... yrs. ... mos. 5 ds.

(Signed) H Kenthun M. D.

Dec 21..., 1916. (Address) 1228 S Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Westerne Cemetary — DATE OF BURIAL, Dec 23, 1916

20-UNDERTAKER F. A. Krause — ADDRESS 703 Hanover

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0632

CERTIFICATE OF DEATH.

105 D 0632

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 Welcome alley ST.: 77 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Robinson

(Residence in Baltimore: No. 113 Welcome alley St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Nov. (Month) 25 (Day), 1874 (Year)

7-AGE: 42 yrs. X mos. 27 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: Henry Robinson

11-BIRTHPLACE OF FATHER (State or Country): Baltimore Md.

12-MAIDEN NAME OF MOTHER: Alice Chinn

13-BIRTHPLACE OF MOTHER (State or Country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daisy Briscoe

(Address) 111 Welcome alley

15- Filed DEC 22 1916 ROBERT R. KRAUTER Clerk
Burial Permit No.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Dec (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 16 1916, to Dec 20 1916, that I saw her alive on Dec 20 1916, and that death occurred, on the date stated above, at 5.30 a.m.

The CAUSE OF DEATH* was as follows:

Primary - Gastritis & Enteritis

Immediate - Exhaustion

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) From Personal Knowledge

(Duration) yrs. mos. 5 ds.

(Signed) J. L. Straus M. D.

Dec 22 1916. (Address) 520 E. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Dec 23, 1916

20-UNDERTAKER: J. L. Brown & Son — ADDRESS: 108 [illegible]

CAUSE OF DEATH to be plainly stated, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0633

HEALTH DEPARTMENT—CITY OF BALTIMORE

78 D 0633

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital St.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Culp

(Residence in Baltimore: No. 2942 Harlem St.: yrs. 26 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH. Nov. (Month) 26 (Day) 1890 (Year)

7-AGE. 26 yrs. — mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Conductor Local
(b) General nature of industry, business, or establishment in which employed (or employer)..... Railway

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Wm. A. Culp

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Mary E. Hoffbeer

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Gertrude Culp.

(Address) 2942 Harlem Ave

15- Filed DEC. 22 1916, 191..... ROBERT B. KRAUTER Clerk
Burial Permit Registered.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Endocarditis & Pericarditis

Duration (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) W. T. Riley (Coroner.) M. D.

Dec 22, 1916. (Address) 1639 Bender

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death 10 hrs ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? 2942 Bender Ave

Former or usual residence 2942 Harlem Ave

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet — DATE OF BURIAL, Dec 22 1916

20-UNDERTAKER Joseph B. Cook — ADDRESS 1003 W. Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0634

CERTIFICATE OF DEATH.

92 D 0634

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 S. Spring ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda McCabe

(Residence in Baltimore: No. 309 S. Spring St.; Life yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) Unknown (Day) ..... (Year) 1882

7-AGE, 34 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Scrub
(b) General nature of industry, business, or establishment in which employed (or employer)..... Woman

9-BIRTHPLACE, (State or Country), Ind.

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Wm. E. Webb

(Address) 309 S. Spring st

15- DEC 22 1916 ROBERT B. KRAUTER

Filed..... A.M., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Dec. (Day) 19th (Year) 1916

17. I HEREBY CERTIFY, That I attended deceased from Dec. 14th 1916, to Dec. 19th 1916, that I saw her alive on 19th 1916, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Heart Failure

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 5 ds.

(Signed) Jacob L. Warner M. D.

12-20, 1916 (Address) 30 S. B'way

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Dec. 21, 1916.

20-UNDERTAKER Harry A. Dalrymple ADDRESS 715 Orleans St

Cause of death to be written in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0635

CERTIFICATE OF DEATH.

5 - 170

D 0635

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew old aged Home St.; 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Reitzyk

(Residence in Baltimore: No. 115 Aisquith Street St.; 2 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH, Unknown (Month) (Day) , 1843 (Year)

7-AGE, 73 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Jewelry Merchant
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Louis Reitzyk

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Lewis

(Address) 1411 E Baltimore St

15- DEC 22 1916 ROBERT R. KRAUTER

Filed ....., 191.... Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 22 (Day) , 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1916, to Dec. 21 1916, that I saw him alive on Dec. 21 1916, and that death occurred, on the date stated above, at 12:30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

..... (Duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) W. A. Mackenzie M. D.

Dec 22, 1916 (Address) 1120 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 2 mos. ..... ds. In the State 2 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 1209 E Monument St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Rd. DATE OF BURIAL, 12-22, 1916

20-UNDERTAKER Jack Lewis ADDRESS 1411 E Balto St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0636

CERTIFICATE OF DEATH.

15 D 0636

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Hebrew Hospital ST.;.....WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Skalowitz

(Residence in Baltimore: No. Hebrew Hospital St.; ...yrs., ...mos. ...ds.)

Probably

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male (illegible)

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec 21, 1916 (Month) (Day) (Year)

7-AGE, ...yrs.....mos.....ds.

If LESS than 1 day, 1 hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Hyman Skalnitz

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Ray Tabachnuan

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hyman Skalnitz

(Address) 115 S Broadway

15 DEC 22 1916 ROBERT B. KRAUTH

Filed....., 191... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 21, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 21 1916, to Dec 21 1916, that I saw him alive on Dec 21 1916, and that death occurred, on the date stated above, at 1.20 P m.

The CAUSE OF DEATH* was as follows:

Congenital

Atelectasis

(Duration)...yrs...mos...ds.

CONTRIBUTORY (Secondary)

(Duration)...yrs...mos...ds.

(Signed) N. Dahlmann M. D.

12-21, 1916 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. 1 ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 115 S Broadway

19-PLACE OF BURIAL OR REMOVAL, Hebrew Wash. Rd — DATE OF BURIAL, 12-22, 1916.

20-UNDERTAKER Jacob Levin — ADDRESS 1411 E. Balto

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0637

CERTIFICATE OF DEATH.

29 D 0637

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1201 Linden Av ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Camilla A. Simpson

(Residence in Baltimore: No. 1201 Linden Ave St.; 70 yrs., ? mos., ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December 28th, 1834 (Month) (Day) (Year)

7-AGE, 81 yrs. 11 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Abiel Simpson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Sarah Doney

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Alice Simpson

(Address) 1201 Linden Ave

15- DEC 22 1916 Filed..... 191..... ROBERT B. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 21st, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 1 1916, to Dec 21 1916, that I saw her alive on Dec 20 1916, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Organic Disease of Heart

(Duration) 4 Years

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. A. Tilney M. D.

12-24..., 191.. (Address) 1113 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Dec 24, 1916

20-UNDERTAKER Stewart & Mann Co

ADDRESS 108 W. North Ave

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0638 64 D 0638

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 18 S. Collington Ave. 1st WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Fannie Moran Gillman

(Residence in Baltimore: No. 18 So. Collington ave — St. 50 yrs. mos. / ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, July (Month) 14 (Day), 1860 (Year)

7-AGE, 56 yrs. 5 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE, (State or Country), Howard Co. Md.

PARENTS.

10-NAME OF FATHER, William G. R. Moran

11-BIRTHPLACE OF FATHER (State or Country), Howard Co. Md

12-MAIDEN NAME OF MOTHER, Mary Haines

13-BIRTHPLACE OF MOTHER (State or Country), Howard Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. W. Gillman

(Address) 18 S. Collington ave

15- Filed DEC 22 1916, 191.... ROBERT B. KEAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 21st (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10 1916, to Dec 21 1916, that I saw her alive on Dec 20 1916, and that death occurred, on the date stated above, at 5:20 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis and Endo-Pericarditis

(Duration) 11 yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy.

(Duration) yrs. mos. 11 ds.

(Signed) H. G. Coppage M. D.

Dec 21, 1916 (Address) 1328 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loraine Cemetery — DATE OF BURIAL, Dec. 23, 1916

20-UNDERTAKER Wm. C. Black — ADDRESS 927 N. Broadway

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0639 — CERTIFICATE OF DEATH. — 15 — D 0639

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 E. Randall ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Muhly

(Residence in Baltimore: No. 20 E Randall St.: 67 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~, (Write the word.): Married

6-DATE OF BIRTH: Dec 26 (Month) (Day), 1842 (Year)

7-AGE: 73 yrs. 11 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: William Jockel

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Elizabeth Jockel

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Wm Muhly

(Address) 20 E. Randall St

15-

Filed DEC 22 1916, 191.....

ROBERT R. KRAUTER

Burial Permit Register

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 21 1916, to Dec 22 1916, that I saw her alive on Dec 22, 1916, and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Old Age

Chronic Interstitial Nephritis

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. Thomas M. D.

Dec 24, 1916 (Address) 1234 Eight St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Dec 23 1916

20-UNDERTAKER: Mrs A Rohde Son

ADDRESS: 730 Pa Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0640 — 42 — D 0640

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 W. Monument St. ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Bowlby—

(Residence in Baltimore: No. For 21 yrs at various addresses yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, April (Month) 5th (Day), 1866 (Year)

7-AGE, 50 yrs. 8 mos. 11 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Jacob Martin

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER — Lambdin

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Bowlby

(Address) 708 W. Monument St.

15-

Filed DEC 22 1916, 191.. ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 20 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 1916, to Dec 16th 1916, that I saw her alive on Dec 16th 1916, and that death occurred, on the date stated above, at 2.55 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Cervix Uteri

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) Few weeks yrs. mos. ds.

(Signed) Hugh H. Young M. D.

Dec 20, 1916 (Address) 2124 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Green Mount Cem | DATE OF BURIAL, Dec 22, 1916

20-UNDERTAKER C. Jones | ADDRESS 2078 Hinkel

Caution.—Before signing, be sure that you have personally examined all the statements in this certificate, and that they are true and correct. Certificate of death must be filled in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 0641

CERTIFICATE OF DEATH

64 D 0641

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1035 Greenmount Ave ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William B. Whittemore

(Residence in Baltimore: No. 1035 Greenmount Ave St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Oct (Month) 19 (Day), 1863 (Year)

7-AGE: 53 yrs. 2 mos. 2 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Iron Moulder
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto City

PARENTS

10-NAME OF FATHER: John S Whittemore

11-BIRTHPLACE OF FATHER (State or country): Balto City

12-MAIDEN NAME OF MOTHER: Ann Carr

13-BIRTHPLACE OF MOTHER (State or country): Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Whittemore

(Address) 1035 Greenmount Ave

15- Filed DEC 22 1916, 191... ROBERT B. KRAUTER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 21 (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 191 6, to Dec 21 191 6, that I saw h/m alive on Dec 21 191 6, and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) 0 yrs 0 mos. 2 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos. ..... ds.

(Signed) H. Krauskopf M. D.

Dec 21, 191 6 [Address] 310 Hoffman

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Dec 24 1916

20-UNDERTAKER: Wm E Chatten

ADDRESS: 26 Front St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0642 — 6 / D 0642

CERTIFICATE OF DEATH.

D 0642

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1310 W. Lombard ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Butler

(Residence in Baltimore: No. 1310 W. Lombard St.; 53 yrs., 11 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January 15, 1863 (Month) (Day) (Year)

7-AGE, 53 yrs. 11 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer): Bartletts

9-BIRTHPLACE, (State or Country), Balto., Md.

PARENTS.

10-NAME OF FATHER, John Butler

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Hogan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Butler

(Address) 1310 W. Lombard St

15- Filed DEC 22 1916, 191.... ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 21, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased ~~from~~ on Dec. 20 1916, to Dec. 21 1916, that I saw him alive on December 20 1916, and that death occurred, on the date stated above, at 5.30 A.m.

The CAUSE OF DEATH* was as follows:

Paralysis

18 hours (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. C. Larner M. D.

Dec. 21, 1916 (Address) 1302 W. Lombard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. — DATE OF BURIAL, Dec 23, 1916

20-UNDERTAKER Jos B. Cook — ADDRESS 1003 W. Balto St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0643

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0643

CERTIFICATE OF DEATH.

× 50

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sydney Quinn

(Residence in Baltimore: No. 26 days in Hospital St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, November 27, 1895
(Month) (Day) (Year)

7-AGE, 21 yrs. — mos. 24 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, M. J. Quinn

11-BIRTHPLACE OF FATHER (State or Country), N. Y.

12-MAIDEN NAME OF MOTHER, Mary Collins

13-BIRTHPLACE OF MOTHER (State or Country), N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. J. Smith

(Address) Johns Hopkins Hospital

15- Filed DEC 23 1916 101 HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 21, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 25 1916, to December 21 1916, that I saw h[illegible] alive on December 21 1916, and that death occurred, on the date stated above, at 5:12 p. m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

(Duration) 6 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Lesion of pancreas

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Dec 21, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. 21 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 240 N 2nd St Olean N. Y.

19-PLACE OF BURIAL OR REMOVAL, Olean New York — DATE OF BURIAL, Dec 22, 1916

20-UNDERTAKER Henry W. Jenkins & Sons Co — ADDRESS McCulloh & Arch

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0644

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 0644

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324½ Woodyear ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. IN.)

2-FULL NAME John Carter

(Residence in Baltimore: No. 1324½ Woodyear St.; 34 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Card

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH. Unknown (Month) (Day) 1872 (Year)

7-AGE. 44 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Store Porter
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Va

PARENTS.

10-NAME OF FATHER. Sam Carter

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martin T Butler

(Address) 1324½ Woodyear

15- DEC 23 1916

Filed....., 191.... HARRY C. ARENTZ Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec 20, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 191[illegible], to Dec 20 191[illegible], that I saw h[illegible] alive on Dec 20 191[illegible], and that death occurred, on the date stated above, at [illegible] P m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY. Pulmonary Oedema (Secondary)

(Duration) yrs. mos. 3 ds.

(Signed) J T Norwood M. D.

Dec 21, 1916 (Address) 1317 Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Olivet DATE OF BURIAL. Dec 23 1916

20-UNDERTAKER John J Conway & Son ADDRESS 901 Hollins

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0645

CERTIFICATE OF DEATH.

78 D 0645

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 Light ST. 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME H H Hayden

(Residence in Baltimore: No. 1420 Light St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, August (Month) ..., 1869 (Day) (Year)

7-AGE, 47 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... M.D.
(b) General nature of industry, business, or establishment in which employed (or employer) ... General Practice

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Isaac Hayden

11-BIRTHPLACE OF FATHER (State or Country), Delaware

12-MAIDEN NAME OF MOTHER Eliz. Duhamel

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) T. H. Chance

(Address) 1404 Light St

15- DEC 23 1916 BARRY C. ... Burial Permit Clerk

Filed ..., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 20 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 20 1916, to Dec 20 1916, that I saw h... alive on Dec 20 1916, and that death occurred, on the date stated above at 10 p m.

The CAUSE OF DEATH* was as follows:

Myocarditis

... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Uremic Coma

Nephritis (Duration) ... yrs. ... mos. 1 ... ds.

(Signed) ... M. D.

12/21, 191.6. (Address) 1219 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Dec. 23, 191.6

20-UNDERTAKER W. J. Pickersgill

ADDRESS ...

N. B.—Every item of information called for by this blank should be carefully supplied, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0646 HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0646

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hahneman Hos. Hospital St.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David D. Washington

(Residence in Baltimore: No. 1630 Prestman St. St.: 6 yrs., \ mos. \ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec. 11, 1863 (Month) (Day) (Year)

7-AGE, 53 yrs. \ mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, James Washington

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Hannah Dokes

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mahala Washington

(Address) 1630 Prestman St.

15- DEC 23 1916 Filed....., 191... HARRY C. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 20 1916, to Dec 22 1916, that I saw h[illegible] alive on Dec 20 1916, and that death occurred, on the date stated above, at 0.30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. F. Daily M. D.

12/22, 191.6. (Address) 1955 Arlington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 3 mos. ds. In the State 6 yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1630 Prestman St

19-PLACE OF BURIAL OR REMOVAL, Glen Va

DATE OF BURIAL, Dec 23, 1916

20-UNDERTAKER George N. Holland

ADDRESS 517 Gilbert St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0647

HEALTH DEPARTMENT—CITY OF BALTIMORE

136 D 0647

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ada Davis

(Residence in Baltimore: No. 1022 Stockton St ST.: 7 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov 22, 1895 (Month) (Day) (Year)

7-AGE, 21 yrs. 1 mos. 30 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): at service

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Robert Davis

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary Jackson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary J. Davis

(Address) 1022 N. Stockton St

15- DEC 23 1916 Filed, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 22, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 11 1916, to Dec 22 1916, that I saw her alive on Dec 22 1916, and that death occurred, on the date stated above, at 1.20 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism (cause)

Chr Pulmonary tuberculosis Leptomeningitis (Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure (Duration) yrs. mos. 12 ds.

(Signed) Emma E. Wraylor M. D.

12/22/ 1916 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 11 ds. In the State 8 yrs. mos. ds.

Where was disease contracted, if not at place of death? Mercy Hospital

Former or usual residence 1022 Stockton St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Dec 24th 1916

20-UNDERTAKER Geo. K. Holland

ADDRESS 517 Robert St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0648

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0648

CERTIFICATE OF DEATH.

92.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Havens

(Residence in Baltimore: No. 710 W Fayette St. St.; 16 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 1840
(Month) (Day) (Year)

7-AGE, 76 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer)..... " .....

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Albert Havens

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Eliz Valentine

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. W. Havens

(Address) 2231 Grand Concourse, N. Y.

15- DEC 23 1916 Filed....., 191.....

HARRY O. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 20, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 9 1916, to Dec 20 1916, that I saw him alive on Dec 20 1916, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

.....
Lobar Pneumonia
..... (Duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Strangulated Recto Sigmoid Carcinoma
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. Houston Thelson M. D.

Dec 20, 1916 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 11 ds. In the State 16 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 710 W. Fayette St.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New York City	Dec. 23, 1916
20-UNDERTAKER.	**ADDRESS**
Jno. Mis John F. Luyk	801 W. Fayette

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0643

CERTIFICATE OF DEATH.

91 D 0649

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2413 Jefferson ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Kuchenstein

(Residence in Baltimore: No. 2413 Jefferson St.; 50 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, March (Month) 23 (Day), 1866 (Year)

7-AGE, 50 yrs. 8 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Andrews

(Address) 2413 Jefferson St

15- DEC 23 1916 Filed, 191 HARRY O. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 16th 1916, to Dec 21st 1916, that I saw him alive on Dec 21st 191, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

(Signed) Edw. M. Swegenwach M. D.

Dec 22d, 1916. (Address) 5 N Washington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Dec 23, 1916
20-UNDERTAKER	ADDRESS
Kendall & Upfelsson	378 Mon

Over

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B 0650 HEALTH DEPARTMENT—CITY OF BALTIMORE 151 D 0650

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 175 Bond St ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Bauereister

(Residence in Baltimore: No. 175 Bond St St.; — yrs., — mos. 1 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 12 (Month) 21 (Day) 1916 (Year)

7-AGE, — yrs. — mos. 1 da.

If LESS than 1 day, 10 hrs. or — min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm H Bauereister

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Katherine Schwarzkopf

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J J McGuire

(Address) Johns Hopkins Hospital

15-

Filed DEC 23 1916, 191... MARY C. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) 22 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12-21- 1916, to 12-22- 1916, that I saw h[er] alive on 12-21- 1916, and that death occurred, on the date stated above, at 9[15] [A]M. The CAUSE OF DEATH* was as follows:

Premature ~ 7 mos.

(Duration) ... yrs. ... mos. ... da.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... da.

(Signed) John Glennan M. D.

Dec 23 1916. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Dec 23, 1916

20-UNDERTAKER Rendell Dyffell & Co — ADDRESS 878 [illegible]

important. See instructions on back of certificate.

Spec. 6-24-16—2900 Bks.

D 0651

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0651

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 632 Brant Av. ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ottilia Brent.

(Residence in Baltimore: No. 632 Brant Av St.; —yrs., —mos. —ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widow.

6-DATE OF BIRTH, April 26th, 1865 (Month) (Day) (Year)

7-AGE, 51 yrs. 7 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Express (Wagon)
(b) General nature of industry, business, or establishment in which employed (or employer): Business

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Conrad Diller.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Carrie Houston

(Address) 633 Brant Av.

15- DEC 23 1916 HARRY C. ARMLEY'S

Filed....., 191.... Burial Permit. Clark

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 21st, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 8th 1916, to Dec 21st 1916, that I saw her alive on Dec 21st 1916, and that death occurred, on the date stated above, at 4.45 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis with Acute Bronchopneumonia

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Dec 21st 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In this State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore — DATE OF BURIAL, Dec 23 1916

20-UNDERTAKER Leo. G. Cook — ADDRESS North Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0652 HEALTH DEPARTMENT—CITY OF BALTIMORE D 0652

B 79

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 S Wolfe ST.; X WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard Backhaus

(Residence in Baltimore: No. 218 S. Wolfe St.; 60 yrs., 6 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Nov. 22nd (Month) (Day), 1846 (Year)

7-AGE, 70 yrs. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Gerhard Backhaus

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Stern

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward G. Zeiler

(Address) 700 S. 3d St.

15- DEC 23 1916 Filed....., 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 20th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 191 6, to DEC 20 191 6, that I saw h[illegible] alive on DEC 20 191 6, and that death occurred, on the date stated above, at 2 30 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchial Tuberculosis

(Duration) yrs. mos. 1 ds.

(Signed) C B Yoder M. D.

12/26, 191 6 (Address) 1403 N. Wolfe Bmore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Dec. 23rd, 1916

20-UNDERTAKER Lilly & Zeiler — ADDRESS 403 S Wolfe St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0653

HEALTH DEPARTMENT—CITY OF BALTIMORE

79 D 0653

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1643 N. Spring St.

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1643 N. Spring ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Teresa Rohlfs

(Residence in Baltimore: No. 1643 N. Spring St. St.; 50 yrs., 2 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

~~SINGLE~~ MARRIED, ~~WIDOWED, OR DIVORCED.~~ (Write the word.) Married

6-DATE OF BIRTH, Oct. 11, 1864 (Month) (Day) (Year)

7-AGE, 52 yrs. 2 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Lamplighter
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Vienna – Austria.

PARENTS.

10-NAME OF FATHER, Vogelsang

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mc Enerney

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Theresa Rohlfs.....

(Address)...1643 N. Spring St.....

15- DEC 23 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1916, to Dec. 22, 1916, that I saw her alive on Dec. 22, 1916, and that death occurred, on the date stated above, at 2:35 P. m.

The CAUSE OF DEATH* was as follows:

Bronchitis & Pneumonia (Acute)

General Dropsy

..... (Duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchitis & Pneumonia (Acute)

..... (Duration) ..... yrs. 4 mos. ..... ds.

(Signed) H. L. Tebault M. D.

Dec. 22, 1916. (Address) 1643 N. Spring St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL, Dec. 24, 1916

20-UNDERTAKER Lilly & Zeiler

ADDRESS 1643 N. Spring St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

"Somerville"

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0654

D 0654

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1407 William ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret D Somerville

(Residence in Baltimore: No. 1407 William St.; 22 yrs., 2 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.)
Female	white	Single

6-DATE OF BIRTH, Sept 26, 1894
(Month) (Day) (Year)

7-AGE, 22 yrs. 2 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): B+O. R.R. Co.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Chas W. Somerville

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Laura V McMullen

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. W. Somerville

(Address) 1407 Williams

15- DEC 23 1916 Filed....., 191.... HARRY O. ... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 22, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 20 1916, to Dec 22 1916, that I saw h-r alive on Dec 22 1916, and that death occurred, on the date stated above, at 3 40 a m.

The CAUSE OF DEATH* was as follows:

Acute exophthalmos

.....

.....

Not known (Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Serous meningitis

..... (Duration).....yrs.....mos. 7 ds.

(Signed) Paul S Leslie M. D.

12/22/22, 191.6 (Address) 1819 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mount Olivet Cem.

DATE OF BURIAL, Dec 24, 191.6

20-UNDERTAKER Harry W. Ehlen

ADDRESS 1944 W North Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0655

CERTIFICATE OF DEATH.

92 D 0655

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 S. Potomac St.; 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Delia A. Lidiard

(Residence in Baltimore: No. 1112 S. Potomac St.; 82 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widowed

6-DATE OF BIRTH, March 26, 1834
(Month) (Day) (Year)

7-AGE, 82 yrs. 8 mos. 25 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....none.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Richard Mason

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Lucia Morrison

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Lidiard

(Address) 636 S. Elwood Ave

15- Filed DEC 23 1916, 191.....

HARRY C. ADELMAN
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 21, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from on Dec 21 1916, to ..... 191....,
that I saw her alive on Dec 21 1916,
and that death occurred, on the date stated above, at 11.30 P m.
The CAUSE OF DEATH* was as follows:

.....
.....Lobar Pneumonia.....
..... (Duration).....yrs.....mos. 3 ds.

CONTRIBUTORY.....
(Secondary)
..... (Duration).....yrs.....mos.....ds.

(Signed) W. J. McAvoy M. D.
Dec 22, 1916. (Address) 839 S. Ellwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel	Dec 24, 1916.
20-UNDERTAKER	ADDRESS
H. Sander & Sons	1110 Hull St

Photography classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0656

CERTIFICATE OF DEATH.

64 D 0656

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 S. Castle ST. V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaretha Roessel

(Residence in Baltimore: No. 204 S. Castle St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Dec. (Month) 23 (Day), 1832 (Year)

7-AGE, 83 yrs. 11 mos. 28 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... At home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER. John Prinz

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Margaretha Wagner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Roessel

(Address) 204 S. Castle St.

15-

Filed DEC 23 1916, 191... MARY [illegible] ARNOLD
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 21 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 12 1916, to Dec 21 1916, that I saw her alive on Dec 20 1916, and that death occurred, on the date stated above, at 9:30 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 2 yrs. mos. ds.

(Signed) Geo. Heller M. D.

12-22-, 1916 (Address) 1937 Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mount Carmel Cem. DATE OF BURIAL. Dec 23, 1916.

20-UNDERTAKER L. Fander Sons ADDRESS 1700 E. Lost St.

important. See instructions on back of certificate.

D 0657

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 D 0657

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 922 S.Charles St. ST. 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Yeakle.

(Residence in Baltimore: No. 922 S.Charles St. St.: 67 yrs. 2 mos. 6 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male.	White.	Single

6-DATE OF BIRTH October, 15th. 1849. (Month) (Day) , 1 (Year)

7-AGE 67 yrs. 2 mos. 6 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Barber.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Baltimore Md.

PARENTS

10-NAME OF FATHER: Henry Yeakle.

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: Martha E.Eberlein.

13-BIRTHPLACE OF MOTHER (State or country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs.Chas.H.Heintzeman.(sister)

(Address) 922 S.Charles St.

15- Filed DEC 23 1916, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH December 21st.1916. (Month) (Day) , 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 13th. 1916 to Dec,21st. 1916, that I saw him alive on December 21st. 1916, and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(Duration) yrs. mos. 8 ds

Contributory (SECONDARY) Uraemia.

(Duration) yrs. mos. 2 ds.

(Signed) Otto M Reinhardt M. D.

Dec.22.1916 (Address) 1017 S.Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Dec. 23rd. 1916

20-UNDERTAKER: Mrs Mr John H. Teufel — ADDRESS: 80 W. Fayette St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0658

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0658

CERTIFICATE OF DEATH.

74

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Gary (Gawecki)

(Residence in Baltimore: No. 1904 Fleet Street St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, December 25, 1877. (Month) (Day) (Year)

7-AGE, 38 yrs. 11 mos. 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work. Housewife (b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Michael Rogers

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Josephine Vatumeka

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. J. Smith

(Address) Johns Hopkins Hospital

15-

Filed DEC 23 1916, 191.....

MARY C. ANDREWS

Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 22, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 11 1916, to December 22 1916, that I saw her alive on December 22 1916, and that death occurred, on the date stated above, at 1 55 a. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor Headache

Respiratory failure

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. P. Batchelor M. D.

Dec. 22, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. 11 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1904 Fleet Street

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel. DATE OF BURIAL, Dec 27 1916

20-UNDERTAKER John C Moran ADDRESS Bank & Eden Sts

important. See instructions on back of certificate.

...ay be properly classified. Exact statement of OCCUPATION is very

D 0659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

174 Bal

REGISTERED No. C. 0657

1-PLACE OF DEATH

CITY OF BALTIMORE (No. ~~Just~~ Hotel Belvedere ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Connelly

(Residence in Baltimore: No. 610 E. Eager St.: 17 yrs., 2 mos. 13 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	white	Single

6-DATE OF BIRTH, Oct. (Month) 8 (Day), 1899 (Year)

7-AGE, 17 yrs. 2 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Elevator boy
(b) General nature of industry, business, or establishment in which employed (or employer): Hotel Belvedere

9-BIRTHPLACE, (State or Country): Born in

PARENTS.

10-NAME OF FATHER: Edward J. Connelly

11-BIRTHPLACE OF FATHER (State or Country): Balto Co.

12-MAIDEN NAME OF MOTHER: Norah Ryan

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Connelly

(Address) 610 E. Eager

15- DEC 23 1916 Filed ..... 191..... Burial Permit Clerk. MARY C. ADDLER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 21 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and, from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Internal injuries,
accidentally Crushed by Elevator
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....
(Duration) ....yrs. ....mos. ....ds.

(Signed) Wm. J. Ruhe M. D.
(Coroner.)
Dec 23, 1916. (Address) 1237 W. Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral Cemetery	Dec 27, 1916
20-UNDERTAKER Henry Hoen Son	ADDRESS 131 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

D 0680 — D 0666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Womans Hosp — REGISTERED NO. C 172

CITY OF BALTIMORE: (No. ..... ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elmeby Coltrane

(Residence in Baltimore: No. Womans Hosp St.; — yrs., — mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Sept. (Month) 2nd (Day) 1837 (Year)

7-AGE, 79 yrs. 3 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Nurse wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), ~~Dorchester~~ Caroline Co — Md —

PARENTS.

10-NAME OF FATHER, Silas Hubbard

11-BIRTHPLACE OF FATHER (State or Country), Dorchester Co. Md —

12-MAIDEN NAME OF MOTHER Anna Todd

13-BIRTHPLACE OF MOTHER (State or Country), Dorchester Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. F. Webster

(Address) Womans Hosp

15- DEC 23 1916 191 HARRY C. ANDREW Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 21st (Month) (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 13 1916, to December 21 1916, that I saw her alive on December 21 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis —
Senility
Myocarditis
(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture of Rt. Hip Accidental fall on floor
(Duration) yrs. mos. 1 ds.

(Signed) Chas. L. Warner M. D.
Dec. 21, 1916 (Address) Womans Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 8 ds. In the State Life yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? ?
Former or usual residence 5026 Main St Arlington Md

19-PLACE OF BURIAL OR REMOVAL, Easton Md — DATE OF BURIAL, 12/25, 1916

20-UNDERTAKER Henry C. Maas & Son — ADDRESS 1054 N. Calvert St.

D. & P. R.R. — Mrs. Annie E. Smith — Exact

CAUSE OF DEATH must be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

0661

HEALTH DEPARTMENT—CITY OF BALTIMORE

150 D 0661

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 527 Exford St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Ahl

(Residence in Baltimore: No. 527 Exford St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col	Single

6-DATE OF BIRTH, June 21, 1916
(Month) (Day) (Year)

7-AGE, ...yrs....mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Ahl

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Alice Stanton

13-BIRTHPLACE OF MOTHER (State or Country) Va. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed DEC 23 1916 191 HARRY C. ADDERS Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Pneumonia Lobar
2 Pneumonia Chronic
3 Heart (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Marasmus

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

June 22, 1916 (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 527 Exford St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL. ....., 19....
20-UNDERTAKER	ADDRESS

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state important. See instructions on back of certificate. AGE should be carefully supplied. RACE is very properly classified. Exact statement of OCCUPATION is very

Approved: Commissioner of Health.
Per. Wm. H. WOOD, M.D.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0662

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0662

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 N. Lakewood Av St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam K. Meyer Jr

(Residence in Baltimore: No. 505 N. Lakewood ave St.; ...yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dec. 23, 1916
(Month) (Day) (Year)

7-AGE, ...yrs...mos...ds. If LESS than 1 day, ...hrs. or 10 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Adam K. Meyer Sr.

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Agnes K. Mundellein

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adam K. Meyer Jr.

(Address) 505 N. Lakewood Ave

DEC 23 1916 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 23rd, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 23 1916, to Dec 23 1916, that I saw h[illegible] alive on Dec 23 1916, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Asphyxia

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Prolonged Labor

(Duration) ...yrs. ...mos. ...ds.

(Signed) C. K. Meyer Jr. M. D.

Dec 23, 1916 (Address) 505 N. Lakewood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Dec 23 1916

20-UNDERTAKER H. Sanders Sons — ADDRESS [illegible]

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very properly classified. Exact statement of OCCUPATION is very

D 0663

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0663

CERTIFICATE OF DEATH.

91

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2120 Division ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leo Bush

(Residence in Baltimore: No. 2120 Division St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mh

4-COLOR OR RACE, Wh

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb 24, 1914
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boy
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Leo Bush

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER, Ida Mathews

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible]

(Address) 2120 Division St

15- DEC 23 1916 Filed ....., 191.... HARRY C. [illegible] Registrar.

Burial Permit [illegible]

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 23, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Edocarditis

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.
(Coroner.)

Dec 23 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, [illegible] DATE OF BURIAL, Dec 24, 1916

20-UNDERTAKER Edward Rumgold ADDRESS 1463 Carey St

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state name of disease. Only one cause of death should be carefully supplied. ACE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0664

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0664

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1920 Patterson Pl St. 8 WARD)

REGISTERED NO. C 89

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alonie D. Healy

(Residence in Baltimore: No. 1920 Patterson Pl St.; ..... yrs., mos. 7 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. Nov. (Month) 29 (Day), 1916 (Year)

7-AGE. ..... yrs. ..... mos. 23 da.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. —
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Austin J. Healy

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER. Fannie Lee

13-BIRTHPLACE OF MOTHER (State or Country). Washington D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fannie L. Healy

(Address) 1920 Patterson Pl

15- Filed DEC 23 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 20 1916, to Dec 22 1916, that I saw h[illegible] alive on Dec 22 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) 4 yrs. 7 mos. 4 da.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(Duration) ..... yrs. ..... mos. 1 da.

(Signed) W. J. Rippard M. D.

Dec 22 1916 (Address) 1200 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. New Cathedral

DATE OF BURIAL. Dec. 24, 1916.

20-UNDERTAKER Wm Cook

ADDRESS 502 E 25th

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Jerry S. Black.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0665 745 D 0665

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jerry S. Black.

(Residence in Baltimore: No. Johns Hopkins Hosp. St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown, 1..... (Month) (Day) (Year)

7-AGE, 46 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Carter Snyder

(Address) Johns Hopkins Hospital.

15 DEC 24 1916 Filed....., 191.... ROBERT E. KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 23, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 3 1916, to Dec. 23 1916, that I saw him alive on Dec. 23 1916, and that death occurred, on the date stated above, at 9 10 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Lung

Operation

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Dec. 24, 1916. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 1 mos. 21 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence York, Pa.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
York Pa	Dec. 23, 1916
20-UNDERTAKER William Cook	ADDRESS 502 E. Patta

important. See instructions on back of certificate.

...ity classified. Exact statement of OCCUPATION is very

Spec.—8-24-14—M. & T.—2000 Bks.

13 D 0666

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0666

CERTIFICATE OF DEATH.

REGISTERED No. C 15

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 440 W Henrietta St.; Ft WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isadore Bannister

(Residence in Baltimore: No. 445 Henrietta St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, 12 (Month) 18 (Day) 1916 (Year)

7-AGE.	If LESS than 1 day,
0 yrs. 2 mos. 4 ds.	..... hrs. or 0 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Edward Pearson

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER, Gertrude Bannister

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gertrude Bannister

(Address) 445 Henrietta St.

15-

Filed DEC 24 1916, 191.....

ROBERT R. KRAUTH

Burial Permit

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12-18 1916, to 12-22 1916, that I saw h-me alive on 12-22 1916, and that death occurred, on the date stated above, at 4:35 P.m.

The CAUSE OF DEATH* was as follows: Congenital Atelectasis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Prematurity

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Wolf M. D.

12-22, 191.6 (Address) University Hospt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Mount Auburn Cemetery — DATE OF BURIAL. Dec. 24th, 1916.

20-UNDERTAKER J. L. Bramt & Son — ADDRESS 108 N. Installment St.

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0667

CERTIFICATE OF DEATH.

91 D 0667

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1130 E 20th ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret C I Bailey

(Residence in Baltimore; No. 1130 E 20th St St.; 30 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Dont Know (Month) (Day), 1886 (Year)

7-AGE, 81 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... Housework

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, John Bailey

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas W Bailey

(Address) 1130 E 20th St

15- Filed DEC 24 1916, 191.....

ROBERT P. KRAUTER
ASSIST. PUBLIC [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 22 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Dec 18 1916, to Dec 22 1916, that I saw h[illegible] alive on Dec 22 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Cardiac Insufficiency

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 1 ds.

(Signed) W H Fleming M. D.

Dec 23 1916 (Address) 12 E 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Greensberg Pa. | DATE OF BURIAL, Dec 24, 1916.

20-UNDERTAKER Wm Cook | ADDRESS 501 E North

Main 12 E 25th Street

Please write in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0668

CERTIFICATE OF DEATH.

79 D 0668

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 E. Lombard ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Horwitz

(Residence in Baltimore: No. 1508 E. Lombard St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1862 (Year)

7-AGE, 54 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis

(Address) 1411 E. Balto

15-

Filed DEC 24 1916, 191 ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 23rd (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 5th 1916, to Dec 23rd 1916, that I saw h[illegible] alive on Dec 22nd 1916, and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Degeneration

Chronic Progressive Congestion of the Lungs

Nephritis. Senile

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. T. Rice M. D.

Dec 23rd, 1916 (Address) 24 St Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale

DATE OF BURIAL, 12/24, 1916

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Balto

Cases of DEATH must be described in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0669

CERTIFICATE OF DEATH.

17D D 0669

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Hebrew Hospital St. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Harris

(Residence in Baltimore: No. 110 N. Chester St.: 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH. Unknown ..... (Month) ..... (Day) 1868 (Year)

7-AGE 48 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jack Lewis

(Address) 1411 E. Balto St.

15-

DEC 24 1916 ROBERT R. KRAUTH.

Filed....., 191.... Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 23, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY. That I attended deceased from Dec 18 1916, to Dec 23 1916, that I saw her alive on Dec 23 1916, and that death occurred, on the date stated above, at 6.25 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

..... (Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uraemia

..... (Duration) ..... yrs. ..... mos. 6 ds.

(Signed) Bernard S. Jacobson M. D.

Dec 23, 1916. (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 110 N. Chester St.

19-PLACE OF BURIAL OR REMOVAL. Hebrew Rosedale

DATE OF BURIAL. 12/27/16

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E. Balto

Shall be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0670

CERTIFICATE OF DEATH.

151 D 0670

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 E. Chase ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Walter

(Residence in Baltimore: No. 1806 E. Chase St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	single

6-DATE OF BIRTH, December (Month) 23 (Day), 1916 (Year)

7-AGE, ...yrs. ....mos. ....ds. If LESS than 1 day, 10 hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Benj. Franklin Walter

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Florence Estelle Wagner

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Florence E. Walter

(Address) 1806 E. Chase St.

15- Filed DEC 24 1916 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 23 1916, to Dec 23 1916, that I saw him alive on Dec 23 1916, and that death occurred, on the date stated above, at 1920 m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) E. Lee Kirchner M. D.

Dec 23..., 1916 (Address) 1003 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL. Dec 2[illegible] 1916

20-UNDERTAKER Henry Lutz

ADDRESS 1007 N. Broadway

CAUSE OF DEATH must be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0671

PLACE OF DEATH

CERTIFICATE OF DEATH

79 D 0671

REGISTERED NO. C

CITY OF BALTIMORE (No 1801 Md ave St. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harriett Fay

(Residence in Baltimore: No. 1801 Maryland ave St.; yrs. mos. ds.)

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: Unknown, (Month) (Day), 1864 (Year)

7-AGE: 52 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Va

PARENTS

10-NAME OF FATHER: Joseph Holland

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Kate Holland

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Georgina Nelson

(Address) 1801 Md ave

15-Filed DEC 24 1916 ROBERT R. KRAUTER REGISTRAR

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 21 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1916, to Dec 21 1916 that I saw h-- alive on Dec 21, 1916, and that death occurred, on the date stated above, at 10 30 a m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Indefinite (Duration) yrs. mos. ds

Contributory (SECONDARY) Paralysis

3 Day (Duration) yrs. mos. 3 ds.

(Signed) Edward Parker M. D.

Dec 22, 1916 (Address) 1012 E Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laural Cemetery

DATE OF BURIAL: Dec 24, 1916

20-UNDERTAKER: Mrs R A Elliott

ADDRESS: 506 East 21

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0672

CERTIFICATE OF DEATH.

19 D 0672

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1834 Druid Hill Ave St.; 14 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A. Gibson

(Residence in Baltimore: No. 1834 Druid Hill Ave St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mail

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 46 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Waiter
(b) General nature of industry, business, or establishment in which employed (or employer). Private Family

9-BIRTHPLACE, (State or Country), East Md

PARENTS.

10-NAME OF FATHER, Charles Gibson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Gibson

(Address) 1834 Druid Hill Ave

15-

Filed DEC 24 1916, 191.....

ROBERT R. KRAUTER. Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 22 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 17 1916, to Dec 21 1916, that I saw h[illegible] alive on Dec 21 1916, and that death occurred, on the date stated above, at 3:20 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. [illegible] mos. ..... ds.

(Signed) E. Bernard Thyrk M. D.

Dec 22 1916. (Address) 1432 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Dec 24, 1916.

20-UNDERTAKER Geo H Hooper — ADDRESS 609 Little Pratt St

Directions for filling out this certificate in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 0673

REGISTERED No. C 5

1-PLACE OF DEATH 1115 E. Monument St.

CITY OF BALTIMORE (No. 1115 E. Monument St.: WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C. Wilson

(Residence in Baltimore: No. 1115 E Monument St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ... (Month) June (Day) 25 (Year) 1916

7-AGE, ... yrs. 7 mos. 27 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER Mary Walker

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Lewis

(Address) 1115 E Monument

15-Filed DEC 24 1916 ROBERT R. KRAUTER Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 22 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Broncho Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Ford Gibbs (Coroner.) M. D.

Dec 24, 1916 (Address) 1 E. Mt. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery

DATE OF BURIAL, Dec 24 1916

20-UNDERTAKER Charles B Jones

ADDRESS 23 S Pine St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0674

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

170 D 0674

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 3443 Oak St. ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah J. Irvin

(Residence in Baltimore: No. 3443 Oak St. St.; 60 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	white	Widowed

6-DATE OF BIRTH, About Dec 28, 1846 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
70 yrs. 11 mos. 22 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Ellen Bobb

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H. Irvin

(Address) 3443 Oak St.

15- Filed DEC 24 1916 ROBERT E. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1916, to Dec 22 1916, that I saw h e alive on Dec 22 1916, and that death occurred, on the date stated above, at 1550 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(Duration) yrs. 2 mos. 21 ds.

CONTRIBUTORY (Secondary) Senile Debility

(Duration) yrs. mos. ds.

(Signed) Harry C. Algire M. D.

Dec 23, 1916 (Address) 3644 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	12/25, 1916
20-UNDERTAKER	ADDRESS
Dunnett & Son	29 Eastern Ave

Fill out all information in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0675

HEALTH DEPARTMENT—CITY OF BALTIMORE

154 D 0675

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Maryland Ave. 1603 ST. or WARD) 12

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert H. Griffith

(Residence in Baltimore: No. 3409 Clark st. Northeast Ward; 59 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, May 1, 1857
(Month) (Day) (Year)

7-AGE, 59 yrs. 7 mos. 20 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mill
(b) General nature of industry, business, or establishment in which employed (or employer): Operative

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. John H. Griffith

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Elmira Mayo

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Francis Griffith

(Address) 3409 Clark st.

15- Filed DEC 24 1916, 191.... ROBERT B. KRAUTER Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 20th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cancer of Rectum found Cancer Mouth and Stomach Contributory
(Duration) yrs. mos. da.
CONTRIBUTORY (Secondary) Carcinoma of Liver
(Duration) yrs. 6 mos. da.

(Signed) [illegible] M. D.
(Coroner.)
Dec 24, 1916 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. 16 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 3409 Clark st.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Olivet Cemetery	....., 1916
20-UNDERTAKER	ADDRESS
Bunowitz & Son	309 Eastern Ave

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state plainly. Every question should be carefully answered. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0676

CERTIFICATE OF DEATH.

40 D 0676

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 S Charles St. 23 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amos Reeder

(Residence in Baltimore: No. 1122 S. Charles St.: 57 yrs., 3 mos. 27 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Aug. (Month) 25 (Day), 1859. (Year)

7-AGE,	If LESS than 1 day,
57 yrs. 3 mos. 27 da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Charles H. Reeder

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Josephine E. Long

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Briscoe Reeder

(Address) 1122 S. Charles St

15. DEC 24 1916 Filed....., 191.... ROBERT B. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 22 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 31 1916, to Dec. 22 1916,

that I saw him alive on Dec 21 1916,

and that death occurred, on the date stated above, at 8.50 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) yrs. 12? mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) L. M. Dilcutt M. D.

Dec 22, 1916 (Address) 621 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount — DATE OF BURIAL, DEC. 24 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. — ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0677

CERTIFICATE OF DEATH.

28 D 0677

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 Hilliam ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. Henry Arnold

(Residence in Baltimore: No. 1013 Hilliam St.; 53 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
male	colored	Single

6-DATE OF BIRTH, Nov 9, 1863 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day.
53 yrs. 1 mos. 14 ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabinet maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, Henry F. J. Arnold

11-BIRTHPLACE OF FATHER (State or Country) Enroute to America

12-MAIDEN NAME OF MOTHER Anna E Smith

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Anna E Arnold.

(Address) 1013 Hilliam St.

15- Filed DEC 24 1916, 191. ROBERT B. KRAUSS Registrar. Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 23 1916, to Dec 23 1916, that I saw him alive on Dec 21 1916, and that death occurred, on the date stated above, at 12:30 p.m.

The CAUSE OF DEATH* was as follows:

I. Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

(Signed) E. E. Buxton M. D.

12/23/, 1916 (Address) 301 E. Cross St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, MOUNT OLIVET. DATE OF BURIAL, DEC. 26. 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS, 715 Light St

CAUSE OF DEATH must be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0673

CERTIFICATE OF DEATH.

17 D 0673

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2049 E. Monument St., 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna M. Poehlman

(Residence in Baltimore: No. 2049 E. Monument St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, July 9th, 1832
(Month) (Day) (Year)

7-AGE, 84 yrs. 5 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country) Germany

PARENTS.

10-NAME OF FATHER, [illegible]

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER [illegible]

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. A. Hohman

(Address) 2049 E. Monument

15- Filed DEC 24 1916, 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 22nd, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from about 191 3, to years 191..., that I saw her alive on Dec 21 191 6, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

(a) Chronic Interstitial
Nephritis + Pneumonia
(b) Duration) 3 Cardiac
Asthenia (Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis
(Duration) years mos. ds.

(Signed) Chas Jones M. D.

Dec 23, 1916. (Address) Lauraville

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel — DATE OF BURIAL, Dec 24 1916

20-UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0679

CERTIFICATE OF DEATH

28

D 0679

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 Braddish Ave ST.: 15 WARD:

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Stevens

(Residence in Baltimore: No. 1800 Braddish ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March (Month) 10 (Day), 1890 (Year)

7-AGE: 26 yrs. 9 mos. 11 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md.

PARENTS

10-NAME OF FATHER: Henry Studding

11-BIRTHPLACE OF FATHER (State or country): Pa.

12-MAIDEN NAME OF MOTHER: Elizabeth Stern

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Walter Stevens

(Address): 1800 Braddish Ave

15-

Filed DEC 24 1916 ROBERT R. KRAUTER REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 21 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct, 1916, to, Dec 21 1916, that I saw h[illegible] alive on Dec 21 1916, and that death occurred, on the date stated above, at 12.20 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) 1 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Dec 21, 1916. [Address] 275 Monroe ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cem DATE OF BURIAL: Dec 24 1916

20-UNDERTAKER: Maggart & Flynn ADDRESS: 1422 Light St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0680

CERTIFICATE OF DEATH.

79 D 0680

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2228 Druid Hill Ave ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Dunham

(Residence in Baltimore: No. 2228 Druid Hill Ave St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ..., 1866
(Month) (Day) (Year)

7-AGE, 50 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): In Storage House

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Chas Sampson

11-BIRTHPLACE OF FATHER (State or Country), N.C.

12-MAIDEN NAME OF MOTHER Mary Sampson

13-BIRTHPLACE OF MOTHER (State or Country), N.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Sampson

(Address) 2228 Druid Hill Ave

15- Filed DEC 24 1916, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 22, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 22 1916, to Dec 22 1916, that I saw h[e] alive on Dec 22 1916, and that death occurred, on the date stated above, at 5:30 p. m.

The CAUSE OF DEATH was as follows*

Cardiac Dilatation

.....

.....

..... (Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Heart Trouble

..... (Duration) yrs. 1 mos. ds.

(Signed) Dr. Finlay M. D.

Dec 23, 1916 (Address) 712 S. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel, Conn. DATE OF BURIAL, Dec 23 1916

20-UNDERTAKER John H. Toadvine ADDRESS 142 Wilcox St

IMPORTANT—Should any of the above questions be improperly answered, the certificate may be withheld. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0681 — 15 D 0681

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 S. Dallas St. ST.; 3 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Coleman

(Residence in Baltimore: No. 18 S. Dallas St. St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, December 29, 1854 (Month) (Day) (Year)

7-AGE, 62 yrs. 11 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Wagon

9-BIRTHPLACE, (State or Country), Lancaster Co, Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Turner

(Address) 302 N. Amity St.

DEC 24 1916 Filed, 191. ROBERT R. KRAUTER Registrar.

Burial Permit 6004

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1 PM Dec 22 1916, to 3 PM Dec 22 1916, that I saw h[illegible] alive on Dec 22 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Heart Failure

Edema of the Lungs

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. 14 days

(Signed) Richard L. Eveleigh M. D.

Dec 22, 1916 (Address) 1514 E. Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Arbury Cem. DATE OF BURIAL, Dec. 24th 1916

20-UNDERTAKER Harry A Vodery ADDRESS 1120 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0682

CERTIFICATE OF DEATH.

118 D 0682

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. Mercy Hospital St.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis Infried

(Residence in Baltimore: No. 1149 Hubert (Husband H) St.: 62 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1854 (Year)

7-AGE, 62 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE. (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Infried

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Annie Ebert

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hospital

(Address) Calvert St

15. DEC 24 1916 ROBERT E. KRAETER

Filed ....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 11 1916, to Dec 23 1916, that I saw h-he alive on Dec 23 1916 and that death occurred, on the date stated above, at 9.10 P m.

The CAUSE OF DEATH* was as follows:

Sub Diaphragmatic Ulcer

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Peritonitis

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Truman E. Brady M. D.

12/24/, 1916 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 12 ds. In the State 46 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 1149 Hubert St

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cedar Hill	Dec 26, 1916

20-UNDERTAKER John J. Conroy & Son ADDRESS 908 Fulton Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 0683 — 1 PLACE OF DEATH

CERTIFICATE OF DEATH

102 D 0683 — REGISTERED No. C

CITY OF BALTIMORE (No. 2211 Roslyn Ave St.: 15 W. WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Ernani B. Rogers

(Residence in Baltimore: No. 1006 Mosher St St.: yrs. 3 mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Oct (Month) , 1857 (Year)

7 AGE: 59 yrs. 2 mos. ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Chas C. Griffin

11 BIRTHPLACE OF FATHER (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Rose Mason

13 BIRTHPLACE OF MOTHER (State or country): Baltimore

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George R. Rogers

(Address) Tarboro N. C

15 Filed DEC 24 1916 ROBERT R. KRAUTH Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 23 (Day) , 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 26 1916 to Dec 23 1916, that I saw h[er] alive on Dec 23 1916, and that death occurred, on the date stated above, at 6 (?) m.

The CAUSE OF DEATH* was as follows:

Haemorrhage from Bronchial Tubes (Duration) yrs. mos. 5 ds

Contributory (SECONDARY) Chronic Lung trouble with previous abscess (Duration) 2 yrs. mos. ds.

(Signed) Chas E. Sadtler M. D.

Dec 24 1916 (Address) 19 E Lindon Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. — In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: Dec 26 1916

20 UNDERTAKER: Ellis Mitchell Co — ADDRESS: 120 N Paca St.

D 0684 H 2470

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

154 ~~25000~~ REGISTERED No. D 0684

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2011 Maryland Ave, St. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mrs. Mary Wilson.

(Residence in Baltimore: No. 2011 Maryland Ave. St.: — yrs. — mos. — ds.)

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: 1823 (Month), 1 (Day), (Year)

7 AGE: 93 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Carroll Co. Maryland

PARENTS

10 NAME OF FATHER: Wm Wilson

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Wilson

(Address) Sykesville Md

15. Filed DEC 25 1916, 191 MARY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: December 23rd, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 191, to Dec. 23rd 1916, that I saw her alive on Decem. 28th, 1916, and that death occurred, on the date stated above, at 6:15 P m.
The CAUSE OF DEATH* was as follows:

Nervastenia

Several months (Duration) yrs. mos. ds

Contributory (SECONDARY) General debility

(Duration) yrs. 3 mos. — ds.

(Signed) David J. Reinaut M Dr

Dec 23, 1916 (Address) 2308 N. Calvert St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL ~~OR REMOVAL~~: Harmony Grove Md. DATE OF BURIAL: Dec 26, 1916

20 UNDERTAKER: Jas. P. Weer ADDRESS: Sykesville Md.

D 0685 HEALTH DEPARTMENT—CITY OF BALTIMORE D 0685

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C 130

CITY OF BALTIMORE (No. 216 S Spring St.: 3 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Horowitz

(Residence in Baltimore: No. 216 S Spring St.: 31 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Unknown (Month), 1 (Day), (Year)

7-AGE, 84 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Russia

PARENTS.

10-NAME OF FATHER: Joseph Lewis

11-BIRTHPLACE OF FATHER (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Isaac Horowitz

(Address) 216 S Spring St

15- Filed DEC 25 1916, 191.... HARRY C. ALDERS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) Medigate find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Harry Myerberg M. D. (Coroner.)

Dec 24, 1916 (Address) 1610 E Lexington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Union Cem — DATE OF BURIAL, Dec 25, 1916

20-UNDERTAKER S. Lurman & Bro — ADDRESS 1107 E Baltimore St

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0686

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0686

CERTIFICATE OF DEATH.

91

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 W. Camden, ST. 77 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Sunday Walsh

(Residence in Baltimore: No. 421 West Camden St St.: ....yrs., 1 mos 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	single

6-DATE OF BIRTH, Nov 12, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jos E Walsh

11-BIRTHPLACE OF FATHER (State or Country), New York City

12-MAIDEN NAME OF MOTHER Eva Mary Owens

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos E Walsh

(Address) 421 West Camden St

15- Filed DEC 25 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 24, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 18 1916, to Dec. 24 1916, that I saw him alive on Dec. 24, 1916, and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

..... (Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion

..... (Duration) ....yrs. ....mos. 1 ds.

(Signed) J. M. Dorsett M. D.

Dec. 24, 1916. (Address) 621 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Glenwood Park — DATE OF BURIAL, Dec 26 1916

20-UNDERTAKER W J Gardner — ADDRESS 1211 Pennsylvania Ave

over

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0687

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0687

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 Ridgely ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward J. Fannon

(Residence in Baltimore: No. 804 Ridgely St.; ....yrs.. 7 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. May (Month) 18 (Day), 1916 (Year)

7-AGE.	If LESS than 1 day,
....yrs. 7 mos. 6 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ——— None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, James Fannen

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Mary Ross.

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Fannen

(Address) 804 Ridgely st

15- DEC 25 1916 HARRY C. ANDREWS
Filed....., 191.... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 24 1916, to Dec 24 1916, that I saw h[illegible] alive on Dec 24 1916, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration).....yrs.....mos....1....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed) [signature] M. D.

....., 191.... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. .....mos.....ds. In the State.....yrs. .....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St Peters Cemetery	Dec 25, 1916
20-UNDERTAKER	ADDRESS
James Dignant & Son	1010 S. Paca St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0688

D 0688

CERTIFICATE OF DEATH.

151

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1617 Marshall ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Mr & Mrs Ira Humphrey

(Residence in Baltimore: No. 1617 Marshall St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec (Month) 23 (Day), 1916 (Year)

7-AGE, ...yrs....mos....ds.

If LESS than 1 day, 10 hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.... None
(b) General nature of industry, business, or establishment in which employed (or employer)....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Ira Humphrey

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Goldie J Durnor

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ira Humphrey

(Address) 1617 Marshall

15- Filed DEC 25 1916 191... PARTY A... Burial Permit Clerk.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 23 1916, to Dec 24 1916, that I saw h[illegible] alive on Dec 24 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs....mos....ds.

(Signed) E. L. Campbell M. D.

Dec 24 1916 (Address) 1644 Bloom St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Dennis House Cemetery, Balto Co. DATE OF BURIAL, DEC 25 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0689

CERTIFICATE OF DEATH.

D 0689

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 221. Center ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice V Martin

(Residence in Baltimore: No. 221. Center St.; yrs. 46 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 21st (Day), 1855 (Year)

7-AGE, 61 yrs. 5 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... Wife

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Chas W. Johnson

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER, May L. Howard

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. Martin

(Address) Perkins md

15- Filed DEC 25 1916, 191.... MARY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 24 (Day), 1916. (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 3 1916, to Dec 24 1916, that I saw her alive on Dec 24 1916, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Dropsy Liver and Kidney disease

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

Same (Duration) yrs. mos. da.

(Signed) B B Browne M. D.

, 191... (Address) 5 10 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. 4 mos. ds. In the State yrs. mos. da.

Where was disease contracted, if not at place of death? Elkridge Md

Former or usual residence Elkridge Md

19-PLACE OF BURIAL OR REMOVAL, Bethel [illegible] DATE OF BURIAL, Dec 27, 1916

20-UNDERTAKER Graham F. Gaither ADDRESS 723 W Fay

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THH 227

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0690

CERTIFICATE OF DEATH.

79 D 0690

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2022 Wilkens Av. ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Reynolds

(Residence in Baltimore: No. 2022 Wilkens Av. St.: 44 yrs., 11 mos. 13 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Jan (Month) 10 (Day), 1872 (Year)

7-AGE, 44 yrs. 11 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Builder.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Salto City

PARENTS.

10-NAME OF FATHER, Frank Reynolds.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Cornelia E. Kelly.

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Wm Soldan

(Address) 102 S Mount St

15- DEC 25 1916 Filed....., 191.... HARRY O. ANDERSON Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 16 1916, to Dec 23 1916, that I saw him alive on Dec 23rd 1916, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Congestion of Lungs + Bronchi and inflammatory rheumatism and Mitral stenosis

(Duration) X yrs. X mos. 7 ds.

CONTRIBUTORY (Secondary) Shock Cerebral Syncope immediate

(Duration) ....yrs. ....mos. ....ds.

(Signed) P. Hutchison M. D.

12.24., 1916. (Address) 1939 Wilkens

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, 12/26, 1916

20-UNDERTAKER Geo. A. Gerry

ADDRESS Baltimore

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B D 0691

CERTIFICATE OF DEATH.

80 D 0691

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2024 Orleans ST.; 6 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Agnes Byrne

(Residence in Baltimore: No. 2024 Orleans St.; Life yrs. mos. ds.)

CAUSE OF DEATH may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH. October 5, 1875 (Month) (Day) (Year)

7-AGE. 41 yrs. 2 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Richard Fitzsimmons

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Emma McCoy

13-BIRTHPLACE OF MOTHER (State or Country). Petersburg Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter F X Byrne

(Address) 2024 Orleans St

15- FILED

Filed DEC 25 1916 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH December 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 18 1916, to Dec 22 1916, that I saw her alive on Dec 22 1916, and that death occurred, on the date stated above, at 3 05 A m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. 3 ds.

(Signed) Edward J Cook M. D.

12/22, 1916 (Address) 1413 N Washington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cem

DATE OF BURIAL. Dec 26 1916

20-UNDERTAKER Geo M. Fiss

ADDRESS 811 W Lafayette

Spec.—8-24-14—M. & T.—2000 Bks.

D 0692

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D-0692

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 702. N. Wolfe ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Traynor

(Residence in Baltimore: No. 702 N. Wolfe St.; 53 yrs., 3 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Divd

6-DATE OF BIRTH, Sept. 8th, 1863 (Month) (Day) (Year)

7-AGE, 53 yrs. 3 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). At Home

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER. Thomas Traynor

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Anna Mc Adams.

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Traynor

(Address) 702 N. Wolfe

15-

Filed DEC 25 1916 191.. HARRY C. ANDREWS

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 22nd, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1916, to Dec 21 1916, that I saw her alive on Dec. 21 1916, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Progressive Paralysis due to Cerebral Hemorrhage

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Robt J Green M. D.

Dec 24, 1916. (Address) 125½ Aisquith St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. St Patricks Cem. DATE OF BURIAL. Dec 26th 1916

20-UNDERTAKER Geo. M. Fiest ADDRESS 811 N Wolfe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0693

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0693

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 416 N Broadway St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis M Simpson

(Residence in Baltimore: No. 416 N Broadway St.; Life yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 17, 1848 (Month) (Day) (Year)

7-AGE, 68 yrs. 2 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Can Manufacturer
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Andrew J Simpson

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER, Amelia Armstrong

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A Simpson

(Address) 416 N Broadway

15- DEC 25 1916 Filed....., 191.....

HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 13th 1916, to Dec 23rd 1916, that I saw him alive on Dec 2nd 1916, and that death occurred, on the date stated above, at 1.15 p m.

The CAUSE OF DEATH* was as follows:

1 Broncho Pneumonia

..... (Duration) yrs. mos. 10 da.

CONTRIBUTORY (Secondary)

..... (Duration) yrs. mos. da.

(Signed) Francis M Simpson M. D.

12.24.., 1916. (Address) 937 W Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Dec 26, 1916.

20-UNDERTAKER Albert E Fuller — ADDRESS 221 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

D 0694

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2233 E Monument ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Santora

(Residence in Baltimore: No. 2233 E Monument — St. 25 yrs. 4 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

6-DATE OF BIRTH: Aug. (Month) 10 (Day), 1891 (Year)

7-AGE: 25 yrs. 11 mos. 13 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Clothing Cutter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore City

PARENTS

10-NAME OF FATHER: H. Santora

11-BIRTHPLACE OF FATHER (State or country): Austria

12-MAIDEN NAME OF MOTHER: Mary Stettler

13-BIRTHPLACE OF MOTHER (State or country): Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Santora

(Address) 2233 E Monument

DEC 25 1916 Filed ....., 191.... MARY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 23 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1916, to Dec 23 1916

that I saw h[illegible] alive on Dec 22, 1916

and that death occurred, on the date stated above, at 12 25 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 4 mos. ..... ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H J Ehrig M. D.

Dec 23, 1916 (Address) 917 Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Dec 26. 1916
20-UNDERTAKER	ADDRESS
Fred Crouch Sr	1904 Eastern Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B D 0695

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 0695

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 N Port ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie M Thompson

(Residence in Baltimore: No. 13 N Port St.; 26 yrs., 11 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-~~SEX~~, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan (Month) 19 (Day), 1890 (Year)

7-AGE, 26 yrs. 11 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Victor Jelenka

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Mary Benda

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Randolph Jenkins

(Address) 13 N Port St

15- Filed DEC 25 1916, 191.. HARRY C. ADELER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 23 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 1916, to Dec 23 1916, that I saw her alive on Dec 23 1916, and that death occurred, on the date stated above, at 8:50 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 18 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(Duration) yrs. mos. 3 ds.

(Signed) Wilbur J. Kraemer M. D.

Dec 23 191 6 (Address) 600 Baker

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, Dec 27, 191.6

20-UNDERTAKER Frank Coachr

ADDRESS 1918 Lakland Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0696 HEALTH DEPARTMENT—CITY OF BALTIMORE

29

CERTIFICATE OF DEATH.

D 0696

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1438 E. Monument ST.; 10 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Abraham

(Residence in Baltimore: No. 1438 E. Monument St.; 46 yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Unknown (Month) (Day), 1861 (Year)

7-AGE. 55 yrs. ..... mos. ..... da.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country) New York

PARENTS.

10-NAME OF FATHER. Abraham Abraham

11-BIRTHPLACE OF FATHER (State or Country). Germany.

12-MAIDEN NAME OF MOTHER. Ella Newman

13-BIRTHPLACE OF MOTHER. (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Solomon

(Address) 1438 E. Monument St

15- Filed DEC 25 1916, 191... HARRY C. ADELMS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. December 24th, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 17 1916, to Dec 23, 1916, that I saw h er alive on Dec 23, 1916, and that death occurred, on the date stated above, at 11.45 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Alveolar Heart Lesion

..... (Duration) 2 yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) Robert J. Green M. D.

Dec 25, 1916 (Address) 120½ Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Hebrew Friendship — DATE OF BURIAL. 12/26, 191...

20-UNDERTAKER David Sondheim — ADDRESS 1 E. Lexington St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0697

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0697

CERTIFICATE OF DEATH.

REGISTERED NO. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 N. Milton Ave St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James M. Dr Bauer

(Residence in Baltimore: No. 1111 N. Milton Ave St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. March (Month) 8 (Day), 1855 (Year)

7-AGE. 61 yrs. 9 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Salesman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Wm H. Dr Bauer

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Sarah Lee

13-BIRTHPLACE OF MOTHER (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James M Dr Bauer Jr

(Address) 1111 N Milton Ave

15- Filed DEC 25 1916, 191.... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec (Month) 22 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 20 1916, to Dec 22 1916, that I saw him alive on Dec 21 1916, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary)

d. (Duration) yrs. mos. ds.

(Signed) D P Henry M D

Dec 22, 1916. (Address) 1735 Hayford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mount Carmel Cem. DATE OF BURIAL. Dec 27, 1916

20-UNDERTAKER George J. Routh ADDRESS 1735 Hayford Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

W 1873

D 0698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100 D 0698

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1429 Bank st 3 ST.: WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Amadora

(Residence in Baltimore: No. 1429 Bank st. St.: Life yrs. mos. ds.)

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED WIDOWED OR DIVORCED~~ (Write the word): Single

6-DATE OF BIRTH: July 11, 1915 (Month) (Day) (Year)

7-AGE: ~~Under 1 year~~ yrs. 5 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Joseph Amadora

11-BIRTHPLACE OF FATHER (State or country): Italy

12-MAIDEN NAME OF MOTHER: Mary Fiamma

13-BIRTHPLACE OF MOTHER (State or country): Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Joseph Madara

(Address): 1429 Bank st

DEC 25 1916 Filed ....., 191

HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 12 (Month) 24 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12/23, 1916, to 12/24 1916 that I saw h[illegible] alive on 12/23, 1916, and that death occurred, on the date stated above, at 1.20 P m.

The CAUSE OF DEATH* was as follows:

Retropharyngeal abcess

(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY): Edema of Glottis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. L. Hornstein M. D.

12/24, 1916 (Address) 733 Augusta Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Vincent Cemetery

DATE OF BURIAL: Dec 26th, 1916

20-UNDERTAKER: George L. Ruth

ADDRESS: 1735 Hanford Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 0699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

H1 D 0699

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Schreiber

(Residence in Baltimore: No. 8 Monument # 1300 St.; 27 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Nukan (Month) ....., 1862 (Day) (Year)

7-AGE. 54 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Presser
(b) General nature of industry, business, or establishment in which employed (or employer). Coat

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Nukan

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Nukan

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. Lewis

(Address) 1441 E Balto St

15- Filed DEC 25 1916 191... MARY C. ADDISON Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12 19 1916, to 12 25 1916, that I saw him alive on 12 25 1916, and that death occurred, on the date stated above, at 11 1/2 a m.

The CAUSE OF DEATH* was as follows:

Peritonitis following section of descending colon for Carcinoma of the rectum

(Duration) ... yrs. ... mos. 6 ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) M. B. Lewis M. D.

12/25/1916 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. 6 ds. In the State 27 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 1300 E Monument St

19-PLACE OF BURIAL OR REMOVAL, Hebrew Herrman Div

DATE OF BURIAL, 12/25 191..6

20-UNDERTAKER Jack Lewis

ADDRESS 441 E Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0700

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 0700

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 S. Curley ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Conrad

(Residence in Baltimore: No. 918 S. Curley St

St.: 30 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, March 22, 1863
(Month) (Day) (Year)

7-AGE, 53 yrs. 9 mos. 1 ds.

If LESS than 1 day, ... hrs. or .... mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unk.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Conrad

(Address) 918 S. Curley St

15- MARY C. ANDREWS

Filed DEC 25 1916, 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 23, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1916 to Dec 23 1916, that I saw h— alive on Dec 22 1916, and that death occurred, on the date stated above, at 3:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Gastritis

(Duration) 6 yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) .... yrs. .... mos. 3 ds.

(Signed) H. B. Fulton M. D.

Dec 24 1916 (Address) 3035 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Rosary. DATE OF BURIAL. Dec 26, 1916

20-UNDERTAKER William Gialkowsky ADDRESS 1618 Eastern

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 0701 — 1720 — D 0701

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1621 N Broadway St: 8 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2 FULL NAME George W. Padgett

(Residence in Baltimore: No. 1621 N. Broadway St.: 58 yrs. 11 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Feby 1, 1858 (Month) (Day) (Year)

7 AGE: 58 yrs. 11 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Fish Dealer Retail
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: William H. Padgett

11 BIRTHPLACE OF FATHER (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Eli Rankin

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Theresa Padgett

(Address) 1621 N Broadway

15 DEC 25 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 24 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 11th, 1916, to Dec 24 1916, that I saw him alive on Dec 23, 1916, and that death occurred, on the date stated above, at 2 m.

The CAUSE OF DEATH* was as follows:

Chronic Paranephritis
Nephritis

(Duration) 1 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Uraemic Toxemia

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Geo J Taylor M. D.

Dec 25, 1916 (Address) 1254 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Dec 27, 1916

20 UNDERTAKER: J Herwig & Co — ADDRESS: 2008 Aliceanna

Spec.—8-2014—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0702 D 0702

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 901 N Gay ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Ida Rabetti.

(Residence in Baltimore: No. 901 N Gay St.; 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Sept Known, 1 (Month) (Day) (Year)

7-AGE, 5 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Rabetti

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Domenica Farras

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Rabetti

(Address) 901 N Gay

15- Filed DEC 25 1916, 191. HARRY C. ABELLWE... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 24, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 17- 1916, to Dec 24, 1916, that I saw h er alive on Dec 23- 1916, and that death occurred, on the date stated above, at 7 70 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. ds.

(Signed) Eugene L Pessagno M. D.

Dec 24, 1916. (Address) 2314 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Dec 26, 1916

20-UNDERTAKER John Herzog & Co — ADDRESS 2005 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 0703

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 3818 Barrington Rd St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Claude Douglas Hickman

(Residence in Baltimore: No. 3818 Barrington Road St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: April (Month) 6 (Day), 1874 (Year)

7-AGE: 42 yrs. 8 mos. 18 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Druggist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Accomac Co. Va.

PARENTS

10-NAME OF FATHER: Elezia W Hickman

11-BIRTHPLACE OF FATHER (State or country): Accomac Co. Va

12-MAIDEN NAME OF MOTHER: Viola J Wessells

13-BIRTHPLACE OF MOTHER (State or country): Accomac Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Claude D Hickman

(Address) 3818 Barrington Rd

15- EARLE A.... Burial Permit Clerk
Filed DEC 25 1916, 191.....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 24, 1916, to Dec 24 1916, that I saw h.im. alive on Dec. 24 1916, and that death occurred, on the date stated above, at 4.45 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs — mos. 5 ds.

Contributory (SECONDARY): Myocardial insufficiency

(Duration) — yrs — mos. — ds.

(Signed) Sydney R Miller M. D.

Dec 24, 1916 [Address] 7807 Eleanor Ave.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Accomac Va — DATE OF BURIAL: Dec 28 1916

20-UNDERTAKER: George J Ward — ADDRESS: 1000 N Fayette

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0704 HEALTH DEPARTMENT—CITY OF BALTIMORE D 0704

+120

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Sellers.

(Residence in Baltimore: No. 3 months in Hospital St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
71 yrs. ....mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shoe-Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

8-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Rhoads

(Address) Johns Hopkins Hosp.

15- MARY [illegible]

Filed DEC 26 1916 191... Burial Permit Clerk

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 25, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 28 1916, to Dec 25 1916, that I saw h[illegible] alive on Dec 25 1916, and that death occurred, on the date stated above, at 1.42 p. m.

The CAUSE OF DEATH* was as follows:

...Pulmonary Tuberculosis.....

.....

.....

..... (Duration) 1 yrs. [illegible]

CONTRIBUTORY (Secondary) Anaemia

..... (Duration) ....yrs. 2 mos. ....ds.

(Signed) E. Hamm L. Harris M. D.

Dec 25, 1916 (Address) J. H. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 3 mos. ....ds. In the State ....yrs. 43 mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Fort Loudon Pa

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Fort Loudon Pa	Dec 27, 1916
20-UNDERTAKER Albert C Fuller	ADDRESS 221 N Broadway

DEATH CERTIFICATES should sale
be properly classified. Exact statement of OCCUPATION is very
important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0705

HEALTH DEPARTMENT—CITY OF BALTIMORE

81

D 0705

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2221 Oak St.; 17 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Taylor

(Residence in Baltimore: No. 2221 Oak St.; St.; 81 yrs. 3 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	married

6-DATE OF BIRTH, Sept 3, 1835
(Month) (Day) (Year)

7-AGE, 81 yrs. 3 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cotton Maker
(b) General nature of industry, business, or establishment in which employed (or employer): retired

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm. Taylor

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Jane Gartside

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. M. Thompson

(Address) 2221 Oak St.

15- Filed DEC 26 1916, 191.... MARY C. A... Burial Permit Clerk... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 23, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1916, to Dec 23 1916, that I saw him alive on Dec 23 1916, and that death occurred, on the date stated above, at 8.30 a. m.

The CAUSE OF DEATH* was as follows: Arteriosclerosis

..... (Duration) ....yrs. ....mos. 23 ds.

CONTRIBUTORY (Secondary) Senile debility

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) W. H. [illegible] M. D.

Dec 24, 1916 (Address) 835 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Olivet Cem.	Dec 26, 1916
20-UNDERTAKER	**ADDRESS**
Bennett & Son	3617 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0706

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 D 0706

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 509 Greenwillow St. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Wm J Jemice Thompson

(Residence in Baltimore: No. 509 Greenwillow St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Oct (Month) ..... (Day), 1915 (Year)

7 AGE: 1 yrs 2 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Child

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Wm J Thompson

11 BIRTHPLACE OF FATHER (State or country): South Carolina

12 MAIDEN NAME OF MOTHER: Martha Walker

13 BIRTHPLACE OF MOTHER (State or country): Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William F Thompson

(Address) 509 Greenwillow

15 Filed DEC 26 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 24 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1916, to Dec 24 1916, that I saw h... alive on Dec 24, 1916, and that death occurred, on the date stated above, at 7.10 a. m.

The CAUSE OF DEATH* was as follows: Pneumonia (Lobar)

(Duration) ..... yrs. ..... mos. 14 ds

Contributory (SECONDARY) Asthenia

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) C. N. Flowers M. D.

Dec 25, 1916 (Address) 712 S. Chapel St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cem

DATE OF BURIAL: Dec 27, 1916

20 UNDERTAKER: Samuel Bromley

ADDRESS: 15 Saratoga St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 0707

REGISTERED NO. C 79

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2760 Wilkins Ave. St.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugenia Bodine

(Residence in Baltimore: No. 2760 Wilkins Ave. St.; 33 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widdiw

6-DATE OF BIRTH: Mar. (Month) 14th. (Day) 1842 (Year)

7-AGE: 74 yrs. 9 mos. 9 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Richard Watkins

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Ellen Norwood

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. C. Lober

(Address) 2760 Wilking Ave.

15- Filed DEC 26 1916 HARRY C. ANDE[illegible] Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 5, 1916, to, Dec 22 1916, that I saw h[illegible] alive on Dec 22 1916, and that death occurred, on the date stated above, at 12.40 A.M.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

(Duration) 3 yrs mos ds.

Contributory (SECONDARY) Compensatory failure

(Duration) yrs mos 5 ds.

(Signed) Harry Glassman M. D.

Dec 24 1916 [Address] 2687 Wilkins Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Olivet Fdn. DATE OF BURIAL: 26 Dec 1916

20-UNDERTAKER: H S Marshall ADDRESS 3339 Fells Pt

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 0708

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0708

CERTIFICATE OF DEATH.

REGISTERED NO. C 5 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 N. Central ave ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene Wilson

(Residence in Baltimore: No. 530 N. Central St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept 21 (Month), 1898 (Day) (Year)

7-AGE, 18 yrs. 3 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Schoolgirl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm Wilson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Clara McKinn

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Wilson

(Address) 530 N. Central ave

15- Filed DEC 26 1916, 191... HARRY C. ANDERS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 14 1916, to Dec 23 1916, that I saw h alive on Dec 23 1916, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. C. Barnes M. D.

, 191... (Address) 2218 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laural Cemitary

DATE OF BURIAL, Dec 26, 1916

20-UNDERTAKER Mrs Robert A Elliott

ADDRESS 508 East

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0709

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 D 0709

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 26 East Lanvale St. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna I Marlow (Marlow)

(Residence in Baltimore: No. 26 E Lanvale St.: 45 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Feby (Month) 23 (Day), 1842 (Year)

7-AGE: 74 yrs. 10 mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Henry Rose

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Anna Cox

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George N. Marlow

(Address) 26 E. Lanvale St.

15. Filed DEC 26 1916 191_

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 24th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1916, to Dec 24th 1916, that I saw h.. alive on Dec 24th 1916, and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

Catarrhal Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

Contributory (SECONDARY) Following a severe Cold

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Leo H Burney M. D.

Dec 25th, 1916 (Address) 2117 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Dec 26. 1916.

20-UNDERTAKER: E.W. Mitchell & Co — ADDRESS: 1201 W. Fayette

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0710

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 0710

79

1 PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 432 N. Carey ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Alexander H. Saxton.

(Residence in Baltimore: No. 432 N. Carey St.: Lifetime yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Sept. (Month) 21, (Day) 1839 (Year)

7 AGE: 77 yrs. 3 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Owen Saxton

11 BIRTHPLACE OF FATHER (State or country): England

12 MAIDEN NAME OF MOTHER: Alice Hand

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Rosa Saxton

(Address) 432 N Carey St.

15 DEC 26 1916 Filed ....., 191.. HARRY C. [illegible] Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec. (Month) 24, (Day) 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1916, to. Dec 24, 1916.

that I saw him alive on Dec. 23, 1916.

and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(Duration) ..... yrs. 2 mos. 12 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. H. Arthur M. D.

Dec 25, 1916 (Address) 1426 W. Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: New Cathedral Cem.

DATE OF BURIAL: Dec 27 1916.

20 UNDERTAKER: E. W. Mitchell & Co

ADDRESS: 1201 N. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0711

CERTIFICATE OF DEATH.

79 D 0711

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1433 McElderry ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Noel

(Residence in Baltimore: No. 1433 McElderry St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 68 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): at Source

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Lucy Puckett

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Noel

(Address) 1433 McElderry St

15- HARRY O. ANDREWS

Filed DEC 26 1916 191 Burial Permit Issued

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 22, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1916, to Dec. 22 1916, that I saw her alive on Dec. 21, 1916, and that death occurred, on the date stated above, at 5:50 p.m.

The CAUSE OF DEATH* was as follows: Mitral regurgitation

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Gastric Catarrh & Gen. debility (Duration) yrs. 3 mos. ds.

(Signed) H. H. Simmons M. D.

Dec. 22 1916 (Address) 1520 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cemetery

DATE OF BURIAL, Dec 26, 1916

20-UNDERTAKER R C Gross

ADDRESS 1495 McElderry St

important. See instructions on back of certificate.

be properly classified. Exact statement of OCCUPATION is very

should state

D 0712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 D 0712

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 737 S Luzerne ave St.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Sieber

(Residence in Baltimore: No. 737 Luzerne ave St.: yrs. 8 mos. da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ... supplied. AGE should be stated EXACTLY. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Mar 13 1844 (Month) (Day), 1 (Year)

7-AGE, 72 yrs. 9 mos. 11 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Pauline Sing

(Address) 735 Luzerne ave

15- Filed DEC 26 1916, 191 HARRY C. ABELES Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 24 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) [signature] (Coroner.) M. D.

191... (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State 53 yrs. 53 mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, I. N. German

DATE OF BURIAL, Dec 27 1916

20-UNDERTAKER Peter Nicolaus

ADDRESS 2046 Eastern Av

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0712 D 0713

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH REGISTERED NO. C

CITY OF BALTIMORE: (No. 626 S Paca St. ST.; 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Annie Lawrence

(Residence in Baltimore: No. 626 S Paca St. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Single

6-DATE OF BIRTH, Aug (Month) 25 (Day), 1851 (Year)

7-AGE, 65 yrs. 4 mos. 1 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, William H Lawrence

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Elinor Doyle

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lydia E. Shenes

(Address) 626 S. Paca St

15- Filed DEC 26 1916, 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct-15, 1916, to Dec-24 1916, that I saw h— alive on Dec-24 1916, and that death occurred, on the date stated above, at 3:20 m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis and Chronic Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Epilepsy

(Duration) yrs. mos. ds.

(Signed) Marion W Stout M. D.

Dec 27, 1916 (Address) 806 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Dec. 27, 1916.
20-UNDERTAKER George J Smith	ADDRESS 1000 W. Fayette St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0714

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0714

CERTIFICATE OF DEATH.

83

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2800 Orleans ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helena Sudsburg

(Residence in Baltimore: No. 2800 Orleans St.; 63 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH. May (Month) 5th (Day), 1829 (Year)

7-AGE. 87 yrs. 7 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... At home

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Karl Ziegelhoefer

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lizzette Eichner

(Address) 2800 Orleans St.

15-

Filed DEC 26 1916, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec. (Month) 23rd (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Oct. 28th 1916, to Dec. 23rd 1916, that I saw her alive on " 20th 1916, and that death occurred, on the date stated above, at 10.45 A m.

The CAUSE OF DEATH* was as follows:

Senile Exhaustion

(Duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) Various ailments

(Duration) yrs. 2 mos. ds.

(Signed) Jacob L. Schnorr M. D.

12-26, 1916 (Address) 308 B'way

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. National Camp. DATE OF BURIAL. Dec 26, 1916.

20-UNDERTAKER H. Sander Bros. ADDRESS 1710 Pleas

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

D 0715

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 0715

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2600 W Franklin ST. 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhelm Mangold

(Residence in Baltimore: No. 1939 W Pratt St. 28 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH. Oct (Month) 31 (Day), 1854 (Year)

7-AGE. 62 yrs. 1 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Butcher
(b) General nature of industry, business, or establishment in which employed (or employer). Bally Butcher Abattoir

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Wilhelm Mangold

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Mangold

(Address) 1839 W Pratt St

15- DEC 26 1916 HARRY C. ANDREWS

Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 23 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs. few days mos. ds.

CONTRIBUTORY (Secondary) Arthritis

(Duration) ....yrs. 1 mos. 7 ds.

(Signed) James M Faulton M. D. (Coroner.)

Dec 23 1916 (Address) 200 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, 12/26/16

20-UNDERTAKER, F. B. Klupfel

ADDRESS 1725 Fredk Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0716

HEALTH DEPARTMENT—CITY OF BALTIMORE

119 D 0716

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1633 Ashland Ave St.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August A. Siebert

(Residence in Baltimore: No. 1633 Ashland Ave St.; 29 yrs., 4 mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, Aug 4th, 1887 (Month) (Day) (Year)

7-AGE, 29 yrs. 4 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver of Wagon
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, John Siebert

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Catherine Ruppert

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Siebert

(Address) 1633 Ashland Ave

15- DEC 26 1916 Filed....., 191..... MABEL C. ANDREWS Registrar.

Burial Permit Issued (Over)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 24th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 22 191 6, to Dec 24 191 6, that I saw h m alive on Dec 24 191 6, and that death occurred, on the date stated above, at 2 40 P m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Uraemic Convulsion

(Duration) yrs. mos. 1 ds.

(Signed) Edith E. Feiser M. D.

Dec 26, 1916. (Address) 1629 Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem. DATE OF BURIAL, Dec 26 1916

20-UNDERTAKER Philip Herwig ADDRESS 2016 Orleans

important. See instructions on back of certificate.

D 0717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 0717

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1370 N. Fremont St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Blackburn

(Residence in Baltimore: No. 1370 North Fremont St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Apl. 1, 1914
(Month) (Day) (Year)

7-AGE, 2 yrs. 8 mos. 24 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Walter Blackburn

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Mary Blackburn

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 1370 N. Fremont

15- DEC 26 1916 MARY C. ANDREWS
Filed ....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

..... (Duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary) Exhaustion from Malnutrition

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) P. M. Wallbaum M. D.
(Coroner.)

Dec 24 1916 (Address) 1918 N. Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State None yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1370 N. Fremont

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER Commissioner Health.	ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0718

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0718

CERTIFICATE OF DEATH.

151

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Buby Gaspeski

(Residence in Baltimore: No. ..... St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, December 22, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. .....mos. 1 ds. If LESS than 1 day, 1 hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, [illegible] Gaspeski

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Josepha Bonie Hojsza

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. J. Smyth

(Address) Johns Hopkins Hospital

15- Filed DEC 26 1916, 191.. HARRY C. ANDREWS Board Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 22, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 22, 191.., to .....191....., that I saw him alive on Dec 22 191.., and that death occurred, on the date stated above, at 1.40 m.

The CAUSE OF DEATH* was as follows:

Prematurity

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] M. D.

Dec 22, 191.. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL, ...191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL

important. See instructions on back of certificate.

...rly classified. Exact statement of OCCUPATION is very ... state ... may be properly ...

Spec —5-19-13— M. & T.—500 Bks.

D 0719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 0719

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1326 N. Pratt ST.; 19 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Gray

(Residence in Baltimore: No. 1326 N Pratt St.; 66 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, April 7, 1838 (Month) (Day) (Year)

7-AGE, 78 yrs. 8 mos. 16 ds. | If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grain Cutter
(b) General nature of industry, business, or establishment in which employed (or employer): Linden Park Co

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Mary Gray

(Address) 1326 N. Pratt St

15-

Filed DEC 26 1916 Burial Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 21 1916, to Dec 23, 1916, that I saw h[illegible] alive on Dec 23 1916, and that death occurred, on the date stated above, at 11.15 P m.

The CAUSE OF DEATH* was as follows:

Senile Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Bronchitis

(Duration) 7 yrs. — mos. — ds.

(Signed) [illegible] M. D.

12 24, 1916. (Address) 1733 Hollins St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. | In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem | DATE OF BURIAL, Dec 26, 1916

20-UNDERTAKER Joseph B Cook | ADDRESS 1003 W Balto St

Joseph B Cook

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0720

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 0720

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH Woman's Hospital.

CITY OF BALTIMORE: (No. 1 Baltimore, Md. ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Julia Thompson.

(Residence in Baltimore: No. Hotel Albion St.: 62 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.)
Female	White	Yes.

6-DATE OF BIRTH, August 6, 1854
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
62 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country).
Ohio.

PARENTS.

10-NAME OF FATHER. Samuel P Thompson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Jane James

13-BIRTHPLACE OF MOTHER (State or Country), Chillicothe, Ohio.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gertrude W. Massie

(Address) Charlottesville Va 1007 E. Main St.

15-DEC 26 1916 HARRY C. ADDELL
Filed....., 191..... Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 25, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 21 1916, to Dec. 25 1916, that I saw h e alive on Dec 25 1916, and that death occurred, on the date stated above, at 2.45 p.m.

The CAUSE OF DEATH* was as follows:

Acute lobar pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Laryngitis, Bronchitis

(Duration) yrs. mos. 9 ds.

(Signed) Chas. L. Warner M. D.

Dec. 25, 1916. (Address) Woman's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State 62 yrs. 11 mos. ds.

Where was disease contracted, if not at place of death? Hotel Albion

Former or usual residence Hotel Albion.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Greenmount	12-27, 1916

20-UNDERTAKER Henry D. Poultney & Sons ADDRESS 1405 Madison Ave

Important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 0725

HEALTH DEPARTMENT—CITY OF BALTIMORE

120 D 0721

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1251 Knox Court ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E. Hoffman

(Residence in Baltimore: No. 1251 Knox Court St.; 40 yrs., mos. ds.)

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Apr. (Month) 24 (Day), 1845 (Year)

7-AGE, 71 yrs. 7 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Cincinnati Ohio

PARENTS.

10-NAME OF FATHER, John Luckuck

11-BIRTHPLACE OF FATHER (State or Country), Do not know

12-MAIDEN NAME OF MOTHER Do not know Anna

13-BIRTHPLACE OF MOTHER (State or Country), Do not know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Hoffman

(Address) 1251 Knox Court

15-

Filed DEC 26 1916 191.. HARRY C. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 6 1916, to Dec 23 1916, that I saw h[illegible] alive on Dec. 23 1916, and that death occurred, on the date stated above, at 3:00 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

about (Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. J. Seabury M. D.

Dec 23, 1916 (Address) 621 Fort Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem.

DATE OF BURIAL, Dec. 24, 191..

20-UNDERTAKER, D. F. W. Flynn

ADDRESS 1422 Light

D 0722

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 D 0722

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2605 Pennsylvania St 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary C Meagher

(Residence in Baltimore: No. 2605 Pennsylvania St.: hose mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): widow

6 DATE OF BIRTH: July (Month) 20 (Day), 1845 (Year)

7 AGE: 71 yrs. 5 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9 BIRTHPLACE (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: Christopher Schott

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Brauer

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Meagher

(Address) 2605 Penn. Ave

15 Filed DEC 26 1916 HARRY C. ARDUFF Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 23 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1916, to Dec 23 1916, that I saw h[illegible] alive on Dec 23, 1916, and that death occurred, on the date stated above, at 7.40 P m.
The CAUSE OF DEATH* was as follows:

Organic heart disease

(Duration) Last Summer yrs. mos. ds

Contributory (SECONDARY) Oedema of Lungs

(Duration) yrs. mos. 2 ds.

(Signed) Fred C Jewett M. D.

Dec 24, 1916 (Address) 2576 Penn Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Dec 27, 1916

20 UNDERTAKER: M Fahey & Sons — ADDRESS: Lafayette Ave

AGE should be stated EXACTLY. PHYSICIANS should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0723 152 D 0723

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. St Vincents Infant asylum ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Williams

(Residence in Baltimore: No. St Vincent Infant asylum St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dec 20th, 1916 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
.....yrs. .....mos. 3 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER a

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Vincents

(Address) 1401 Division St

15- DEC 26 1916 HARRY C. ANDELMAN

Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, DEC 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from DEC 20 1916, to DEC 23, 1916 that I saw h[illegible] alive on DEC 23 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Pulmonary atelectasis

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Strangulation of cord

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edith Haywood M. D.

12/23, 191.6 (Address) 1586 Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. 3 ds.

Where was disease contracted, if not at place of death? St Vincent Asylum

Former or usual residence 1401 Division St.

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Dec 26, 191.6

20-UNDERTAKER A Fahey & Sons — ADDRESS 206 Lafayette Ave

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

D 0724

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0724

CERTIFICATE OF DEATH.

71

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 845 Hucalet St. 13 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilbur L. Brooks

(Residence in Baltimore: No. 845 Hucalet St

St.: yrs., 2 mos. 2½ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct 8, 1914
(Month) (Day) (Year)

7-AGE, 2 yrs. 2 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City Md

PARENTS.

10-NAME OF FATHER Edgar L. Brooks

11-BIRTHPLACE OF FATHER (State or Country) Balto City Md

12-MAIDEN NAME OF MOTHER Josephine M. Stone

13-BIRTHPLACE OF MOTHER (State or Country) Balto City Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ed. L. Brooks

(Address) 845 Hucalet St

15- Filed DEC 26 1916, 191... HARRY O. ADELMAN Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Morris M. D.
(Coroner.)

Dec 26, 1916 (Address) 36 S. Paca St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Dec 26 1916

20-UNDERTAKER Ellis Mitchell & Co ADDRESS 1201 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Katie Majchrzak.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0725

CERTIFICATE OF DEATH.

78 D 0725

REGISTERED No. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1623 Eastern Ave St. V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Katie Majchrzak

(Residence in Baltimore: No. 1623 Eastern ave St.; yrs., 7 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
F	W	Married

6-DATE OF BIRTH. Nov (Month) 15 (Day) 1887 (Year)

7-AGE. 29 yrs. 1 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Home Wife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Tukus

11-BIRTHPLACE OF FATHER (State or Country). Poland

12-MAIDEN NAME OF MOTHER Tukus

13-BIRTHPLACE OF MOTHER (State or Country). Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Majchrzak

(Address) 1623 Eastern ave

15. DEC 26 1916 ROBERT B. KRAUTZ

Filed ....., 191.... Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec (Month) 25 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) me and from personal knowledge find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of heart

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Henry Gray Swan Coroner. M. D.

Dec 26, 1916 (Address) 1610 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Mary Zion Hill | DATE OF BURIAL. Dec 27, 1916

20-UNDERTAKER. Kimball Dapple | ADDRESS 3730

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0726

CERTIFICATE OF DEATH.

130 D 0726

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 104 S Poppleton St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Leyndu

(Residence in Baltimore: No. 104 S Poppleton St. St.; 78 yrs., — mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widowed

6-DATE OF BIRTH. December 1st., 1838.
(Month) (Day) (Year)

7-AGE. 78 yrs. mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired Labor
(b) General nature of industry, business, or establishment in which employed (or employer). B & O R. Road

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER. James Tynch

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Mary Moriarity

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Leonard

(Address) 104 S Poppleton St

15-

Filed DEC 26 1916, 191.... ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec 25, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1916, to Dec 25 1916, that I saw him alive on Dec 25. 1916, and that death occurred, on the date stated above, at 7 30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

1176 [illegible], 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cem. DATE OF BURIAL. Dec 28, 1916.

20-UNDERTAKER John J Cowan Son ADDRESS 902 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0727

CERTIFICATE OF DEATH.

151

D 0727

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital 8 ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Adler

(Residence in Baltimore: No. 1062 Patterson Park Ave St.; ..... yrs., ~~mos.~~ ~~ds.~~)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH. Dec. 9, 1916 (Month) (Day) (Year)

7-AGE. ..... yrs. ~~mos.~~ 1 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ~~None~~
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Russia and.

PARENTS.

10-NAME OF FATHER, Edward Adler

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Minnie Sinsky

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. Adler

(Address) 1062 Patterson Pk Ave

15-

Filed ..... 191.....

DEC 26 1916 ROBERT R. KRAETER

Registrar.

Burial Permit Only

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. December 10, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 9 1916, to Dec. 10 1916, that I saw h[illegible] alive on Dec. 9 1916, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Prematurity

5 hrs. months

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Schwartz M. D.

12-10, 1916 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1062 Patterson Pk Ave

19-PLACE OF BURIAL OR REMOVAL. Hebrew Mt Carmel

DATE OF BURIAL. Dec 26, 1916

20-UNDERTAKER S. Pincus & Bro

ADDRESS 1407 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0723

CERTIFICATE OF DEATH.

64

D 0728

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2537 Penna. Ave ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Tierney

(Residence in Baltimore: No. 2537 Penna. Avenue St.: 64 yrs., 11 mos. 6 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, January (Month) 18 (Day), 1852 (Year)

7-AGE, 64 yrs. 11 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Hotel Proprietor
(b) General nature of industry, business, or establishment in which employed (or employer)..... Hotel

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Francis Tierney

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Katherine

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. E. Ballantyne

(Address) 503 Arlington Ave Govans Md

15- DEC 26 1916 Filed....., 191.....

ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 24th (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~Dec 24~~ 1916, to Dec 24 1916, that I saw h— alive on Dec 24 1916, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) O'Donovan M. D.

Dec 24th, 191.. (Address) 2537 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, 12/27..., 1916

20-UNDERTAKER Henry W. Means Esq

ADDRESS 1025 N. Calvert St

Spec.—8-24-14—M. & T.—2000 Bks.

D 0720

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 0720

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 S Caulk ST.; V WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Doyle

(Residence in Baltimore: No. 16 S Caulk St.; 39 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 26 (Day), 1860 (Year)

7-AGE, 56 yrs. 6 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Houseduster
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Thomas Doyle

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Bridget McHarney

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Doyle

(Address) 19 W S Eastwood ave

15- DEC 26 1916 ROBERT D. KRAUTER

Filed ....., 191... Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 23 1916, to Dec 25 1916, that I saw h r alive on Dec 23 1916, and that death occurred, on the date stated above, at 1155 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M J McElroy M. D.

Dec 26, 1916 (Address) 839 S Ellwood ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, New Cathedral — DATE OF BURIAL, Dec. 28, 1916

20-UNDERTAKER Poe Cook — ADDRESS 1001 E North ave

Please fill in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0730

CERTIFICATE OF DEATH.

90 D 0730

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1726 E. Preston St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Friederiche Schiefer

(Residence in Baltimore: No. 1726 E. Preston St.; 10 yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH. July (Month) 23rd (Day), 1832 (Year)

7-AGE. 84 yrs. 5 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER. Thomas Schiefer

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER. Friederike Graff

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Anna Eschenbacher

(Address) 1726 E. Preston St.

15- Filed DEC 26 1916, 191.... ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. December (Month) 25th (Day), 1916 (Year)

I HEREBY CERTIFY, That I attended deceased from December 4th, 1916, to December 25th, 1916, that I saw h[er] alive on December 25th, 1916, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis, 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Old age (Duration) ... yrs. ... mos. ... ds.

(Signed) Emily N. A. Meyer M. D.

Dec. 26th, 1916. (Address) 1018 N. Carlton St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. London Park Cem. | DATE OF BURIAL. Dec 27 1916

20-UNDERTAKER Robt F Turner | ADDRESS 1742 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0731

80 D 0731

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 113 W. Monument ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Perry Black

(Residence in Baltimore: No. 113 W. Monument St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.) married

6-DATE OF BIRTH, April (Month) 14 (Day), 1849 (Year)

7-AGE, 67 yrs. 8 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Cumberland Md

PARENTS.

10-NAME OF FATHER, Thomas Perry

11-BIRTHPLACE OF FATHER (State or Country), Cumberland Md

12-MAIDEN NAME OF MOTHER Sarah Van Lear

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Van Lear Black

(Address) 1205 Eutaw St

15-

Filed....., 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 25th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Sudden

(Duration) yrs. mos. ds.

(Signed) A Spilman M. D.

(Coroner)

Dec 26, 1916 (Address) 1634 Linden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cumberland Md

DATE OF BURIAL, 12-27 1916

20-UNDERTAKER H. W. Jenkins & Sons Co

ADDRESS Orchard nr Cullob St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 0732

HEALTH DEPARTMENT—CITY OF BALTIMORE 92

CERTIFICATE OF DEATH.

1 0732 REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 Druid Hill Ave St. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stewart A. Coupe

(Residence in Baltimore: No. 1823 Druid Hill Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	married

6-DATE OF BIRTH. November 1871
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
45 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Janitor
(b) General nature of industry, business, or establishment in which employed (or employer). Automobile

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. James L. Coupe

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Mary Hargrave

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Mary Coupe

(Address). 1823 Druid Hill Ave

15- DEC 26 1916 Filed....., 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Issued (Over)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 20 1916, to Dec 23 1916, that I saw h[illegible] alive on Dec 23 1916, and that death occurred, on the date stated above, at 6.05 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration)....yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Septicaemia

(Duration)....yrs. mos. 10 ds.

(Signed). H. S. McCard M. D.

12/24, 191 6 (Address). 2005 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cemetery DATE OF BURIAL. Dec 27, 191...

20-UNDERTAKER John A. Puskeff ADDRESS 1[illegible] Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

D 0733

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 542 Lambert ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nancy Trusty.

(Residence in Baltimore: No. 542 Lambert St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Feb 22, 1855
(Month) (Day) (Year)

7-AGE, 59 yrs. 10 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE. (State or Country). Georgia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Georgia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Georgia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Johnson

(Address) 542 Lambert St

15-

Filed DEC 26 1916, 191.... ROBERT B. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Consumption (Pulmonary)

(Duration) 7 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Old Age

(Duration) yrs. mos. ds.

(Signed) J. M. Holland M. D.
(Coroner)

Dec 24, 1916. (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt. Lebanon Cemetery

DATE OF BURIAL, Dec 27, 1916

20-UNDERTAKER Chas. H. Holland

ADDRESS 577 Robert St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 0734

CERTIFICATE OF DEATH

92 D 0734

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1227 N. Saratoga St.: 18 WARD.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Walther (Matthews)

(Residence in Baltimore: No. 1227 N. Saratoga St.: 62 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	widow

6-DATE OF BIRTH ..... Jan (Month) 2 (Day), 1855 (Year)

7-AGE 61 yrs. 11 mos. 24 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work ..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Balto. Md.

PARENTS

10-NAME OF FATHER Henry Baer

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Anna Schott

13-BIRTHPLACE OF MOTHER (State or country) German

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Gus. Grace

(Address) 1227 W Saratoga

15-

Filed DEC 26 1916, 191 ROBERT R. KRAUTER REGISTRAR

Burial Permit Clark

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Dec (Month) 25 (Day), 1916 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec 10, 1916, to Dec 25, 1916, that I saw h[er] alive on Dec 25, 1916, and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

..... (Duration) ..... yrs. ..... mos. 11 ds

Contributory (SECONDARY) Asthenia

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) ..... M. D.

Dec 26, 1916. (Address) 536 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Western Cemy | DATE OF BURIAL Dec 28, 1916.

20-UNDERTAKER Jos Juerdens Jun | ADDRESS 2178 S. Pace

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0735 28 D 0735

CERTIFICATE OF DEATH.

1-PLACE OF DEATH REGISTERED NO. C

CITY OF BALTIMORE: (No. 1228 S. Carey ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Gebhart

(Residence in Baltimore: No. 1228 S. Carey St.; 23 yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. ~~Female~~ Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. (Month) 23, (Day) 1893 (Year)

7-AGE. 23 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Silver Smith
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Warren Gebhart

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Carrie Osterloh

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Warren Gebhart

(Address) 1228 S. Carey St.

15- Filed DEC 26 1916, 191. ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 24, (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 30 1916, to Dec 24 1916, that I saw him alive on Dec 23 1916, and that death occurred, on the date stated above, at 6 30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis Meningitis

(Duration) yrs. 7 mos. ds.

(Signed) J. M. Lemmon M. D.

Dec 24 1916 (Address) 826 N. Durrell

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Dec. 27, 1916

20-UNDERTAKER Jos. Joerdens Son — ADDRESS 217 S. Pac

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0736

HEALTH DEPARTMENT—CITY OF BALTIMORE

43

CERTIFICATE OF DEATH.

D 0736

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 E 41st ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara A. Linker

(Residence in Baltimore: No. 619 E 41st St.; 49 yrs., 2 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. September 27th, 1867 (Month) (Day) (Year)

7-AGE. 49 yrs. 2 mos. 28 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. August Breidenstein

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Rebecca Beisswanger

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew W. Linker

(Address) 619 E 41st St

15-DEC 26 1916 Filed....., 191.... ROBERT B. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. December 25th, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 9th 1916, to December 24 1916, that I saw her alive on December 24 1916, and that death occurred, on the date stated above, at 1250 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Left breast with metastasis to stomach

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. Conrad Bode M. D.

Dec 26, 1916. (Address) 19 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL. Dec 28th, 1916.

20-UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0732

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

D 0732

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Apts St. N WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Annie Sammons

(Residence in Baltimore: No. The Homewood Apts 31st St.: 67 yrs., 3 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, September 13, 1849 (Month) (Day) (Year)

7-AGE, 67 yrs. 3 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER. F. C. Baughman

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Margt Gadsden

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. [illegible] Sammons

(Address) The Homewood Apts

15- Filed DEC 27 1916, 191.... MARY C. ALDR... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 24, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1916, to DEC 24 1916, that I saw h[illegible] alive on DEC 24 1916, and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows: Intestinal Obstruction

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy, Angina Pectoris (Duration) 3 yrs. mos. ds.

(Signed) Hiram Pollock M. D.

Dec 24, 1916 (Address) 1112 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ✓ yrs. ✓ mos. ✓ ds. In the State ✓ yrs. — mos. — ds.

Where was disease contracted, if not at place of death? ✓ ✓ — —

Former or usual residence ✓ ✓ ✓ — —

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cemetery

DATE OF BURIAL. Dec 23, 1916

20-UNDERTAKER Stewart & Co

ADDRESS 108 N Howard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0738

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

D 0738

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1429 McCulloh St. 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Benton Nathaniel Berry

(Residence in Baltimore: No. 1429 McCulloh St St.: 70 yrs. ? mos. ? ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: July (Month) 14 (Day), 1842 (Year)

7-AGE: 74 yrs. 5 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Author

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: H. S. Berry

11-BIRTHPLACE OF FATHER (State or country): Baltimore

12-MAIDEN NAME OF MOTHER: Louisa Y. Nash

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs S. Q. Tubman

(Address) 1641 N. Calvert St.

15 DEC 27 1916 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 24 (Day), 1916 (Year)

17. I HEREBY CERTIFY. That I attended deceased from Dec 16, 1916, to Dec 24 1916 that I saw h-- alive on Dec 23, 191-; and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Decompensation

Apoplectic

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY) Arterial sclerosis

(Duration) 4 yrs. ..... mos. ..... ds.

(Signed) Henry B. Thomas M. D.

Dec 24, 1916. (Address) 1007 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			
Where was disease contracted, if not at place of death?							
Former or usual residence							

19-PLACE OF BURIAL OR REMOVAL: Green Mount Cy

DATE OF BURIAL: Dec 27, 1916

20-UNDERTAKER: Stewart & Mowen Co

ADDRESS: 108 W. Fayette Ave

Spec.—8-24-14—M. & T.—2[illegible] Bks.

D 0739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

D 0739

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 St Matthew St.; 5 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elisabetta Chianey

(Residence in Baltimore: No. 1217 St Matthew St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, August (Month) 24 (Day), 1843 (Year).

7-AGE.	If LESS than 1 day,
73 yrs. 4 mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Adam Bellinger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not Known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Chianey

(Address) 1217 St Matthew St

15-

Filed DEC 27 1916, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 24 (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1916, to Dec. 24, 1916, that I saw her alive on Dec. 24, 1916, and that death occurred, on the date stated above, at 12 p. m.

The CAUSE OF DEATH* was as follows:

Arteria - sclerosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis Chronic

(Duration) yrs. 6 mos. ds.

(Signed) J. G. Rupp M. D.

Dec 26, 1916. (Address) 2008 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore County — DATE OF BURIAL, Dec 27, 1916

20-UNDERTAKER Mc Ginnis - Carroll — ADDRESS 6 & 8 N Calvert

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—600 Bks.

D 0740

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0740

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 N. Wolfe ST.; 7 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marria J. Johnson

(Residence in Baltimore: No. 1012 N. Wolfe St.; 54 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month), 1856 (Day) (Year)

7-AGE, 60 yrs. mon. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Samuel Dorsey

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Charlotte Isaacs

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo H Johnson

(Address) 1012 N Wolfe St

15- Filed DEC 27 1916 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 9 - 1916, to Dec. 25, 1916, that I saw her alive on Dec. 24, 1916, and that death occurred, on the date stated above, at 12.15 a m.

The CAUSE OF DEATH* was as follows:

Mitral heart disease

Uncertain (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edwin B. Fenby, M. D.

Dec. 25, 1916 (Address) 1223 N. Carrollton St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery — DATE OF BURIAL, Dec 28th 1916.

20-UNDERTAKER Helis B. Ryer — ADDRESS 1020 Walbert

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 0741

1-PLACE OF DEATH

CERTIFICATE OF DEATH

28 D 0741

REGISTERED No. C

CITY OF BALTIMORE (No. 3236 Barley St. St. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie Deaver

(Residence in Baltimore: No. 3236 Barley St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female | 4-COLOR OR RACE Colored | 5-SINGLE, ~~MARRIED WIDOWED OR DIVORCED~~ (Write the word) Single

6-DATE OF BIRTH May 24, 1900 (Month) (Day) (Year)

7-AGE 16 yrs. 7 mos. — ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) General Housework

9-BIRTHPLACE (State or country) Maryland

PARENTS

10-NAME OF FATHER Thomas Deaver

11-BIRTHPLACE OF FATHER (State or country) Maryland

12-MAIDEN NAME OF MOTHER Harriet Harper

13-BIRTHPLACE OF MOTHER (State or country) Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harriet Deaver

(Address) 3236 Barley St.

15- DEC 27 1916 Filed ....., 191 HARRY C. ~~ADKINS~~ ~~Burial Permit Clerk~~ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH 12 (Month) 24 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 15, 1916, to Dec 24 1916.

that I saw h-- alive on Dec. 24, 1916.

and that death occurred, on the date stated above, at 12:05 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Indefinite (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. G. Schnell M. D.

Dec 24, 1916. (Address) 1534 E. Fayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Laurel Cemetery | DATE OF BURIAL Dec 27th 1916

20-UNDERTAKER Felix D. Pyle. | ADDRESS 1026 W. Mulberry St

Spec.—8-24-14—M. & T.—2000 Bks.

D 0743

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0743

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 Lancaster ST.; 2 WARD) REGISTERED No. C

2-FULL NAME Antonie Ogrzewalski

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1807 Lancaster St.; yrs. 4 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR ~~RACE~~. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word) Single

6-DATE OF BIRTH, Aug 18, 1916 (Month) (Day) (Year)

7-AGE, yrs. 4 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer) Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wla. Ogrzewalski

11-BIRTHPLACE OF FATHER (State or Country), Poland

12-MAIDEN NAME OF MOTHER Julianna Calka

13-BIRTHPLACE OF MOTHER (State or Country), Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wla Ogrzewalske

(Address) 1807 Lancaster st

15- DEC 27 1916 Filed ..... 191 ..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 26, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 20 191 6, to Dec 25 191 6, that I saw h[illegible] alive on Dec 25 191 6, and that death occurred, on the date stated above, at 630 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration): yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) yrs. mos. 1 ds.

(Signed) W. Mckaveny M. D.

Dec 26, 191 (Address) 500 E Cold

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Dec 27, 1916

20-UNDERTAKER, Geo E Teal & Son — ADDRESS 1328 E Baltimore St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0743

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 D 0743

REGISTERED NO. C.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1140 Etting ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Minnie L. Williams

(Residence in Baltimore: No. 1140 Etting St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem'l

4 COLOR OR RACE: Col

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7 AGE: 58 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Va

PARENTS

10 NAME OF FATHER: William Page

11 BIRTHPLACE OF FATHER (State or country): Va.

12 MAIDEN NAME OF MOTHER: Maria Smith

13 BIRTHPLACE OF MOTHER (State or country): Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE,

(Informant) Lyman Williams

(Address) 1140 Etting St

15 Filed DEC 27 1916, 191 HARRY C. ARTHURS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 25, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1916, to Dec 25 1916, that I saw h[er] alive on Dec 25, 1916, and that death occurred, on the date stated above, at 7 9 m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) yrs. mos. 3 ds

Contributory (SECONDARY)

(Duration) yrs. mos. 3 ds.

(Signed) Edw. V. Fitzgerald M. D.

Dec 26, 1916 (Address) 1118 Dolphin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Richmond Va

DATE OF BURIAL: Dec 27, 1916

20 UNDERTAKER: John H Owens

ADDRESS: 838 Dolphin St

Spec.—8-24-14—M. & T.—2000 Blks.

D 0744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 D 0744

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth J. Mahoney

(Residence in Baltimore: No. St. Josephs Hosp - St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Not known (Month) (Day) 1 (Year)

7-AGE, about 63 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Not known

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country). Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country). Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDG.

(Informant) Records of St. Josephs Hosp

(Address) Catonsville Md

15- FILEY O. ANDREWS

Filed DEC 27 1916 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 25 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 15 1911, to Dec. 26 1916, that I saw her alive on Dec. 25 1916, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Oedema

(Duration) ....yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ....yrs. ....mos. ....ds.

(Signed) William F. Donnelly M. D.

12/26, 1916. (Address) St. Josephs Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 5 yrs. 9 mos. 10 ds. In the State Not known yrs. mos. ds.

Where was disease contracted, if not at place of death? 2

Former or usual residence St Josephs Hospital

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, Dec. 28..., 1916

20-UNDERTAKER Henry Hoen & Son — ADDRESS 1351 E. Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0745

CERTIFICATE OF DEATH.

79 D 0745

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 Sterling St.; 10 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Chase

(Residence in Baltimore: No. 824 Sterling St.; — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write which) Widowed

6-DATE OF BIRTH. Unknown, 1 (Month) (Day) (Year)

7-AGE. 65 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Cook
(b) General nature of industry, business, or establishment in which employed (or employer). at home

9-BIRTHPLACE. (State or Country) Md

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Evans

(Address) 824 E. Sterling St

15- Filed DEC 27 1916, 191.... HARRY O. ANDREWS Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec 24, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 17 1916, to Dec 24 1916, that I saw her alive on Dec 22 1916, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) yrs. mos.

(Signed) J. E. Burgstaedt M.D.

12-27-16, 191.6 (Address) 2026 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Lyon Cemetery — DATE OF BURIAL. Dec. 27., 1916.

20-UNDERTAKER Charles B. Jones — ADDRESS 230 S. Pine St

Spec.—5-19-13—M. & T.—500 Bks.

D 0746

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0746

CERTIFICATE OF DEATH.

10

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 42 E. Hamburg ST.) 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Rose Jr.

(Residence in Baltimore: No. 42 E. Hamburg St.) 46 yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May 19, 1870 (Month) (Day) (Year)

7-AGE, 46 yrs. 4 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cigar maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Robert C. Rose

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Margaret Hagan

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Margaret Rose

(Address) 42 Hamburg

15- DEC 27 1916 Filed 191 HARRY C. ARLETS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 25, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10 1916, to Dec 25 1916, that I saw him alive on Dec 25 1916, and that death occurred, on the date stated above, at 4.30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Influenza

(Duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. mos. ds.

(Signed) H. H. Hammond Jr., M. D.

Dec 25, 1916 (Address) 35 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, MOUNT OLIVET. DATE OF BURIAL, DEC 27 1916

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 0742 — 1916 D 0742

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2701 Tivoly Ave, 9th WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Albert Vogel

(Residence in Baltimore: No. 2701 Tivoly Ave St.; 37 yrs. 1 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, November 13, 1879
(Month) (Day) (Year)

7-AGE 37 yrs. 1 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Manager
(b) General nature of industry, business, or establishment in which employed (or employer): of Homeopathic Drug Store

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Behgard Vogel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Charlotte Sickel

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie M. Vogel

(Address) 2701 Tivoly Ave

15- DEC 27 1916 Filed....., 191.....

HARRY C. ANDREWS Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 30 1916, to Dec 25 1916, that I saw h[illegible] alive on Dec 24 1916, and that death occurred, on the date stated above, at 5:55 m.

The CAUSE OF DEATH* was as follows: Pulmonary

..... (Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion, debilitation

..... (Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

12-26-, 191.6 (Address) 2002 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, 12-30-, 191.6

20-UNDERTAKER, Mrs A Rohde Son

ADDRESS 730 Pa Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175 D 0748

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mary Land Gen. Hospital St. or Ave. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myrtle A. Moss

(Residence in Baltimore: No. 1810 Druid Hill St.; yrs., Lifetime mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, Dec 26, 1904 (Month) (Day) (Year)

7-AGE, 12 yrs. 10 mos. 16 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Joseph Moss

11-BIRTHPLACE OF FATHER (State or Country): Va.

12-MAIDEN NAME OF MOTHER: Emma M. Chandler

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Mother

(Address): 1810 Druid Hill Ave

15- Filed DEC 27 1916 HARRY C. ANDREWS for Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 24 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis (Accidental)

6 hours (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Struck by Automobile

6 hrs. (Duration) yrs. mos. ds.

(Signed) Harold Hamm M. D.

(Corner) Dec 24, 1916 (Address) 719 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....dys. In the City ....yrs. ....mos. ....ds.

Where was disease contracted if not at place of death? 1300 Block Druid Hill Ave

Former or usual residence 1810 Druid Hill Ave

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Dec. 27 1916

20-UNDERTAKER John N. Toadvine ADDRESS 142 W. Mulberry St

Spec.—8-24-14—M. & T.—2000 Bks.

D 0749

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0749

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1633 McElderry St.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME (Infant) Levin

(Residence in Baltimore: No. 1633 McElderry St.; ....yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Dec 26, 1916
(Month) (Day) (Year)

7-AGE, ...yrs....mos....da.

If LESS than 1 day, 6 hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Saml & Levin

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Jennie Brager

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Saml Levin

(Address) 1633 McElderry St.

15-DEC 27 1916

Filed....., 191.... HARRY O. ANDERS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 26, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26 1916, to Dec 26 1916, that I saw h er alive on Dec 26 1916, and that death occurred, on the date stated above, at 5:30 p. m.

The CAUSE OF DEATH* was as follows:

Prematurity Birth (7 mo.)

(Duration) ....yrs. ....mos. 5 hours da.

CONTRIBUTORY (Secondary) Asphyxia

(Duration) ....yrs. ....mos. 5 hrs da.

(Signed) J. Walton Thomas M. D.

Dec 27 1916 (Address) 122 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Md

DATE OF BURIAL, 12/27, 1916.

20-UNDERTAKER Jack Levin

ADDRESS 1411 E. Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 0750 & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 B 0750

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 445 W Hunrietta ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harvey Bannister (Bannister)

(Residence in Baltimore: No. 445 W Hunrietta St.; 2 yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) S.

6-DATE OF BIRTH, Unknown (Month) (Day) (Year)

7-AGE, 1 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Harry Edwards

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Fortune Bannister

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fortune Bannister

(Address) 445 W Hunrietta St

15-

Filed DEC 27 1916 HARRY C. ADELMAN, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 26 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26 1916, to Dec 26 1916, that I saw h alive on Dec 26 1916, and that death occurred, on the date stated above, at 8.01 m.

The CAUSE OF DEATH* was as follows:

Pyloric Stenosis

(Duration) yrs. 7 mos. 14 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. ds.

(Signed) W Norwood M. D.

Dec 26, 1916. (Address) 939 W Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cem. DATE OF BURIAL. Dec 28 1916

20-UNDERTAKER J L Bowerson ADDRESS 108 Monty

D 0751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 0751

REGISTERED No. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3550 Beaches ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. James G. Logan

(Residence in Baltimore: No. 3550 Beachlore St.: yrs., 5 mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec (Month) 11 (Day), 1856 (Year)

7-AGE, 60 yrs. mos. 14 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lumberman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Cecil Co Md

PARENTS.

10-NAME OF FATHER, Francis Logan

11-BIRTHPLACE OF FATHER (State or Country) Cecil Co Md

12-MAIDEN NAME OF MOTHER Lorinda Carter

13-BIRTHPLACE OF MOTHER (State or Country), Cecil Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Simon Logan

(Address) 3550 Beachlore

15- Filed DEC 27 1916, 19... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to H... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) F. M. Thomas M. D. (Coroner.)

Dec 26, 1916 (Address) 1363 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, Dec 27, 19..

20-UNDERTAKER Robert Berkeman

ADDRESS 178 Calhoun St

D 0752

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0752

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 608 Eiselen ST.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Martha Green

(Residence in Baltimore: No. 608 Eiselen St. yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown, 1 ..... (Month) (Day) (Year)

7-AGE, 41 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laundress
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Daisy Johnson

(Address) 608 Eiselen St

15. Filed DEC 27 1916, 191.... HARRY O. ANDERS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 23, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Valvular Heart Disease

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. D. Driscoll M. D.

Dec 27, 1916 (Coroner) (Address) 312 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt. Auburn Ct	Dec 27, 1916
20-UNDERTAKER	ADDRESS
J. Lee Brown & Son	1081 W. Monty St

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 0753

CERTIFICATE OF DEATH

92 D 0753

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1609 E Federal ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Thomas Standiford

(Residence in Baltimore: No. 1609 E Federal St.; 12 yrs. 8 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: April 15 (Month) (Day) 1904 (Year)

7-AGE: 12 yrs. 8 mos. 11 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: School Girl.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto Md.

PARENTS

10-NAME OF FATHER: Upton T. Standford

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Mabel E. Kelley.

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Upton T. Standford

(Address) 1609 E Federal St

15 DEC 27 1916 Filed ....., 191.. MABEL C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 26 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1916, to, Dec 26 1916, that I saw her alive on Dec 26 1916, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs ..... mos. 6 ds

Contributory (SECONDARY)

(Duration) ..... yrs ..... mos. ..... ds.

(Signed) Johns W Boardman M. D.

Dec 26, 1916 [Address] 1714 N Lawrence St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park. DATE OF BURIAL: Dec 28, 1916

20-UNDERTAKER: Putnam & Boyle ADDRESS: 1725 Pulaski St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0754

CERTIFICATE OF DEATH.

170 D 0754

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2402 E Lafayette Ave St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Wallace

(Residence in Baltimore: No. 2402 E. Lafayette Ave St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, Dec 1, 1866
(Month) (Day) (Year)

7-AGE, 50 yrs. 0 mos. 25 ds. If LESS than 1 day, ... hrs. or .... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Work
(b) General nature of industry, business, or establishment in which employed (or employer)..... at House

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Anthony Desperaux

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Elizer Bobart

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Emma Desperaux

(Address) 2403 E. Lafayette Ave

15- Filed DEC 27 1916, 191.....

HARRY C. ANDREWS
Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 26, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to Dec 25 1916, that I saw h alive on Dec 25 1916, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

Uremia 6 Months
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. Barnwell M. D.

Dec 26, 1916. (Address) 727 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cemetery	Dec 29 1916

20-UNDERTAKER	ADDRESS
Robt Turner	1442 N. Broadway

CAUSE OF DEATH to be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0755 HEALTH DEPARTMENT--CITY OF BALTIMORE 105 D 0755

CERTIFICATE OF DEATH

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1527 N. Fulton Ave St. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertram A. Beall

(Residence in Baltimore: No. 1527 N. Fulton Ave St.; 53 yrs. 6 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH June 5, 1863 (Month) (Day) (Year)

7-AGE 53 yrs. 6 mos. 21 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Stinking Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer) Fifth District

9-BIRTHPLACE (State or country) Balto

PARENTS

10-NAME OF FATHER George W. Beall

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Margaret Swann

13-BIRTHPLACE OF MOTHER (State or country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Everett Beall

(Address) 1527 N. Fulton Ave.

15. Filed DEC 27 1916, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Dec 26, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1916, to. Dec 26 1916, that I saw h[illegible] alive on Dec 26 1916, and that death occurred, on the date stated above, at 12-30 P.M.

The CAUSE OF DEATH* was as follows:

Enteritis

(Duration) 6 yrs. 1 mos. 3 ds

Contributory (SECONDARY) Cardiac Failure

(Duration) yrs. mos. ds.

(Signed) C. K. Swann M. D.

Dec 26, 1916 (Address) 841 N. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL St Peters Cem — DATE OF BURIAL Dec 29, 1916

20-UNDERTAKER Jos Block — ADDRESS 1137 E. Baltimore St.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0756

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0756

CERTIFICATE OF DEATH.

91

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1839 Ramsey St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Enoch Norman Madden

(Residence in Baltimore: No. 1839 Ramsey St.; ... yrs., 6 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, June (Month) 3 (Day) 191[illegible] (Year)

7-AGE, ... yrs. 6 mos. 22 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... None
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Oliver Madden

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary J Carter

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Oliver M. Madden

(Address) 1839 Ramsey St.

15- DEC 27 1916 HARRY C. ... Filed ..., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 11 1916, to Dec 25 1916, that I saw h[illegible] alive on Dec 25 1916, and that death occurred, on the date stated above, at 9:15 p m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

... (Duration) ... yrs. ... mos. 14 ds.

CONTRIBUTORY (Secondary) Carcinoma abdominis

... (Duration) ... yrs. ... mos. 7 ds.

(Signed) E Macalaster M. D.

Dec 26 1916 (Address) 22 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, London Park Cem.

DATE OF BURIAL, Dec 27, 1916

20-UNDERTAKER J. A. Block

ADDRESS 903 E. Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0752

CERTIFICATE OF DEATH.

91 D 0752

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 Walbert Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wallis Fuller Harwood

(Residence in Baltimore: No. 631 Walbert Ave St.; ..... yrs., 11 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH. January (Month) 10 (Day), 1916 (Year)

7-AGE, ... yrs. 11 mos. 16 ds. If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William P. Harwood

11-BIRTHPLACE OF FATHER (State or Country), Pennsylvania

12-MAIDEN NAME OF MOTHER Mary C. Warehime

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm P. Harwood

(Address) 631 Walbert Ave.

15-

Filed DEC 27 1916 191.. EARLE C. ADDEMS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12/15 1916, to 12/26 1916, that I saw him alive on 12/26 1916, and that death occurred, on the date stated above, at 9.40 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

..... (Duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary) Cancer

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Fuller Hance M. D.

12/26, 1916 (Address) 522 Roselle Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Westminster Md	12/29, 1916

20-UNDERTAKER	ADDRESS
William Cook	503 S Paca St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0758

HEALTH DEPARTMENT—CITY OF BALTIMORE

122 D 0758

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Bodine

(Residence in Baltimore: No. 2220 McElderry St St.; 29 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 29 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frederick Joynes

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Isabel Ernst

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Bodine

(Address) 2220 McElderry St

15- DEC 27 1916 Filed ....., 191.... HARRY C. ADDLEMAN Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 23 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 22 1916, to Dec 23 1916, that I saw h er alive on Dec 23 1916 and that death occurred, on the date stated above, at 11.35 P m.

The CAUSE OF DEATH* was as follows:

Acute diffuse nephritis

(Typhoid Fever)

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 1 ds.

(Signed) W. B. Levin M. D.

....., 191... (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 29 yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Farmer or usual residence 2220 McElderry St

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery

DATE OF BURIAL, Dec 27, 1916

20-UNDERTAKER Christian Miller

ADDRESS 233 Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 D 0759

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. German Orph. Asylum ST.: 5 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jesse G. Lehman

(Residence in Baltimore: No. Supreme ST.: yrs. 6 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX M

4-COLOR OR RACE White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Single

6-DATE OF BIRTH April 1, 1907 (Month) (Day) (Year)

7-AGE 9 yrs. 8 mos. 25 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Maryland

PARENTS

10-NAME OF FATHER Charles Lehman

11-BIRTHPLACE OF FATHER (State or country) Germany

12-MAIDEN NAME OF MOTHER Daisy Hall

13-BIRTHPLACE OF MOTHER (State or country) Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louisa Lehman

(Address) 1115 N. Bond St

15- Filed DEC 27 1916 HARRY C. ARNOLD Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Dec. 26, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1916, to Dec 26 1916, that I saw h— alive on Dec 26, 1916, and that death occurred, on the date stated above, at 11.20 a. m.

The CAUSE OF DEATH* was as follows:

Valvular Dis- of Heart

(Duration) yrs. 8 mos. — ds

Contributory (SECONDARY) Cardiac Failure

(Duration) yrs. mos. 1 ds.

(Signed) Jno E Brunner M. D.

Dec 26, 1916 (Address) 255 S Mary —

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Galena Md

DATE OF BURIAL Dec 30, 1916

20-UNDERTAKER C. M. Underwood

ADDRESS 1115 N. Bond St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

130 D 0760

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3909 Falls Rd. St.; 13 WARD) REGISTERED No. C.....

2-FULL NAME (Maria Moonica) Fitzpatrick

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 3909 Falls Road St.; ...yrs. ...mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Infant

6-DATE OF BIRTH, Dec. (Month) 19 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
0 yrs. 0 mos. 8 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Bernard Fitzpatrick

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Della Gilliland

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bernard Fitzpatrick

(Address) 3909 Falls Road

15-DEC 27 1916 HARRY C. ANDREAE

Filed....., 191... Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12-19 1916, to 12-27 1916, that I saw h[illegible] alive on 12-26 1916, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Patient [illegible] male

(Duration) ...yrs. ...mos. 7 ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) ...yrs. ...mos. 7 ds.

(Signed) [illegible] M. D.

....., 191... (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Mary's Hampden — DATE OF BURIAL, Dec. 28, 1916

20-UNDERTAKER [illegible] — ADDRESS Chestnut Ave

Burial Permit Issued

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0761

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0761

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U. S. Private Hospital 29

CITY OF BALTIMORE: (No. U. S. Marine Hospital St.; 12 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Smith

(Residence in Baltimore: No. U S Marine Hospital St.; ..... yrs., ... mos. 42 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Unknown

6-DATE OF BIRTH, Unknown ....., 1875
(Month) (Day) (Year)

7-AGE, 41 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Seaman .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country), Unknown.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Hospital record
(Address) .....

15 DEC 27 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 26, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 14 1916, to Dec 26 1916, that I saw h im alive on Dec 26 1916, and that death occurred, on the date stated above, at 4:30 a. m.

The CAUSE OF DEATH* was as follows:
Val. disease of Heart
Mitral regurgitation
.....
..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
Dec 26, 1916. (Address) U.S. Marine Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. mos. 42 ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? —
Former or usual residence U S Marine Hospital

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Dec 27, 191...

20-UNDERTAKER Thenowth & Son ADDRESS 317 Chestnut

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0762

HEALTH DEPARTMENT—CITY OF BALTIMORE

182 D 0762

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1122 Leadenhall St. ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leroy F. Jacobs.

(Residence in Baltimore: No. 1122 Leadenhall St. St.; 4 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White.	Single.

6-DATE OF BIRTH, September 22, 1892., / (Month) (Day) (Year)

7-AGE, 24 yrs. 3 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Chauffeur on
(b) General nature of industry, business, or establishment in which employed (or employer): Auto truck.

9-BIRTHPLACE, (State or Country), Frederick Md.

PARENTS.

10-NAME OF FATHER. William Jacobs.

11-BIRTHPLACE OF FATHER (State or Country), Frederick Md.

12-MAIDEN NAME OF MOTHER Laura Crummelt.

13-BIRTHPLACE OF MOTHER (State or Country), Frederick Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Keefer Jacobs. (brother)
(Address) 1137 Leadenhall St.

15-
Filed DEC 27 1916 191 HARRY C. ANDREWS
Registrar.
Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 25th. 1916., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy & inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Severance of Spinal Cord due to a gun shot wound in the middle of the back of neck, caused by a bullet fired from [redacted] a rifle held in the [redacted] hands of Harry McCleary
(Homicide) [redacted]

(Signed) Otto M. Steinhardt M. D.
(Coroner)
Dec. 27, 1916. (Address) 1917 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Monrovia Md	Dec 28 1916
20-UNDERTAKER	**ADDRESS**
F. A. Krause Bro.	7037 Hanover St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0763

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0763

CERTIFICATE OF DEATH.

64

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1130 E. Lexington St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pilley Reeves

(Residence in Baltimore: No. 1130 E. Lexington St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 53 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albis Reeves

(Address) 1130 E. Lexington St

15- DEC 27 1916 ROBERT R. KRAUTER

Filed....., 191.... Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 26, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10, 1916, to Dec 25 1916, that I saw him alive on Dec 25, 1916, and that death occurred, on the date stated above, at 7.15 A. m.

The CAUSE OF DEATH* was as follows:

(a) Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Robt F Green M. D.

Dec 27, 1916 (Address) 120½ Augusta St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Dec 27, 191.

20-UNDERTAKER Chas. H. Johnson

ADDRESS 1107 E. Baltimore St.

CAUSE OF DEATH must be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

0764 CERTIFICATE OF DEATH. ×925 0764

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St. WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Portsfield.

(Residence in Baltimore: No. (St.: (yrs. (mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, August 26, 1891.
(Month) (Day) (Year)

7-AGE, 25 yrs. 3 mos. 20 ds.

If LESS than 1 day, (hrs. or (min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jake Portsfield

11-BIRTHPLACE OF FATHER (State or Country), S. C.

12-MAIDEN NAME OF MOTHER Sallie —

13-BIRTHPLACE OF MOTHER (State or Country), S. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter C. Snyder

(Address) Johns Hopkins Hospital

15-

Filed DEC 27 1916 ROBERT B. KRAUTER, Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 16, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 13 1916, to Dec. 16 1916, that I saw him alive on Dec. 16 1916, and that death occurred, on the date stated above, at 11 10 a m.

The CAUSE OF DEATH* was as follows:

Hepatocarcinia (Pneumococcus)

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Lobar Pneumonia

(Duration) yrs. mos. 10 ds.

(Signed) Alan C. Smith M. D.

Dec 21, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 733 Cole Ave, Syracuse N.Y.

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ., 191...

20-UNDERTAKER ADDRESS

JOHNS HOPKINS HOSPITAL DEC 27 1916

Bureau of Vital Statistics

WM. R. WOODALL

Please write in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0765 D 0765 104

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizibeths Hosp ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Thomas

(Residence in Baltimore: No. St. Elizabeths Home St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
female	Black	

6-DATE OF BIRTH, Oct. (Month) 15 (Day), 1915 (Year)

7-AGE, 1 yrs. 1 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), not known

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed DEC 27 1916, 191.... ROBERT P. KRAUTH Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 11 191...., to Dec 25 1916, that I saw h[er] alive on Dec 24 1916, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

.....

Alimentary Decomposition

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed).....M. D.

Dec 26, 191.. (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 0 yrs. 9 mos. 0 ds. In the State not known yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence not known

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	DEC 27 1916, 191...
20-UNDERTAKER	ADDRESS

Commissioner Health.

CAUSE OF DEATH must be plainly stated, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

203

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0766 CERTIFICATE OF DEATH. 35 D 0766

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Hughley

(Residence in Baltimore: No. 1634 Mulligan st St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, ...yrs. 8 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER Ada

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- Filed DEC 27 1916 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 24, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 22 1916 to December 24 1916, that I saw h[illegible] alive on December 24 1916, and that death occurred, on the date stated above, at 10a m.

The CAUSE OF DEATH* was as follows:

Generalized tuberculosis

..... (Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) None

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) A J Smith M. D.

Dec 27., 191.6 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 1634 Mulligan St

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, ..., 191...

20-UNDERTAKER | ADDRESS

CAUSE OF DEATH IN PLAIN TERMS, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0767

CERTIFICATE OF DEATH.

175

REGISTERED No. C D 0767

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Carroll Switch B to O RR St. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H Frazier

(Residence in Baltimore: No. 1134 Carroll St St.: 52 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ~~Feb~~ January (Month) ..... (Day), 1864 (Year)

7-AGE,	If LESS than 1 day,
52 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Union abattoir

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. John A Frazier

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Zachman

(Address) Mt Vernon

15- DEC 27 1916

Filed ....., 191.... ROBERT B. KRAUTH Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture Skull Mangled Body accident B to O RR

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) James M Fenton M. D. (Coroner)

Dec 27 1916 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St Peters Cemetery	Dec 29, 1916.
20-UNDERTAKER	ADDRESS
John J. Field	1200 W. Lombard St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0768

CERTIFICATE OF DEATH.

92 D 0768

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 S. Washington St.; W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa E. Baetz.

(Residence in Baltimore: No. 24 S. Washington St.; 50 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, April 11, 1844
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
72 yrs. 9 mos. 24 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, [redacted]

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Bauer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Magdelina Knott

(Address) 24 S. Washington St.

15- Filed DEC 27 1916, 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 25, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 21 1916, to Dec 25 1916, that I saw her alive on December 24 1916, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [redacted] M. D.

Dec. 26, 191.6 (Address) 100 S. Patterson Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Dec. 28..., 191.6
20-UNDERTAKER Lilly & Zeiler	ADDRESS 403 S. Wolfe St

Property of the Department of Health. Last statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0769

CERTIFICATE OF DEATH.

X45 D 0769

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Brown

(Residence in Baltimore: No. University Hosp. St.; ..... yrs., ... mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, Unknown ..... (Month) ....., (Day) 1866 (Year)

7-AGE,	If LESS than 1 day,
50 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Joseph Brown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sophia Isaac

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Brown

(Address) Sunderland, Calvert Co. Md.

15-

Filed DEC. 27 1916 ROBERT R. KRAUTER ..... Clerk

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 25, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12/18/16 191..., to 12/25/16 191..., that I saw h in alive on 12/25/16 191..., and that death occurred, on the date stated above, at 4.45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Left Ovary

Remission

not known (6 mos?)
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY.....
(Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Frank C. Harris M. D.

12/27/16, 191... (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State 50 yrs. mos. ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence Sunderland Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Plum Point Md.	Dec. 28th, 1916
20-UNDERTAKER Joseph B. Cook	ADDRESS 1003 N. Balto St.

CAUSE OF DEATH must be plainly stated, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0770

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

D 077

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 Eator Ave St.; 9 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August H. Hintermesch

(Residence in Baltimore: No. 801 Eator ave St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Single

6-DATE OF BIRTH: Mar 19, 1890 (Month) (Day) (Year)

7-AGE: 26 yrs. 9 mos. 7 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerical
(b) General nature of industry, business, or establishment in which employed (or employer): Student

9-BIRTHPLACE, (State or Country): City

PARENTS.

10-NAME OF FATHER: Herman D. Hintermesch

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Catherine M. Gunther

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. D. Hintermesch

(Address) 801 Eator Ave

15-

Date DEC 27 1916 191..

ROBERT R. KRAUTER

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Dec 26, 1916. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 1 191 4, to Dec 26 1916, that I saw h[illegible] alive on Dec 25" 1916, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) 1 yrs. ... mos. ... ds.

(Signed) Henry B. Kummel M. D.

Dec 26, 1916. (Address) 1007 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Lorraine

DATE OF BURIAL: Dec 28 1916.

20-UNDERTAKER: Philip Henry

ADDRESS 2016 Orleans

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0771

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

D 0771

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 219 N. Castle St.; 6 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Manzing

(Residence in Baltimore: No. 219 N. Castle St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Apr 11th, 1848 (Month) (Day) (Year)

7-AGE, 76 yrs. 8 mos. 13 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Thiess

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Oscar Schuppel

(Address) 219 N. Castle St.

15- Filed DEC 27 1916, 191.... ROBERT B. KRAUTER Registrar.

Muriel Permit Clark

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 24th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 21 1916, to Dec. 24th 1916, that I saw h[illegible] alive on Dec 23rd 1916 and that death occurred, on the date stated above, at 5 15 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) Albertus Cotton M. D.

12/26, 191.6 (Address) 1303 Mad. av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel — DATE OF BURIAL, Dec. 27 1916

20-UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans

Should be properly executed. Last statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0773 — 156 — D 0772

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2102 E Pratt St. ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J McEvoy

(Residence in Baltimore: No. 2102 E Pratt St

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov 30, 1855
(Month) (Day) (Year)

7-AGE, 61 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Washington DC

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country). unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country). unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H J. Barroll

(Address) 4 0540 14th St N.W.

15-

DEC 27 1916 ROBERT R. KRAUTH

Filed....., 191.... Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Medical
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intentional Suicide by Inhalation of Illuminating Gas.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thomas J. Smith Dist. Coroner M. D.

Dec 27, 1916 (Address) 1610 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Washington D.C. — DATE OF BURIAL, Dec 27, 1916

20-UNDERTAKER Wm Cook — ADDRESS 502 C North

N.B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0773 — 28 — D 0773

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. I8I4 E chase st ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Carson

(Residence in Baltimore: No. I8I4 E Chase st St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, ... June 14 1849 ....., 1 .....
(Month) (Day) (Year)

7-AGE, 67 yrs. 6 mos. I0 ds. — If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... H W .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, A J Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Amander Mummy

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Johnson

(Address) I8I4 E Chase st

15- DEC 27 1916 ROBERT R. KRAUTER
Filed....., 191.... .....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec 24 I9I6 ....., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, au-
Inquiry found that said deceased came to death
topsy or inquiry.)
on the day stated above.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuburculosis

(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary)

(Duration)..... yrs..... mos..... ds.

(Signed) ..... (Coroner.) M. D.

Dec 25 I9I6 (Address) E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Ocean City N. J. — DATE OF BURIAL, Dec 28. 1916

20-UNDERTAKER Henry Lutz — ADDRESS 1007 N. Bond St

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 0774

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1128 Carlton ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie Pfeifer

(Residence in Baltimore: No. 112 W Carlton St.: 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
female	white	Married

6-DATE OF BIRTH. Aug 5, 1872 (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
44 yrs. 4 mos. 22 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Kate May Krantz

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) August Pfeifer

(Address) 112 W Carlton St

15- Filed DEC 27 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec 27, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or Inquiry) find that said deceased came to her death on the day stated above.

THE CAUSE OF DEATH* was as follows:

Emphysema & Septicaemia

(Duration) .... yrs. .... mos. 6 .... ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) .... yrs. .... mos. 18 .... ds.

(Signed) James M Fenton M. D. (Coroner.)

Dec 27 1916. (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mount Olivet Cem	Dec. 29, 1916
20-UNDERTAKER	ADDRESS
George L. Smith	1001 W Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0775

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0775

CERTIFICATE OF DEATH.

X108

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas Rothwell Dittman

(Residence in Baltimore: No. 140 Montebello Terrace St.; 20 yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... May ..... 25 ....., 1896
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
20 yrs. 11 mos. 1 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Student .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Hopkins Hosp. .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Chas R. Dittman

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Khatie A. Hall

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas R Dittman

(Address) 140 Montebello Terrace

15- DEC 27 1916 ROBERT B. KRAUTER
Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 24 191 6, to Dec 26 191 6, that I saw him alive on Dec 26 191 6, and that death occurred, on the date stated above, at 4-5 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Septicaemia

..... (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) ..... M. D.

....., 191.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State Life mos. ..... ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 140 Montebello Terrace

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cem. DATE OF BURIAL, 12/29, 1916

20-UNDERTAKER Chas. R. Evans & Son ADDRESS 1180 W. Royal Ave

IMPORTANT.—Physicians are requested to make this certificate as important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0776

CERTIFICATE OF DEATH.

92 D 0776

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Protestant Infirmary St.; 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nathan Gutman

(Residence in Baltimore: No. 1520 Eutaw Place St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, March (Month) 22nd (Day), 1837 (Year)

7-AGE, 79 yrs. 9 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Department Store

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Moses Gutman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Ella Kauffman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C.C. Keery M.D.

(Address) Union Protestant Infirmary

15- DEC 27 1916 Filed....., 191.... ROBERT R. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 26 (Day), 1916 (Year).

17. I HEREBY CERTIFY, That I attended deceased from Dec 21st 1916, to Dec 26 1916, that I saw him alive on Dec 26 1916, and that death occurred, on the date stated above, at 5.25 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Cardiac Dilitation

(Duration) yrs. mos. ? ds.

(Signed) Chas. L. C. Gehl M. D.

Dec 26, 1916 (Address) Union Protestant Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State yrs. mos. ? ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 1520 Eutaw Place

19-PLACE OF BURIAL OR REMOVAL, Balt Hebrew Cem. DATE OF BURIAL, Dec 28, 1916

20-UNDERTAKER Harris Sondheim ADDRESS 118 W Mt Royal Ave

CAUSE OF DEATH to be plainly stated. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0772 64 D 0772

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 S Holl ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Baker

(Residence in Baltimore: No. 308 S Holl St.; 64 yrs., ~ mos., ~ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Jan (Month) 24 (Day), 1840 (Year)

7-AGE, 75 yrs. 11 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr H. H. Baker

(Address) 308 S Holl St

15-

Filed DEC 27 1916, 191.... ROBERT B. BRADTER

Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec-23 1916, to Dec 25 1916, that I saw h~ alive on Dec 25 1916, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Cerebral - Hemorrhage

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Arterio - Sclerosis

(Duration) ....yrs. ....mos. ....ds.

(Signed) John G. Owens M. D.

Dec 27 1916 (Address) Fairmount & Wolfe Sts

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cem	Dec 28, 1916.

20-UNDERTAKER	ADDRESS
Peter Nicolaus	2046 Eastern

CAUSE OF DEATH must be plainly stated, so that it may be important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 0778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 0778

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 S. Duncan ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E Saunders.

(Residence in Baltimore: No. 317 Duncan St. St.; 57 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 8, 1856 (Month) (Day) (Year)

7-AGE, 60 yrs. 7 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At Home
(b) General nature of industry, business, or establishment in which employed (or employer). Domestic

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Robert Sensney.

11-BIRTHPLACE OF FATHER (State or Country), Penn.

12-MAIDEN NAME OF MOTHER Eleanor Valenberger

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James B. Saunders.

(Address) 317 S. Duncan

15-

DEC 27 1916

Filed....., 191.....

ROBERT R. KRAMER

Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12. (Month) 26 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 21 1916, to Dec. 26 1916, that I saw h er alive on Dec 25 1916, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

9

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion

3

(Duration) yrs. mos. ds.

(Signed) J. H. Chillipst M. D.

....., 191... (Address) 170 S. Hollins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oakland Cem. DATE OF BURIAL, Dec 28, 1916

20-UNDERTAKER Wm Cook ADDRESS 1615 South Av

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 0779

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1776 Ashland Ave ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert J. Christopher

(Residence in Baltimore: No. 1776 Ashland Ave. St.: 49 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Feb (Month) 13 (Day), 1867 (Year)

7-AGE. 49 yrs. 10 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Boiler Maker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. Samuel Christopher

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Sarah Richards

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Christopher

(Address) 1776 Ashland Ave

15-

Filed DEC 27 1916, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 16 1916, to Dec 26 1916, that I saw him alive on Dec 26 1916, and that death occurred, on the date stated above, at 10.00 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Edward Donat M. D.

Dec 27, 1916. (Address) 910 Eighth St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Mt Olivet

DATE OF BURIAL. 12/29, 1916

20-UNDERTAKER William Cook

ADDRESS 502 E Monument

Keep this certificate in perfect condition. Any mutilation or erasure will render it void. Care and accuracy in filling out all items is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0780

HEALTH DEPARTMENT—CITY OF BALTIMORE

6 D 0780

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1670 N Monroe ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Collis

(Residence in Baltimore: No. 1670 N. Monroe St.; 40 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Mch. 17, 1853 (Month) (Day) (Year)

7-AGE, 63 yrs. 9 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Md. U. S. A.

PARENTS.

10-NAME OF FATHER, John Williams

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Louise Dugale

(Address) 1620 N. Monroe St.

15-

DEC 27 1916 ROBERT R. KRAUTER

Filed....., 191..... Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 17 1916, to Dec 27 1916, that I saw h.. alive on Dec 26 1916, and that death occurred, on the date stated above, at 12 9 m.

The CAUSE OF DEATH* was as follows:

.....

Uremia - Eclampsia,

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

..... (Duration) ..... yrs. ..... mos. 10 ds.

(Signed) H. Fenton C. Hewitt M. D.

Dec 27, 191 6 (Address) 1419 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Dec 29, 191 6
20-UNDERTAKER Wm Cook	ADDRESS 702 E North Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0781

CERTIFICATE OF DEATH.

92 D 0781

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 724 N. Chester ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Warns

(Residence in Baltimore: No. 724 N. Chester St.; 37 yrs. 1 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, November 21, 1879
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
37 yrs. 1 mon. 6 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): Employe

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER, Herman Warns

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Marie A. Flur

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herman Warns

(Address) 724 N. Chester St.

15-

Filed DEC 27 1916, 191.... ROBERT R. KRAUTH, Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 27, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 22nd 1916, to December 27th 1916, that I saw him alive on December 27th 1916, and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

Signed H. U. Mayer M. D.

Dec 27 1916, (Address) 1039 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart Cemetary

DATE OF BURIAL, Dec 30/16 191...

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson St

Cross out (with pen) any of these words of which the meaning is not clear. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 0782

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 N. Port ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Ida Birdenbach

(Residence in Baltimore: No. 508 N. Port St.; 7 yrs., — mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. Dec 2, 1909 (Month) (Day) (Year)

7-AGE. 7 yrs. — mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Aug G. Birdenbach

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER. Minnie Foster

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Aug G. Birdenbach

(Address) 150 N. Port St.

15- Filed DEC 27 1916, 191..... ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. December 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26 1916, to Dec 27 1916, that I saw h[illegible] alive on Dec 27 1916, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

..... (Duration) ....., yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) Adam B Lennard M. D.

Dec 27 191.6 (Address) 1821 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. St Mathews Cemetery

DATE OF BURIAL. Dec 29, 1916

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson St

CAUSE OF DEATH. Plainly state the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0783

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0783

CERTIFICATE OF DEATH.

10

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 N. Ellwood Ave St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Funk

(Residence in Baltimore: No. 211 N. Ellwood Ave St.; 76 yrs., 11 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Jan (Month) 1 (Day), 1840 (Year)

7-AGE, 76 yrs. 11 mos. 25 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): House

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, George Funk

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER, Christina Apt

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amanda Funk

(Address) 211 N. Ellwood Ave

15-

DEC 27 1916 ROBERT R. KRAUTER

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 27 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 18 1916, to Dec 26 1916, that I saw him alive on Dec 26 1916, and that death occurred, on the date stated above, at 4 45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) La Grippe

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) [illegible] M. D.

Dec 27th, 1916 (Address) 836 E Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery

DATE OF BURIAL, Dec 29, 1916

20-UNDERTAKER Ernestine Miller

ADDRESS 2334 Jefferson

Directions for filling out this certificate are printed on the back. Please read them carefully before writing, as it may be important. See instructions on back of certificate.

Remarks

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composi-*
tor, A
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man,
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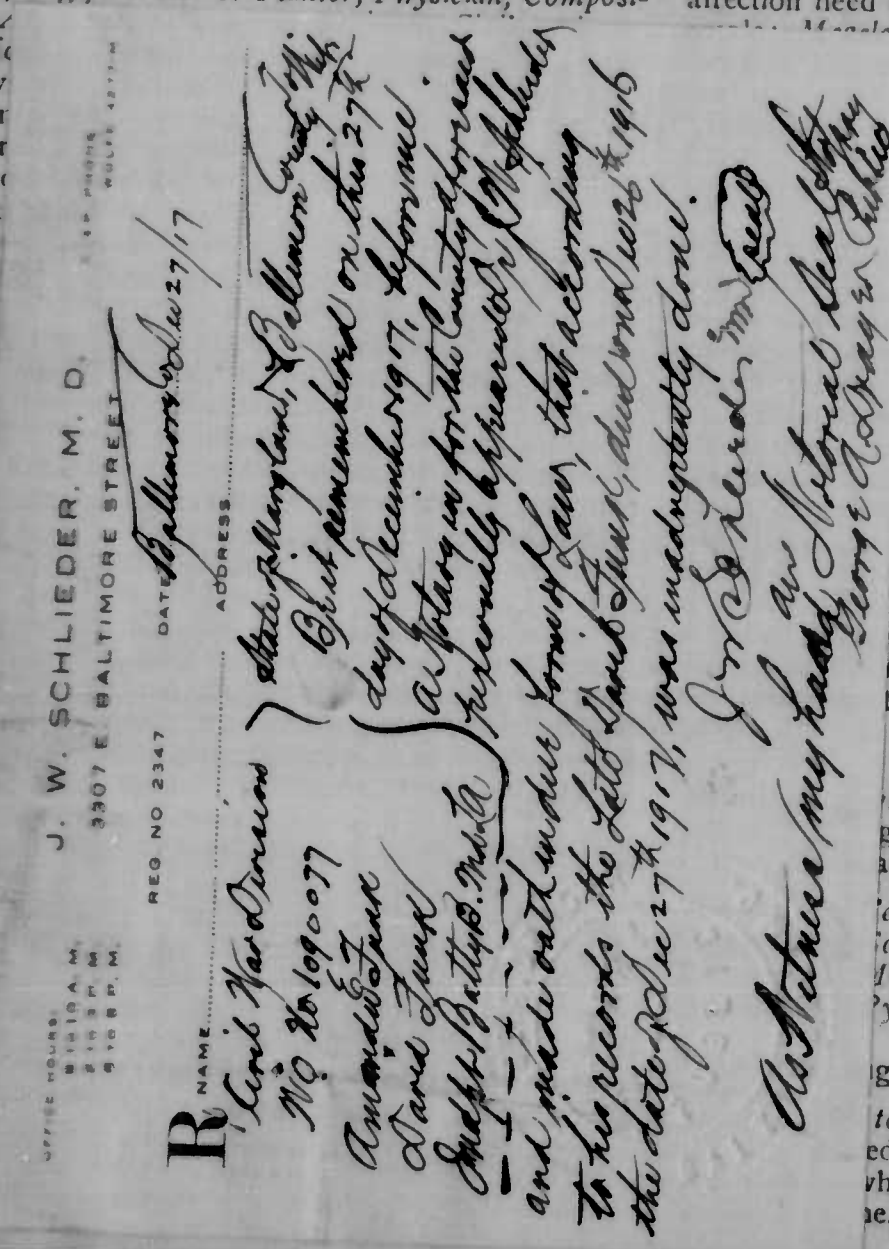

lungs, meninges, peritoneum, etc., *Carcinoma, Sarcoma,* etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor' for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis;* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Ex-
(disease causing death), 29 *ds.;*
mia (secondary), 10 *ds.* Never re-
oms or terminal conditions, such as
mia," (merely symptomatic), "Atro-
," "Coma," "Convulsions," "De-
nital," "Senile," etc.), "Dropsy,"
Heart failure," "Hæmorrhage," "In-
smus," "Old age," "Shock," "Uræ-
s," etc., when a definite disease can
as the cause. Always qualify all
g from childbirth or miscarriage, as
ticinæmia," "PUERPERAL *peritonitis,*"
e for which surgical operation was
r VIOLENT DEATHS state MEANS OF
lify as ACCIDENTAL, SUICIDAL, HOMI-
bbably such, if impossible to deter-
Examples: *Accidental drowning;*
ay train—accident; Revolver wound
ide; Poisoned by carbolic acid—
. The nature of the injury, as frac-
nd consequences (*e. g., sepsis, teta-*
tated under the head of "Contribu-

ill be returned for additional infor-
give any of the following diseases,
ation, as the sole cause of death:

ellulitis,	*Childbirth,*	*Convulsions,*
astritis,	*Erysipelas,*	*Meningitis,*
Miscarriage,	*Necrosis,*	*Peritonitis,*
Pyæmia,	*Septicæmia,*	*Tetanus.*

g must be referred to a Coroner:

to accident (if criminal negligence
ed); *Suicides, Homicides, Abortions*
whether death is directly or indirectly
ne.

D 0784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 D 0784

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospital ST., 15 WARD)

2-FULL NAME Thomas F. Hagan

(Residence in Baltimore: No. 1820 Ashburton St. If not in Baltimore, give State or Country.)

(16 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH. Dec 13, 1901
(Month) (Day) (Year)

7-AGE. 15 yrs. mos. 12 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. School boy
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Thomas Hagan

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Mary A. Deveney

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Deveney

(Address) 1820 Asburton St

15- Filed DEC 27 1916, 191.. ROBERT R. KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot Wound in brain accidentally discharged in hand of Stephen Sinwald

(Duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (Secondary) Hemorrhage in brain

(Duration) yrs. mos. 1/2 ds.

(Signed) James M. Benton (Coroner.) M. D.

Dec. 27 1916 (Address) 900 E. Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). (Hospital)

At place of death yrs. mos. 1/2 ds. In the State 16 yrs. mos. ds.

Where was disease contracted, if not at place of death? Dec 17 1824 Ashburton St

Former or usual residence 1820 Ashburton St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St Vincents	Dec 28, 1916

20-UNDERTAKER H. Sanderoland ADDRESS 1211 Eutaw

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 0785

HEALTH DEPARTMENT—CITY OF BALTIMORE

120 D 0785

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1322 Ridgely St ST.: 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Hughes

(Residence in Baltimore: No. 1322 Ridgely St St.: 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, Feb. 22, 1846. (Month) (Day) (Year)

7-AGE, 70 yrs. 10 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Mt Savage Md

PARENTS.

10-NAME OF FATHER, Patrick Hughes

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Smith

(Address) Curtis Bay AA Co Md

15- DEC 28 1916 Filed, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 24, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 23 1916, to Dec 24 1916, that I saw him alive on Dec 22 1916, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. 7 mos. ds.

(Signed) [signature] M. D.

Dec 27, 1916 (Address) 517 Scott St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem — DATE OF BURIAL, Dec. 28, 1916

20-UNDERTAKER D & M. G. Flynn — ADDRESS 1422 Light St

Cases of [illegible] important. See instructions on back of certificate.

D 0786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital ST. 21 WARD)

REGISTERED No. C 182 D 0786

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Rudoepk Fisher

(Residence in Baltimore: No. 835 Ostend St.; yrs. 2 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Unknown (Month), (Day), 1 (Year)

7-AGE, 27 yrs. mos. da. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Md.

PARENTS.

10-NAME OF FATHER: John Fisher

11-BIRTHPLACE OF FATHER (State or Country): Md

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Fisher

(Address) 835 Ostend St

15- DEC 28 1916 HARRY C. ANDREAE Registrar. 191 Burial Permit Oler

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 27 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Perforation of Intestine, following gunshot wound of abdomen, Homicide (Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. da.

(Signed) A. P. Duncan (Coroner) M. D.

Dec 27 1916 (Address) 312 N Carrollton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. 2 da. In the State 26 yrs. mos. da.
Where was disease contracted, if not at place of death? Fairfield Md 63 rd St
Former or usual residence 835 Ostend St

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL, Dec 28, 1916

20-UNDERTAKER: Geo H Hooper — ADDRESS 607 Lilly Road

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0787

HEALTH DEPARTMENT--CITY OF BALTIMORE

64 D 0787

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE (No. 1713 North Monroe ST. 15 WARD)

(If death occred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Romeria C. Garrison

(Residence in Baltimore: No. 1713 North Monroe St.: 14 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: January 31, 1843 (Month) (Day) (Year)

7-AGE: 73 yrs. 10 mos. 27 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: Augusta Kellam

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Mary Goffmer

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jessie Hardesty

(Address) 1713 North Monroe

15. FILED DEC. 28 1916 ..., 191... HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: December 27, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1916, to Dec 27 1916 that I saw h-- alive on Dec. 26, 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. 1 mos. ..... ds

Contributory (SECONDARY) Epilepsy

(Duration) ..... yrs. ..... mos. 14 ds.

(Signed) Herbert C Blake M. D.

Dec 27, 1916. (Address) 1014 N Eutaw.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted. If not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: 12/28/1916

20-UNDERTAKER: Williams Cook — ADDRESS: 5076 North Av

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

B D 0788

CERTIFICATE OF DEATH

54 D 0788

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 536 N. Pine ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2 FULL NAME George W. Conrad

(Residence in Baltimore: No. 536 N. Pine St. St.: 18 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male — 4 COLOR OR RACE: Colored — 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Uncertain (Month) ..... (Day), 1863 (Year)

7 AGE: 53 yrs. ... mos. ... ds. — If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: General
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Cornish

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Priscilla Franklin

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jennie Cornish

(Address) 536 N. Pine St

DEC 28 1916 Filed ....., 191 — HARRY C. ADDELMAN Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 12 (Month) 25 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1916, to Dec 25, 1916, that I saw h[illegible]ive on December 24, 1916, and that death occurred, on the date stated above, at 2 a m.
The CAUSE OF DEATH* was as follows:

Heart Failure

(Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY): Pneumonia Chronic

(Duration) yrs. 6 mos. ... ds.

(Signed) L. Strickland M. D.

Dec 26 191 6 (Address) L. Strickland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. — In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Dec 28, 191 6

20 UNDERTAKER: Samuel Stansbury — ADDRESS: 578 N. Eddie

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-16—M. & T.—2000 Blks.

D 0784

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 0789

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 Boyd ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Charles McCurley

(Residence in Baltimore: No. 1017 Boyd St. Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 15 (Day), 1884 (Year)

7-AGE, 32 yrs. 9 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Painter
(b) General nature of industry, business, or establishment in which employed (or employer)..... Home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James McCurley

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary McLaughlin

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).... Maryland McCurley

(Address).. 1017 Boyd St.

15- DEC 28 1916 HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1916, to Dec 25 1916, that I saw h.. alive on Dec 24 1916, and that death occurred, on the date stated above, at 1055 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..yrs. 4 mos. ..ds.

CONTRIBUTORY (Secondary) Pulmonal Tuberculosis

(Duration) ..yrs. 2 mos. ..ds.

(Signed) E. C. Woolchester M. D.

12/27/16, 191... (Address) 24 W. Fulton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Dec 27, 191..

20-UNDERTAKER John A Inman — ADDRESS Bank & Arunah

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0790

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0790

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 E. Baltimore ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Leah Budnick (Budvinick)

(Residence in Baltimore: No. 1607 E. Baltimore Street St.; 25 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH. December —, 1864
(Month) (Day) (Year)

7-AGE, 52 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Ely Epstein

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Henretta Lapis

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Baltimore

15- DEC 28 1916 HALEY C. [illegible]
Filed ..... 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1916, to Dec. 27 1916, that I saw her alive on Dec. 27, 1916, and that death occurred, on the date stated above, at 3:05 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

(Diagnosis confirmed by operation + X-ray)

(Duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Isaac M. Lachey M. D.

Dec 28, 1916 (Address) 1802 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Rosedale

DATE OF BURIAL, 12/31/16

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E. Baltimore St

important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

B 0791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 0791

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1124 Myrtle Av ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Isabel Warehime

(Residence in Baltimore: No. 1124 Myrtle Ave St.; 12 yrs. mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Sing.

6-DATE OF BIRTH, Dec 11 (Month), (Day), 1904 (Year)

7-AGE, 12 yrs. mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Wm Edwin Warehime

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Louise K. Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Edwin Warehime

(Address) 800 Harlem Av

15-

Filed DEC 28 1916 191.. HARRY C. ANDREWS Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 27 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 14 1916, to Dec 27 1916, that I saw her alive on Dec 27 1916, and that death occurred, on the date stated above, at 5.30 P.M.

The CAUSE OF DEATH* was as follows:

1. Chronic Endocarditis
Congenital Patent foramen Ovale
(Duration) 12 yrs. mos. ds.

CONTRIBUTORY (Secondary) Scarlet Fever
(Duration) yrs. 4 mos. ds.

(Signed) Chas. W. Bamman M. D.

Dec 27, 1916. (Address) 800 Harlem Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westminster Md. DATE OF BURIAL, Dec 29, 1916

20-UNDERTAKER W. M. Routson ADDRESS 230 E. Green

Please write in plain letters so that it may be properly understood. Each statement of OCCUPATION very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 0792 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 D 0792

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 Tyson St.: 11 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Wright.

(Residence in Baltimore: No. 816 Tyson St. St. Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dec (Month) ....., 1847. (Day) (Year)

7-AGE, 69 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Cook

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Glascoe

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lilian Gordon

(Address) 816 Tyson St.

15-

Filed DEC 28 1916 191.... HARRY [illegible] Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 26th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 12th 1916, to Dec 26th 1916, that I saw h[illegible] alive on Dec 26 1916, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
with Hemiplegia

(Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) Not Known yrs. ..... mos. ..... ds.

(Signed) Chas. J. Keller M. D.

Dec 27, 1916 (Address) 722 W. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Dec 28th, 1916

20-UNDERTAKER Laurence O'Neill

ADDRESS 136 N. Mar[illegible]

Directions for preparing this certificate will be found on page 3. Every question must be answered, or the certificate will be returned for correction. Typewriting or indelible pencil must be used. Be careful to write plainly and use only the legal abbreviations. Every statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0793

CERTIFICATE OF DEATH.

8 29

REGISTERED No. C

D 0793

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1021 N. Gay St ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Sullivan

(Residence in Baltimore: No. 1021 N. Gay St St. ...yrs. ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH Jan 12, 1858.
(Month) (Day) (Year)

7-AGE, 58 yrs. 1 mos. 15 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Horse Dealer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm Sullivan

11-BIRTHPLACE OF FATHER (State or Country), New Orleans

12-MAIDEN NAME OF MOTHER Rebecca Sunderling

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos Sullivan

(Address) 1415 Harford Ave

15- DEC 28 1916 HARRY C. ANDREWS

Filed ..., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 27, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 20 1915, to Dec 27th 1916, that I saw him alive on Dec 22nd 1916, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhages

(Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Miliary Tuberculosis

(Duration) 2 yrs. 6 mos. 7 ds.

(Signed) Gustav Gobelmann M. D.

Dec 28, 1916. (Address) 656 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lakewood Cemetery — DATE OF BURIAL, Dec 29 1916

20-UNDERTAKER Robt J Turner — ADDRESS Broadway & Aliceanna

CAUSE OF DEATH to be plain terms, as that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 0794

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 Druid Hill Ave St. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen M. Kellar

(Residence in Baltimore: No. 1010 Druid Hill Ave St.; 25 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH, Unknown (Month) ..... (Day), 1846 (Year)

7-AGE, About 70 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James Howard

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Rosa Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Annie Bentley

(Address) 1010 Druid Hill Ave.

15-

Filed DEC 28 1916 191... HARRY C. ANDREWS

Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 18th 1916, to Dec 25 1916, that I saw h[er] alive on Dec 28th 1916, and that death occurred, on the date stated above, at 11.05 m.

The CAUSE OF DEATH* was as follows:

1. Valvular Disease of heart

(Duration) ... yrs. 4 mos. ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ... yrs. Gradual mos. ... ds.

(Signed) H. Milan M. D.

..., 191... (Address) 60 E. Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, Dec 28, 1916

20-UNDERTAKER, Geo. W. Holland

ADDRESS 512 Robert St.

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0795

CERTIFICATE OF DEATH.

92 D 0795

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Jud General Hosp't St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Hartig

(Residence in Baltimore: No. 811 Brantley St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ..., (Month) (Day) 1916. (Year)

7-AGE, ...yrs. 4 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown.

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Dated DEC 28 1916, 191.... HARRY C. ALDERS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 24, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 23, 1916, to Dec 24, 1916, that I saw her alive on Dec 24 1916, and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Pancreas

..... (Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Elmer Wintermute M. D.

12-26, 1916 (Address) Jud General Hosp't

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 811 Brantley St

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, DEC 28 1916, 191...

20-UNDERTAKER Commissioner Health ADDRESS

CAUSE OF DEATH in plain terms. Is this in any case of violence, homicide or casualty? Date and manner of occurrence important. See instructions on back of certificate.

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Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0796 D 0796

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3204 Baker St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie Vanaant Reed.

(Residence in Baltimore: No. 3204 Baker St.; 24 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Sept 20, 1888
(Month) (Day) (Year)

7-AGE, 30 yrs. 3 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Canal
(b) General nature of industry, business, or establishment in which employed (or employer): Work at home

9-BIRTHPLACE, (State or Country): Balto, Md.

PARENTS.

10-NAME OF FATHER: Charles V. Baitzell

11-BIRTHPLACE OF FATHER (State or Country): Balto, Md.

12-MAIDEN NAME OF MOTHER: Anna M. Vanaant

13-BIRTHPLACE OF MOTHER (State or Country): Balto, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel A. Reed Jr.

(Address) 3204 Baker St.

15-

Filed DEC 28 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 27, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 4 1916, to Dec 27 1916, that I saw h-er alive on Dec 24 1916, and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Intestines

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(Duration) 1 yrs. mos. ds.

(Signed) John S. Thayer M. D.

Dec 28, 191.. (Address) 100 S Caplan Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemet	Dec 30, 1916
20-UNDERTAKER	ADDRESS
Herbert W Skinner	1018 Edmonson Ave

CAUSE OF DEATH must be stated in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0792

CERTIFICATE OF DEATH.

81 D 0792

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1736 Ashland ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances J. Wilkins

(Residence in Baltimore: No. 1736 Ashland Ave St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, May (Month) 30 (Day), 1844 (Year)

7-AGE, 72 yrs. 6 mos. 27 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Lowood Darby

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma F. Wilkins

(Address) 1736 Ashland Ave.

15- DEC 28 1916 Filed....., 191..... ROBERT R. KRAUTER Registrar. Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 27 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26 1916, to Dec 27 1916, that I saw h er alive on December 27 1916, and that death occurred, on the date stated above, at 9 30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis

(Duration) 6 yrs. mos. da.

CONTRIBUTORY (Secondary) Acute Indigestion

(Duration) yrs. 2 mos. 2 da.

(Signed) W. F. Faucett M. D.

Dec 28, 1916. (Address) 21 E. Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery DATE OF BURIAL, Dec. 31, 1916

20-UNDERTAKER H. C. Wiedefeld ADDRESS 914 Greenmount Ave.

Dr. Saunders.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0798

D 0798

CERTIFICATE OF DEATH.

REGISTERED NO. C 15

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1175 Brentwood Ave ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Muse

(Residence in Baltimore: No. 1175 Brentwood Ave St.; ..... yrs. ..... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	Single.

6-DATE OF BIRTH, ... Dec (Month) 28 (Day), 1916 (Year)

7-AGE, ... yrs. ..... mos. ..... ds. If LESS than 1 day, 3 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, W. H. Muse

11-BIRTHPLACE OF FATHER (State or Country), Mass

12-MAIDEN NAME OF MOTHER Evelyne Forrest

13-BIRTHPLACE OF MOTHER (State or Country), Mass

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. H. Muse

(Address) 1175 Brentwood Ave

15-

Filed DEC 28 1916, 191.....

ROBERT R. KRAUTER
Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... December (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 28/16 191..., to Dec 28 1916, that I saw him alive on Dec 28 1916, and that death occurred, on the date stated above, at 9.22 a m.

The CAUSE OF DEATH* was as follows:

..... Atelectasis .....

..... 3 hours .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Premature birth 6 months Child

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm R. Graham M. D.

Dec 28th, 1916. (Address) 1737 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, Dec 29, 1916

20-UNDERTAKER H. C. Wedefeld Sr — ADDRESS Greenmt Ave

D 0799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1720 D 0799

REGISTERED No. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Found dead at Nurses Hostel ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Krauth

(Residence in Baltimore: No. 1 Druid Place St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
about 45 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Druggist .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

DEC 28 1916

15- DEC 28 1916

Filed....., 191.....

Burial Permit ROBERT R. KRAUTH Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration)...yrs. 1 day mos.....ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration).....yrs.....mos.....ds.

(Signed).....M. D.
(Coroner.)

Dec 26., 1916 (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	DEC 28 1916
20-UNDERTAKER	ADDRESS

Commissioner Health.

Per. Wm. S. WOODALL

D 0800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — CITY OF BALTIMORE (No. Lorraine Hous (ST.: 5 WARD) — REGISTERED No. C 74 D 0 0

2-FULL NAME Michael McKenney

(Residence in Baltimore: No. Lorraine Hous

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, ..., (Month) (Day) 1 (Year)

7-AGE	If LESS than 1 day,
57 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Maryland

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Maryland

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed DEC 28 1916, 191... ROBERT P. KRAUTER Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 16 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malignant Tumor

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] (Coroner.) M. D.

1926 E. Monument, 191.. (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, HOPKINS HOSPITAL — DATE OF BURIAL, DEC 28 1916

20-UNDERTAKER Commissioner Health. — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0801

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0801

CERTIFICATE OF DEATH.

28

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 628 Smith St. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Fulgrum

(Residence in Baltimore: No. 628 Smith St.

St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col'd	Married

6-DATE OF BIRTH, Dec. 1, 1861
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
55 yrs. mos. 23 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Josephine Baker

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wife

(Address) 628 Smith St

DEC 28 1916

Filed....., 191.... HARRY C. ANDREWS

Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 27, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Duration 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cold & Exposure

Duration yrs. mos. ds.

(Signed) G. M. Rollins M. D.
(Coroner)

Dec 28, 1916 (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State Home yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JOHNS HOPKINS HOSPITAL

Commissioner Health.

Per Wm. R. WOODALL

Spec.—8-24-14—M. & T.—2000 Bks.

Edward J Faber

D 0802

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 0802

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 Light Street ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward J. Faber

(Residence in Baltimore: No. 1709 Light Street St.: 5 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Sept. (Month) 26 (Day) 1911 (Year)

7-AGE, 5 yrs. 3 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Henry Faber

11-BIRTHPLACE OF FATHER (State or Country): City

12-MAIDEN NAME OF MOTHER: Mary Shea

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Faber

(Address) 1709 Light Street

15-

Filed DEC 28 1916, 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 28 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 23 1916, to Dec 28 1916, that I saw h[illegible] alive on Dec 27 1916, and that death occurred, on the date stated above, at 6[illegible] Am.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Meningitis

(Duration) yrs. mos. 2 ds.

(Signed) Henry B Walk M. D.

Dec 28, 1916 (Address) 1203 Light

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Dec 29, 1916.

20-UNDERTAKER William Cooke — ADDRESS 502 E. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~13~~ D 0803

CERTIFICATE OF DEATH.

152 D 0803

1-PLACE OF DEATH Hebrew Hospital

REGISTERED NO. C.....

CITY OF BALTIMORE: (No..... ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Scally

(Residence in Baltimore: No. Rebuke Rost. St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH. December 27, 1916
(Month) (Day) (Year)

7-AGE. .....yrs.....mos.....ds.

If LESS than 1 day, 1..hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Lawrence T. Scally

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Margaret F. Byrne

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lawrence T. Scally

(Address) Timonium Md.

15-DEC 28 1916 ROBERT R. KRAUTER
Filed....., 191.... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. December 27 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 27 1916, to Dec. 27 1916, that I saw her alive on Dec. 27 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Congenital
Atelectasis
(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) .....

(Duration) ...yrs. ...mos. ...ds.

(Signed) H. Schmuck M. D.

Dec. 28, 1916 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Pikesville Md.

DATE OF BURIAL. Dec. 29 1916

20-UNDERTAKER Liston T. Funkenbusch

ADDRESS 2620 Pennsylvania Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0804

CERTIFICATE OF DEATH.

101 D 0804

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin F. London

(Residence in Baltimore: No. 758 E. Fort ave, St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov 7, 1876 (Month) (Day) (Year)

7-AGE, 40 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer): B & O R.R.

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Handy London

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Amanda Hooper

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. London

(Address) 758 E. Fort

15- Filed DEC 28 1916, 191.. ROBERT R. KRAUTH Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 6, 1916, to Dec 27 1916, that I saw h[im] alive on Dec 27 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Bronchial dilatation of Oesophagus & Stricture

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Stricture & Cachexia

(Duration) yrs. 2 mos. 14 ds.

(Signed) Emil E. Meyer M. D.

XII/27/1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 21 ds. In the State 40 yrs. mos. ds.

Where was disease contracted, if not at place of death? 758 E Fort ave

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London R.K. Cem	12.28. 1916

20-UNDERTAKER J. F. & W. McCully

ADDRESS 130 E. Fort

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0805

CERTIFICATE OF DEATH.

29 D 0805

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 E. Randall ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Burke

(Residence in Baltimore: No. 25 E Randal St.; ....yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female.	White	Widow

6-DATE OF BIRTH. Apr. 8 (Month) (Day), 1846 (Year)

7-AGE.	If LESS than 1 day,
70 yrs. 8 mos. 18 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, William Williamsen

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Elizabeth Foble.

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Zimmerman

(Address) 25 E. Randall

15- DEC 28 1916 ROBERT R. KRAUTER
Filed....., 191..... Registrar.
Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec 26 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 20 1916, to Dec 26 1916, that I saw h.. alive on Dec 20 1916, and that death occurred, on the date stated above, at 30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Mitral Regurgitation
..... (Duration).....yrs.....mos.....ds.
CONTRIBUTORY (Secondary) Interstitial Nephritis
..... (Duration) 2 yrs. ..... mos. ..... ds.

(Signed) H. Weisbrick M. D.
Dec 28, 1916. (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cedar Hill Cem	12/28, 1916

20-UNDERTAKER	ADDRESS
J. Fred McCully	1304 E. Fayette

5824

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0806

CERTIFICATE OF DEATH.

28 D 0806

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 W Mulberry St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norman W. Kelly

(Residence in Baltimore: No. 1106 W Mulberry St. St.: ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 16 (Day) 1899 (Year)

7-AGE, 17 yrs. 6 mos. 10 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Ed Kelly

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Annie Goss

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Shields

(Address) 1106 W Mulberry St

15-DEC 28 1916 ROBERT R. KRAUTER Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 26 1915, to Dec 26 1916, that I saw h- alive on Dec 25 1916, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

.....

Pulmonary Tuberculosis

..... (Duration) 1 yrs. 7 mos. ....ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) T. McGauran M. D.

Dec 27, 1916. (Address) 1236 W. Lafayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Dec 29, 1916

20-UNDERTAKER W. H. Kerr & Son

ADDRESS Gilmor Nath

CAUSE OF DEATH in plain terms. It is the law that no property shall be destroyed. Last attendant or OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 0807

CERTIFICATE OF DEATH.

D. 0807

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 Pitcher ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eleanora Jenkins

(Residence in Baltimore: No. 612 Pitcher Street St.; 64 yrs., 2 mos. 19 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Oct (Month) 7 (Day), 1852 (Year)

7-AGE, 64 yrs. 2 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, David Williams

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Co

12-MAIDEN NAME OF MOTHER Mary Jones

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Emma Young

(Address) 1378 N Calhoun St

15-[redacted]

Filed DEC 28 1916 191 ROBERT B. KRAUTHER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 26 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 20 1916, to December 26, 1916, that I saw h.r alive on December 26 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Cold & old age

(Duration) yrs. mos. ds.

(Signed) J. E. Campbell M. D.

Dec. 27, 1916. (Address) 1369 N. Carey St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Rockdale Balto Co DATE OF BURIAL DEC 29 1916

20-UNDERTAKER James H. Dennis ADDRESS 1308 Pennsylvania Ave

D 0803

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 D 0803

1 PLACE OF DEATH 155 Eaton Alley

REGISTERED NO. C.....

CITY OF BALTIMORE: (No 155 Eaton alley St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy E. ~~Estes~~ Pettus

(Residence in Baltimore: No. 155 Eaton Alley St.; — yrs. 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July (Month) 27 (Day), 1916 (Year)

7-AGE: — yrs. 6 mos. ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore - Md,

PARENTS

10-NAME OF FATHER: Morgan Pettus

11-BIRTHPLACE OF FATHER (State or country): ~~Baltimore~~ Va.

12-MAIDEN NAME OF MOTHER: Lydia Ayers

13-BIRTHPLACE OF MOTHER (State or country): Va.

14-THE ABOVE [illegible] TO THE BEST OF MY KNOWLEDGE

(Informant) Lydia Pettus

(Address) 155 Eaton Alley

15- DEC 28 1916 Filed ..... 191 ROBERT B. KRAUTER, Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec (Month) 27 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26, 1916, to, Dec 27 1916, that I saw her alive on Dec 26 1916, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(Duration) yrs. mos. 10 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) H. K. Pettus, M. D.

Dec 28 1916 [Address] 817 N Hamilton Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: Dec 30 6

20-UNDERTAKER: Samuel Steele

ADDRESS 5 [illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0802

CERTIFICATE OF DEATH.

90 D 0809

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 E. Federal ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Young.

(Residence in Baltimore: No. 320 E. Federal St St.: ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH. Unknown (Month) (Day), 1848 (Year)

7-AGE. 68 yrs. ...mos. ...ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Harvey Cox

(Address) 320 E. Federal

15- DEC 28 1916 Filed ..., 191... ROBERT R. KRAUTER, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. December 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 6 Dec, 1916, to 27 Dec, 1916, that I saw h-r alive on 27 Dec, 1916, and that death occurred, on the date stated above, at 2.20 a m.

The CAUSE OF DEATH* was as follows:

Subacute Endocarditis

Contributory Arteriosclerosis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) etc., (Duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.

28/12/ 191 6 (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn

DATE OF BURIAL. Dec 29 191 6

20-UNDERTAKER. Samuel Bromley

ADDRESS 3 E. Baltimore

CAUSE OF DEATH to be given in plain terms, so that any one may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 0810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 0810

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1440 Light St ST.: 23 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Timothy Moran

(Residence in Baltimore: No. 1440 Light St. 62 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Not Known (Month), 1 (Day), (Year)

7-AGE. 74 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). B&O R.R.

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. Not Known

11-BIRTHPLACE OF FATHER (State or Country). Not Known

12-MAIDEN NAME OF MOTHER. Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah E. Moran

(Address) 1440 Light St

15- Filed DEC 28 1916, 191.. ROBERT R. KRAUTH Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. 12 (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1916 to Dec 28 1916, that I saw him alive on Dec 23 1916, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

about

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Maurice Jones M. D.

Dec 28, 1916. (Address) 423 E. Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cedar Hill

DATE OF BURIAL. Dec 30, 1916

20-UNDERTAKER Armstrong Davey Co

ADDRESS 715 Light St

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0811 — 169 — D 0811

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Pier # 4 Hall St. 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Weslikind

(Residence in Baltimore: No. 713 East 20th Street St.; yrs., 40 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widower

6-DATE OF BIRTH, June 3, 1849 (Month) (Day) (Year)

7-AGE, 67 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Glass blower
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Dont Know

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W J Weslikind

(Address) 900 E. 20th Street

15- Filed DEC 28 1916, 191.. ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Found dead Dec 27th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxia due to
Drowning (Drowning)
Not known Must probably accidental
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) C. T. Riley M. D. (Coroner.)

Dec 27, 1916. (Address) 1657 Bunder)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, London Park — DATE OF BURIAL, 12/29, 1916

20-UNDERTAKER William Cook — ADDRESS 502 E. 20th

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0812

HEALTH DEPARTMENT—CITY OF BALTIMORE

28

D 0812

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 573-S. Pulaski ST.; 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Berkow

(Residence in Baltimore: No. 573-S. Pulaski St.; 21 yrs. — mos. — da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 1861
(Month) (Day) (Year)

7-AGE, 55 yrs. — mos. — da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Grocer
(b) General nature of industry, business, or establishment in which employed (or employer)..... (merchant)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Benzl Berkow

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... J. Lewis (for M.D.)

(Address)..... 1711-S. Balto St.

15- DEC 29 1916 HARRY C. ... Burial Permit Clerk
Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1916, to Dec. 28, 1916, that I saw him alive on Dec. 28 1916, and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Ulceration of Intestines

(Duration) 1 yrs. — mos. — da.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) — yrs. 2 mos. — da.

(Signed) Nathan B. Berkowitz, M. D.

Dec. 28 1916 (Address) 2117 Wilkens Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Mosling Co. | DATE OF BURIAL, 12/29 1916

20-UNDERTAKER Jack Lewis | ADDRESS 1411 E. Balto St

CAUSE OF DEATH to be written in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0813 — 120 — D 081

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew aged Home ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rivie Goodman

(Residence in Baltimore: No. 111-13 Aisquith Street ST.; 15 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Widow

6-DATE OF BIRTH. Unknown ..... (Month) ....., ... (Day) 1850 (Year)

7-AGE.	If LESS than 1 day,
66 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Jack Lewis

(Address)... 1411 E. Baltimore St

15- Filed DEC 29 1916, 191..... HARRY C. ANDREWS Clerk
Burial Permit ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. December 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 15 1916, to Dec 28 1916, that I saw h[illegible] alive on Dec 28 1916, and that death occurred, on the date stated above, at 1.00 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chron Interstitial Nephritis

(Duration) 2 yrs. ..... mos. ..... ds.

(Signed) M. J. Boylan M. D.

Dec 29, 1916 (Address) 217 N Aisquith

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 3 yrs. ..... mos. ..... ds. In the State 15 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Hebrew Mt Carmel	12/29, 1916
20-UNDERTAKER	**ADDRESS**
Jack Lewis	1411 E Baltimore St

CAUSE OF DEATH must be stated in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—3000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0814

CERTIFICATE OF DEATH.

110 D 0814

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 638 Sarah Ann ST.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Bailey

(Residence in Baltimore: No. 638 Sarah Ann St.; 71 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Dec 10, 1845 (Month) (Day) (Year)

7-AGE. 71 yrs. mos. 18 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Richard Baily

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Mary Stephens

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Susie Johnson

(Address) 519 Robert st

15-

Filed DEC 29 1916, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 28, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 27 1916, to Dec 28 1916, that I saw him alive on Dec 28 1916, and that death occurred, on the date stated above, at 10 25 m.

The CAUSE OF DEATH* was as follows:

Hemorrage from Bowels

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Gastritis

(Duration) yrs. mos. 3 ds.

(Signed) Frank A. Glenn M. D.

Dec 29 1916 (Address) 322 N Gruner

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn Cem

DATE OF BURIAL. Dec 29, 191 6

20-UNDERTAKER George A. Holl

ADDRESS 519 Robert st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0815

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0815

115

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 823½ Harford Ave ST.; 10 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Smith

(Residence in Baltimore: No. 823½ Harford Ave St.; ....yrs. ....mos. ....ds.)

Not known

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. January 6, 1842
(Month) (Day) (Year)

7-AGE. 74 yrs. 11 mos. 21 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Proprietor of
(b) General nature of industry, business, or establishment in which employed (or employer): Restaurant

9-BIRTHPLACE, (State or Country). Ireland.

PARENTS.

10-NAME OF FATHER. Patrick Smith

11-BIRTHPLACE OF FATHER (State or Country). Ireland.

12-MAIDEN NAME OF MOTHER Mary Comelius

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Margaret Smith

(Address) 823½ Harford Ave

15- Filed DEC 29 1916, 191.... HARRY C. ADELER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec 27, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 12 1916, to Dec 27 1916, that I saw him alive on Dec 27 1916, and that death occurred, on the date stated above, at 10 22 P m.

The CAUSE OF DEATH* was as follows:

Catarrhal Jaundice

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

(Signed) J. E. Swanbeck M. D.

12-28-, 1916 (Address) 1242 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral	Dec. 30, 1916.
20-UNDERTAKER	**ADDRESS**
Henry Kouck & Son	1301 E. Eager

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—5000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0816

CERTIFICATE OF DEATH.

37 D 0816

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 N. Lee ST.; 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry S. Griese

(Residence in Baltimore: No. 625 N. Lee St.; 61 yrs., 2 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Oct. 26th, 1855 (Month) (Day) (Year)

7-AGE, 61 yrs. 2 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machinest
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Henry Griese

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dorotha Tikers

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Augusta Snyder

(Address) 625 N. Lee St.

15-

Filed DEC 29 1916, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 28th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 21st 191.., to Dec 27 1916, that I saw him alive on Dec 27 1916, and that death occurred, on the date stated above, at 1.15 A m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Syphilitic Disease of Aorta

(Duration) 7 yrs. ....mos. ....ds.

(Signed) Jno. L. McLaughlin M. D.

Dec 28, 1916 (Address) 17 N. Bloomingdale Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Dec. 30th, 1916

20-UNDERTAKER Mr. & Mrs. John H. Deufel

ADDRESS 801 W. Fayette St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0817

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0817

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 N. Rose ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Harry & Lillian Baker

(Residence in Baltimore: No. 605 N. Rose St.; ..... yrs. ..... mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Dec 26, 1916. (Month) (Day) (Year)

7-AGE. — yrs. — mos. 2 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Harry N. Baker.

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Lillian May Harris

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry N. Baker.

(Address) 605 N. Rose st.

15- DEC 29 1916 Filed ..... 191.....

HARRY C. ADLER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 28, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 20 1916, to Dec 29 1916, that I saw h alive on Dec 29 1916, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Inanition (Premature Birth) 6 1/2 Months

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Louis Voigt M. D.

Dec 28, 1916 (Address) 2601 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL, Dec 29 1916.

20-UNDERTAKER Philip Henry

ADDRESS 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0818

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 0818

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 S. Luzerne Ave St.; 1 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Mosley

(Residence in Baltimore: No. 716 S. Luzerne Ave St.; 58 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Apr 20, 1842
(Month) (Day) (Year)

7-AGE, 74 yrs. 8 mos. 8 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Mosley

(Address) 716 S. Luzerne Ave

15- DEC 29 1916 Filed....., 191.... HARRY C. ARDEN Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26 1916, to Dec 28 1916, that I saw her alive on Dec 26 1916, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. B. Sutton M. D.

Dec 28, 1916 (Address) 2031 E. Eden St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, Dec 31, 1916.

20-UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans

CAUSE OF DEATH to be given in plain terms, as that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0819

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0819

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2132 Druid Hill Ave ST.; 14 WARD) REGISTERED NO. C 79

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sallie Terrell

(Residence in Baltimore: No. 2132 Druid Hill Ave St.; 78 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month), 1 (Day), (Year)

7-AGE, 59 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private family

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Va.

12-MAIDEN NAME OF MOTHER Not Known

12-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Gresham

(Address) 2132 Druid Hill ave

15-

Filed DEC 29 1916 191

Burial Permit Issued

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December — 28 — 1916
(Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Sept 21 1916, to Dec 26 1916, that I saw her alive on Dec 26 1916, and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Dec 28 1916 (Address) 1716 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Jan 1st, 1917

20-UNDERTAKER Sam W. Chase - son

ADDRESS 1400 Mosher

CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

109 D 0820

REGISTERED NO. C.....

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 E. Pratt St. ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Mathews

(Residence in Baltimore: No. 2011 E. Pratt St.; 12 yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Feb. 2, 1844 (Month) (Day) (Year)

7-AGE. 72 yrs. 10 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country) Pennsylvania

PARENTS.

10-NAME OF FATHER. John Mathews

11-BIRTHPLACE OF FATHER (State or Country). Pennsylvania

12-MAIDEN NAME OF MOTHER Mary Linton

13-BIRTHPLACE OF MOTHER (State or Country). Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Arthur Webb

(Address) 2011 E. Pratt St.

15- Filed DEC 29 1916, 191.. HARRY C. ABBLETS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. December 27, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 25 1916, to Dec. 27 1916, that I saw her alive on Dec. 27 1916, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edgar Poe Sandrock M. D.

Dec. 27, 1916 (Address) 1601 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cem. DATE OF BURIAL. Dec. 30, 1916

20-UNDERTAKER Wm. C. Black ADDRESS 927 N. Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0821 — 170 — D 0821

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2801 N. Charles St. 17 Ward)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Moses R. Walter

(Residence in Baltimore: No. 2801 N. Charles St. Life yrs.. .. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH Dec 13, 1847
(Month) (Day) (Year)

7-AGE. 69 yrs. — mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Atty at Law
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Raphael Walter

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Regina Mayer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Raphael Walter

(Address) 909 Md Trust Bldg

15- DEC 29 1916 Filed ..... 191.....

HARRY C. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 28th, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 2nd 1916, to Dec 27 1916, that I saw h.... alive on Dec 27th 1916, and that death occurred, on the date stated above, at 12-10 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) .. yrs. 2 mos. ds.

(Signed) L. Dwal Atkinson M. D.

Dec 28.., 1916. (Address) 921 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Oheb Shalom Cem — DATE OF BURIAL, Dec. 31.., 1916

20-UNDERTAKER Jahrens & Co — ADDRESS 16 11 mad one

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 D 0822

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1922 Columbia ave ST. 7 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Clinton

(Residence in Baltimore: No. 1426 Ward St

St. 25 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Colored	Single

6-DATE OF BIRTH. Dec (Month) 19 (Day), 1869 (Year)

7-AGE. 46 yrs. 11 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Saloon

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James Clinton

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Jackson

(Address) 1426 Ward St

15-

Filed ..... 191 .....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Congestion of Lungs

(Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) ... yrs. 3 mos. ... ds.

(Signed) James H. Fenton (Coroner.) M. D.

Dec 26 1916 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cem

DATE OF BURIAL, Dec 29, 1916

20-UNDERTAKER Geo J Cavanaugh Son

ADDRESS 901 Mullins St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2980 Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0823 56 D 0823

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 N. Calvert ST.: 12 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Holland

(Residence in Baltimore: No. 1704 N. Calvert St., St.: 2 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, Black.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, Dec (Month) (Day) 1895 (Year)

7-AGE, 21 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Cooks
(b) General nature of industry, business, or establishment in which employed (or employer), Private Family

9-BIRTHPLACE, (State or Country), Prince Georges Co Md

PARENTS.

10-NAME OF FATHER, James Holland

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sarah Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard Holland

(Address) 1418 School st

15-

DEC 30 1916

Filed ....., 191.... ROBERT P. [illegible]

Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 25 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 22 1916, to Dec 25 1916, that I saw her alive on Dec 24th 1916, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

(a) Acute Congestion of small intestines

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Dec 26, 1916 (Address) 1810, Guilford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem

DATE OF BURIAL, Dec 27, 1916.

20-UNDERTAKER George H. Holland

ADDRESS 1717 Pulaski st

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 0824 — 1 PLACE OF DEATH

CERTIFICATE OF DEATH

120 D 0824 — REGISTERED No. C

CITY OF BALTIMORE (No. 1006 N. Mount St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry E. Eance

(Residence in Baltimore: No. 1006 N. Mount St.: 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Feb 22 (Month) (Day), 184[illegible] (Year)

7-AGE: 68 yrs. 10 mos. 5 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Shoe Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Mass

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. H. E. Eance

(Address) 1006 N. Mount St.

15. Filed DEC 30 1916, 191. ROBERT R. KRAUTER Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec 27 (Month) (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1916 to Dec 27, 1916

that I saw h[illegible] alive on Dec 26, 1916

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) 3 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds

(Signed) F. Baldwin [illegible] M. D.

Dec 28, 1916. (Address) 841 W. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Worcester Mass — DATE OF BURIAL: Dec 29, 1916

20-UNDERTAKER: Chas F Evans & Son — ADDRESS: 118 N. Royal St

D 0825 HEALTH DEPARTMENT—CITY OF BALTIMORE 79 D 0825

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 125 W. Preston St.: 11 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Otto E. Bolz

(Residence in Baltimore: No.) 125 W. Preston St.; yrs. 64 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, May (Month) 6 (Day), 1843 (Year)

7-AGE, 73 yrs. 7 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Lamp lighter
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER, Casper O'Kriel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Bolz

(Address) 125 W. Preston

15- Filed DEC 30 1916, 191.... ROBERT P. KRAUTER Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 27 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malignant Disease of Liver

Duration 1 mo.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner)

Dec. 28, 1916 (Address) 519 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 125 W. Preston

19-PLACE OF BURIAL, OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Dec 30 1916

20-UNDERTAKER Chas. A. Cosio & Son ADDRESS 1100 W. Royal Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0826

CERTIFICATE OF DEATH.

105 D 0826

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Lamman ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Claude Allen

(Residence in Baltimore: No. 1615 Lorman St St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, November, 28, 1888
(Month) (Day) (Year)

7-AGE, 28 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Plasterer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), No. Ca.

PARENTS.

10-NAME OF FATHER, Boston allen

11-BIRTHPLACE OF FATHER (State or Country), No. Ca.

12-MAIDEN NAME OF MOTHER Rosa Flaugn

13-BIRTHPLACE OF MOTHER (State or Country), no. Ca

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Boston allen

(Address) 1615 Lorman St

15- DEC 30 1916 Filed, 191.

ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12-19-16 191, to 12-28-16 191, that I saw him alive on 19 1916, and that death occurred, on the date stated above, at 730 P. M.

The CAUSE OF DEATH* was as follows:

Acute Gastroenteritis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) improper diet, alcoholic

(Duration) yrs. mos. ds.

(Signed) F. M. Cardozo M. D.

12-29-16, 191... (Address) 152 E Oat. ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery DATE OF BURIAL, Dec. 30th 1916

20-UNDERTAKER Felix B. Pye ADDRESS 132 E. Mulberry St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0827

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 0827

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 Burgundy alley St.: 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James C. Webb.

(Residence in Baltimore: No. 501 Burgundy alley St.: 27 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mail

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH. unknown ....., ... (Month) (Day) (Year)

7-AGE. 55 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. White washer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Cherokee Co Ga

PARENTS.

10-NAME OF FATHER, Daniel West

11-BIRTHPLACE OF FATHER (State or Country). Cherokee Co Ga

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Co Ga

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth West

(Address) 501 Burgundy alley

15- DEC 30 1916 Filed....., 191.... ROBERT B. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec 27, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 13 1916, to Dec 27 1916, that I saw him alive on Dec 24 1916, and that death occurred, on the date stated above, at 3A.M. The CAUSE OF DEATH* was as follows:

(a) Pneumonia Lobar

.....

.....

..... (Duration) ..yrs. 1 mos. 17 ds.

CONTRIBUTORY (Secondary) Cond. Nervosa

..... (Duration) ..yrs. mos. ds.

(Signed) C. H. Grasty M. D.

Dec 27, 1916. (Address) 113 Saint Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. mos. ds. In the State ..... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cemetery

DATE OF BURIAL. Dec 29, 1916.

20-UNDERTAKER Cook & Hooper

ADDRESS 607 E. Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0823

D 0822

CERTIFICATE OF DEATH.

42

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Winifred Taylor

(Residence in Baltimore: No. 449 Milton Ave St.: 48 yrs., 5 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, July (Month) 21 (Day), 1868 (Year)

7-AGE, 48 yrs. 5 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Edward I. Taylor

11-BIRTHPLACE OF FATHER (State or Country), Harford Co. Md.

12-MAIDEN NAME OF MOTHER Mary Gould

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary G. Taylor (mother)

(Address) 449 N. Milton Ave

15-

Filed DEC. 30 1916, 191.. ROBERT B. KRAUTH Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 25 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1916, to Dec 25 1916, that I saw her alive on Dec 25 1916, and that death occurred, on the date stated above, at 2:30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [redacted] M. D.

12, 28 191 6 (Address) Church Home Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 449 Milton Ave

19-PLACE OF BURIAL OR REMOVAL, Orms Cemetery, Baltimore Co. Md. DATE OF BURIAL, Dec 31, 191..

20-UNDERTAKER H E Stughs ADDRESS 17. S Broadway.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167 D 0829

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Charles Hammel

(Residence in Baltimore: No. 17 Pontiac St

St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH. March 19, 1915
(Month) (Day) (Year)

7-AGE. ~~1 Year~~ 1 yrs. 9 mos. 10 ds. | If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. John Hammel

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Anna Day

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Hammel

(Address) 17 Pontiac

15- DEC 30 1916 ROBERT R. KRAUTH
Filed ..... 191.... Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec 24, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Coroner (Inquest, autopsy or inquiry.) find that said deceased came to. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia Acquired
Caused by Shock & Exposure
(Duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) Pneumonia
(Duration) .... yrs. .... mos. .... ds.

(Signed) W. White M. D.
(Coroner.)
Dec 24, 1916 (Address) 103 Pennsylvania Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 17 Pontiac St.

Former or usual residence 17 Pontiac St.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Western Cemetery	Dec. 31, 1916
20-UNDERTAKER	ADDRESS
D. J. McGlynn	1452 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 V

REGISTERED NO. D 0830

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1916 W. Baltimore ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda M. Boyd

(Residence in Baltimore: No. 1916 W. Baltimore St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, August (Month) 28 (Day) 1841 (Year)

7-AGE. 75 yrs. 4 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House Work
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. George Brownell

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Amanda Horner

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Knell

(Address) 1916 W. Baltimore St

15- DEC 30 1916 Filed, 191.. ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 30 1916, to Dec 28 1916, that I saw h[illegible] alive on Dec 27 1916, and that death occurred, on the date stated above, at 3 30 P. m.

The CAUSE OF DEATH* was as follows:

Fractured hip

(Duration) yrs. mos. 29 ds.

CONTRIBUTORY (Secondary) Diarrhea

(Duration) yrs. mos. 14 ds.

(Signed) L. E. Beach M. D.

12-29-, 191.6 (Address) 1 E. 21st St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Loudon Park Cem

DATE OF BURIAL. Dec 30, 191.6

20-UNDERTAKER. Wm J. Tickner & Son

ADDRESS. Pratt cor

Dr Leach (Enc)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0831

CERTIFICATE OF DEATH.

1712

D 0831

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. Reisterstown Road & Kate St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine F. Stubbs

(Residence in Baltimore: No. Reisterstown Road & Kate St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widow

6-DATE OF BIRTH, —

(Month) (Day) (Year)

7-AGE, 85 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Edward Farrell

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo W Little

(Address) 531 N Fremont Ave

15-

Filed DEC 30 1916, 191... ROBERT B. KRAUTER

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 29, 1916

(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 21 1916, to Dec 29 1916, that I saw her alive on Dec 28 1916, and that death occurred, on the date stated above, at 6.45 a m.

The CAUSE OF DEATH* was as follows:

Fracture of neck of femur

Accidental fall off stairs

(Duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Senile Debility

(Duration) 5 yrs. mos. ds.

(Signed) James L. Akehurst M. D.

..., 191... (Address) 4012 Park Heights Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge

DATE OF BURIAL, Dec 31, 1916

20-UNDERTAKER Geo W Little

ADDRESS 531 N Fremont Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0832 D 0832

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE: (No. 113 Peach alley ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mccarthy

(Residence in Baltimore: No. 113 Peach alley St.; ..... yrs., ... mos. ..... da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) married

6-DATE OF BIRTH, ... dont know (Month) ....., 1 (Day) ..... (Year)

7-AGE, ... 52 yrs. ..... mos. ..... da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Manual

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Michael McCarthy

(Address)... 113 Peach alley

15-

Filed DEC 30 1916, 191.....

ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 25, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 20 1916, to Dec 28 1916, that I saw h[im] alive on Dec 28 1916, and that death occurred, on the date stated above, at 5:20 a.m.

The CAUSE OF DEATH* was as follows:

..... Chronic Endocarditis

.....

..... (Duration) ..... yrs. ..... mos. 2 da.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. 2 da.

(Signed) ..... M. D.

Dec 29, 1916. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Patricks Cemetery

DATE OF BURIAL, Dec 30, 1916.

20-UNDERTAKER H. J. M. & L. Flynn

ADDRESS 1422 Light St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0833

CERTIFICATE OF DEATH.

92 D 0833

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 Dover ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo W. Brown

(Residence in Baltimore: No. 732 Dovers St.; 4 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1887 (Year)

7-AGE, 29 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Geo. Brown

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Brown

(Address) 732 Dover St.

15- Filed DEC 30 1916 191.. ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 28, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 7 1916, to Dec 28 1916, that I saw h alive on Dec 27 1916, and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar

..... (Duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (Secondary) Alcoholism

..... (Duration) ..... yrs. ..... mos. 21 ds.

(Signed) C. H. Jones M. D.

Dec 28, 1916 (Address) 713 S. Bond St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Chesterton Md

DATE OF BURIAL. Dec 30 1916

20-UNDERTAKER John H. Toadvine

ADDRESS 142 N Steel St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0834

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

81 D 0834

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 847½ Boyd ST. 18 WARD)

2-FULL NAME Eli Clayton

(Residence in Baltimore: No. 847½ Boyd St.; 30 yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Unknown (Month) (Day), 1860 (Year)

7-AGE: 56 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Va

PARENTS

10-NAME OF FATHER: Geo Clayton

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Malinda Gordon

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Gordon

(Address) 1013 Sea Endall

15-

Filed DEC 30 1916 ROBERT B. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec 29 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 24, 1916, to, Dec 29 1916, that I saw h[illegible] alive on Dec 28 1916, and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH* was as follows:

Anaemia = following Persistent Epistaxis

(Duration) yrs mos 3 ds

Contributory (SECONDARY) Arterio-sclerosis

(Duration) 10 yrs mos ds

(Signed) A S McCard M. D.

12/29, 1916 [Address] 2005 O'Donnell

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Jan 1, 17

20-UNDERTAKER: John H Toadvine — ADDRESS: 142 Westfield

Spec.—8-24-14—M. & T.—2000 Blks.

Sythia Jewell.

D 0835

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0835

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Harlem ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sythia Jewell

(Residence in Baltimore: No. 1011 Harlem St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb (Month) 14 (Day), 1857 (Year)

7-AGE, 59 yrs. 10 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, John Tolson

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clay Jewell

(Address) 1011 Harlem Ave

15- Filed DEC 30 1916, 191.... ROBERT E. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 28 (Month) 1 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 10 1916, to Dec 28th 1916, that I saw h.. alive on Dec 27th 1916, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis, (Duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Necrosis of Jaw bone (Duration) 2 yrs. 7 mos. ....ds.

(Signed) W. H. Buckler M. D.

Dec 29, 1916 (Address) 1728 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill

DATE OF BURIAL, 12-30, 1916

20-UNDERTAKER H. C. Brenning & Son

ADDRESS 517 N. Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0836 — 151 — D 0836

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — CITY OF BALTIMORE (No. 866 Pine St. 18 WARD) — REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Otis Adams.

(Residence in Baltimore: No. 866 Pine St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male.

4-COLOR OR RACE: Col.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH: July (Month) 13 (Day) 1916 (Year)

7-AGE: 5 yrs. 16 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Otis Adams

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Mary Sprigland

13-BIRTHPLACE OF MOTHER (State or Country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Adams

(Address) 866 Pine St

15-

Filed DEC 30 1916, 191. ROBERT B. KRAUTH, Registrar.

Burial Permit issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Dec. (Month) 28 (Day) 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malnutrition induced by Prematurity Birth

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert S. Driscoll M. D.
(Coroner)

Dec 29 1916. (Address) 312 N. Carrollton Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Peters — DATE OF BURIAL: Dec 30 1916

20-UNDERTAKER: Hilbert Brown — ADDRESS 306 N Mount St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0837

D 0837

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 N. Glover ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Zachary T. Berenger

(Residence in Baltimore: No. 225 N Glover St.; 69 yrs., 1 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	W.

6-DATE OF BIRTH, November 13, 1847 (Month) (Day) (Year)

7-AGE, 69 yrs. 1 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Shirt Factory

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER Lazarus Berenger

11-BIRTHPLACE OF FATHER (State or Country) Baltimore

12-MAIDEN NAME OF MOTHER Sarah Pendleton

13-BIRTHPLACE OF MOTHER (State or Country), Wilming Del

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) T. Berenger

(Address) 225 N. Glover St.

15- DEC 30 1916 Filed ..... 191.....

ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 28th, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 24 1916, to Dec 28 1916, that I saw him alive on Dec. 27 1916, and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral-arterio-Sclerosis

(Duration) Mon. 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Prostatectomy

(Duration) 1 yrs. 1 mos. 4 ds.

(Signed) Wm J Schaffer M. D.

Dec 28, 1916. (Address) 701 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Dec 31, 1916

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0838

CERTIFICATE OF DEATH.

172 D 0838

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 N Curley ST.; 7 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen C. Jones

(Residence in Baltimore: No. 719 N Curley St.) (74 yrs., 11 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Mar

6-DATE OF BIRTH. Jan (Month) 14 (Day), 1842 (Year)

7-AGE, 74 yrs. 11 mos. 14 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Dr Francis L. Fitzgerald

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER, Elizabeth W. Seth

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank H. Jones

(Address) 719 N. Curley St

15- Filed DEC 30 1916. ROBERT T. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 11 1916, to Dec 28 1916, that I saw h[illegible] alive on Dec 28 1916, and that death occurred, on the date stated above, at 10:15 a.m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Broken arm caused by fall on Dec 9th

(Duration) ....yrs. ....mos. 19 ds.

(Signed) Wm E. Burton M. D.

Dec 28, 1916 (Address) 762 Dolphin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery — DATE OF BURIAL, Dec 30, 1916

20-UNDERTAKER Christian Miller — ADDRESS 2234 Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Over)

D 0839

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0839

CERTIFICATE OF DEATH.

19

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 15 1/2 E. Hughes St. ST. 22 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Wright (col'd.)

(Residence in Baltimore: No. 15 1/2 E. Hughes St. St.; 33 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female.	Colored.	Married.

6-DATE OF BIRTH, April 23rd. 1863., /
(Month) (Day) (Year)

7-AGE, 53 yrs. 8 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None.
(b) General nature of industry, business, or establishment in which employed (or employer). Home Wife

9-BIRTHPLACE, (State or Country), Calvert Co. Md.

PARENTS.

10-NAME OF FATHER, Asbury Smith. (col'd)

11-BIRTHPLACE OF FATHER (State or Country) Calvert Co. Md.

12-MAIDEN NAME OF MOTHER Maria Gross. (col'd)

13-BIRTHPLACE OF MOTHER (State or Country). Calvert Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Hutchins. (col'd) sister.

(Address) 1002 S. Eutaw St.

15- Filed DEC 30 1916, 191.... HARRY G. ABERT, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 28th. 1916., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.

(Coroner.) Dec. 29, 1916. (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Arrott & Calvert Co. Md.	D. 30, 1916.
20-UNDERTAKER	ADDRESS
C. A. Brown and Son	1017 W. Pratt Corner Paca

Duke to Calvert Co. and Returned to Bal.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 0840

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 418 22 1/2 St.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Beard.

(Residence in Baltimore: No. 418 22 1/2 St

St. yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, Oct 20, 1874
(Month) (Day) (Year)

7-AGE, 42 yrs. 2 mos. 9 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ga

PARENTS.

10-NAME OF FATHER, John Beard

11-BIRTHPLACE OF FATHER (State or Country), North Carlina

12-MAIDEN NAME OF MOTHER, Julia Watkins

13-BIRTHPLACE OF MOTHER (State or Country), Ga

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Buffen Beard

(Address) 1519 Vine st

15- DEC 30 1916 HARRY C. ADLER

Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 29, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart Failure

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) H. Lincoln Morrison M. D.
(Coroner.)

Dec 31 1916 (Address) 1632 Roland ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn Cem	Dec. 31, 1916
20-UNDERTAKER	ADDRESS
Wm Gold	402 E. Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0841

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 D 0841

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 218 S. Eutaw ST. 77 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Pilus

(Residence in Baltimore: No. 218 S. Eutaw St.: 22 yrs. ~ mos. ~ ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Unknown, 1879 (Month) (Day) (Year)

7-AGE: 37 yrs. ~ mos. ~ ds. If LESS than 1 day, ~ hrs. or ~ min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Tailor (Clothing)
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Adam Pilus

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: Mary Gustaytis

13-BIRTHPLACE OF MOTHER (State or country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louis Karalus.

(Address) 218 S. Eutaw St.

15- DEC 30 1916 (Date) 191

HARRY C. ASDELL
BURIAL PERMIT CLERK
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec, 29, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec, 25, 1916, to Dec, 29, 1916, that I saw h[illegible] alive on Dec, 25, 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(Duration) Unknown yrs. mos. ds

Contributory (SECONDARY) Unknown

(Duration) yrs. ~ mos. ~ ds.

(Signed) Albert J. Chambers M. D.

Dec, 30, 1916 (Address) 1012 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer

DATE OF BURIAL: June 1, 1917

20-UNDERTAKER: Kahn-Grebliunas

ADDRESS: 700 S. Paca St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0842

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 D 0842

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 E Broadway ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Roth

(Residence in Baltimore: No. 7 E Broadway St.; ....yrs., ...mos. 1 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Single

6-DATE OF BIRTH, Dec (Month) 29 (Day), 1916 (Year)

7-AGE, ...yrs....mos....ds.

If LESS than 1 day, 10 hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Henry C Roth.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Helen J. Clark

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry C. Roth

(Address) 7 E. Broadway

15-

DEC 30 1916

Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 29 1916, to Dec 30 1916 that I saw h[illegible] alive on Dec 29 1916, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar at 6 months

Caused by Fall of mucus

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Chas Reuter M. D.

Dec 31, 1916 (Address) 1419 E Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Dec. 30, 1916.

20-UNDERTAKER Jos. J. Kerr 1062 N — ADDRESS Laurel

D 0843

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0843

CERTIFICATE OF DEATH

151

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1730 Webster ST.: 24 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Orvile & Pearl Templeton

(Residence in Baltimore: No. 1720 Webster St.; yrs. mos. 1 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec 29, 1916 (Month) (Day) (Year)

7-AGE: ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 5 hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Orville Templeton

11-BIRTHPLACE OF FATHER (State or country): Virginia

12-MAIDEN NAME OF MOTHER: Pearl Bates

13-BIRTHPLACE OF MOTHER (State or country): Washington D.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Orville Templeton

(Address) 1730 Webster

15. Filed DEC 30 1916, 191.... HARRY C. ABDRUS Burial Permit Clerk REGISTRAR

DEC 30 1916

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec 29, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 29, 191.. to Dec 29 1916, that I saw him alive on Dec 29, 1916 and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Premature birth

(6 mos.)

..... (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) B. H. Streett M.D.

Dec 29, 191.. (Address) 431 E Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Family Lot — DATE OF BURIAL: Dec 30, 1916

20-UNDERTAKER: Philip Henry — ADDRESS 2006 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

D 0844

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

91 D 0844

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 E Federal ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adelia T. Honeyman

(Residence in Baltimore: No. 422 E Federal St.: 40 yrs.. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. December (Month) 8th (Day), 1852 (Year)

7-AGE. 64 yrs. — mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country), Dundee Scotland

PARENTS.

10-NAME OF FATHER. Andrew Boyle

11-BIRTHPLACE OF FATHER (State or Country). Scotland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David Honeyman

(Address) 422 E Federal st

15-

Filed DEC 30 1916 191.... HARRY C. ARNOLD Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec (Month) 29 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 16 1916, to Dec 29 1916, that I saw her alive on Dec 29 1916, and that death occurred, on the date stated above, at 8.15 a m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ....yrs. 7 mos. 14 ds.

CONTRIBUTORY (Secondary) Pericarditis

(Duration) 7 yrs. mos. 10 ds.

(Signed) James M Keelon M. D.

Dec 29 1916 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Greenmount Cemetery

DATE OF BURIAL. Jan 1 20, 191 7.

20-UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument St

Spec.—8-24-14—M. & T.—2000 Bks.

D 0845

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 D 0845

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C .....

CITY OF BALTIMORE: (No. ..... ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Dare

(Residence in Baltimore: No. John Dare Little Sisters of the Poor St. 48 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) ..... (Day) 1848 (Year)

7-AGE, 68 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Thomas Dare

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Cole

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15-

Filed DEC 30 1916, 191 HARRY O. ALTHOFF Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 29, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from No Record, 191 , to ..... 191 ....., that I saw him alive on Dec 27 1916, and that death occurred, on the date stated above, at 5½ p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

1 week (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. A. Bastian M. D.

Dec 29, 191 (Address) 1133 Valley

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 2 yrs. 5 mos. ds. In the State 48 yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Dec. 30, 1916

20-UNDERTAKER H. C. Wiedefeld — ADDRESS 914 Fremont Av

Spec.—8-24-14—M. & T.—2000 Blks.

D 0846

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 0846

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Williams

(Residence in Baltimore: No. 767 Bradley St.; ~ yrs., ~ mos. ~ ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Unknown, 1 (Month) (Day) (Year)

7-AGE. 38 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Washington D C

PARENTS.

10-NAME OF FATHER. Don't Know

11-BIRTHPLACE OF FATHER (State or Country). Don't Know

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country). Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Andrew Williams

(Address) 767 Bradley St

15- DEC 30 1916 Filed, 191. HARRY O. ANDREWS Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 30, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 6 1916, to Dec 30 1916, that I saw h[illegible] alive on Dec 24 1916, and that death occurred, on the date stated above, at 5:30 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) yrs. mos. 24 ds.

CONTRIBUTORY (Secondary) Diabetes

(Duration) yrs. mos 24 ds.

(Signed) [illegible] M. D.

Dec 30 1916 (Address) 714 E Chase

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 24 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 767 Bradley St

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn — DATE OF BURIAL, Jan 3, 1917

20-UNDERTAKER John H Owens — ADDRESS 5-38 Dolphin St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0842 D 0842

CERTIFICATE OF DEATH.

REGISTERED NO. C 74

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles L. Coleman

(Residence in Baltimore: No. 414 N. Montford Ave ST.; — yrs. — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH. December 20, 1871 (Month) (Day) (Year)

7-AGE. 45 yrs. — mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country) Maryland

PARENTS.

10-NAME OF FATHER. Charles L. Coleman

11-BIRTHPLACE OF FATHER (State or Country). N.C.

12-MAIDEN NAME OF MOTHER Margaret M Adrian

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Smith

(Address) Johns Hopkins Hospital

15- Filed DEC 30 1916, 191... HARRY C. ANDREWS Registrar. Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 30, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 1, 1916, to December 30 1916, that I saw him alive on December 30 1916, and that death occurred, on the date stated above, at 5:50 a. m.

The CAUSE OF DEATH* was as follows:

Brain tumor

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Respiratory Failure

(Duration) — yrs. — mos. 1 ds.

(Signed) R. P. Batchelor M. D.

Dec 30, 1916 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 24 ds. In the State 45 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 414 N. Montford Ave

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer Cemetery DATE OF BURIAL. Jan 2, 1917

20-UNDERTAKER Epiphanius Miller ADDRESS 2334 Jefferson St

Spec.—8-24-14—M. & T.—2000 Bks.

D 0848 HEALTH DEPARTMENT—CITY OF BALTIMORE 146 D 0848

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leroy High

(Residence in Baltimore: No. 3455 Chestnut av St.; 6 yrs., 4 mos. 1 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH. Aug. 28, 1910 (Month) (Day) (Year)

7-AGE. 6 yrs. 4 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Balto City Md

PARENTS.

10-NAME OF FATHER. Harry High

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Lillie Grimes

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry High

(Address) 3455 Chestnut ave.

15- Filed DEC 30 1916, 191.... HARRY C. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec 29, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 5 1916, to Dec 29 1916, that I saw him alive on Dec 29 1916, and that death occurred, on the date stated above, at 10 55 m.

The CAUSE OF DEATH* was as follows:

Osteomyelitis

(Duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) Septicaemia

(Duration) yrs. mos. 1 ds.

(Signed) [illegible] M. D.

12/29/1916 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. mos. 21 ds. In the State 6 yrs. 4 mos. 1 ds.

Where was disease contracted, if not at place of death? 3455 Chestnut Ave

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL. St Mary's Hampden. DATE OF BURIAL. Dec 31, 1916.

20-UNDERTAKER [illegible] & Son ADDRESS 36 W Saratoga

Spec.—8-24-14—M. & T.—2000 Blks.

D 0849

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0849

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 Mosher ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matilda O. Kemp

(Residence in Baltimore: No. 1002 Mosher St.: 63 yrs., 8 mos. 25 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, April (Month) 3 (Day), 1853 (Year)

7-AGE, 63 yrs. 8 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, George O'Kemp

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catharine Sullivan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. M. Kemp

(Address) 1907 Monroe Mosher St

15- DEC 31 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 28 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Nov 13 1916, to Dec 28 1916, that I saw her alive on Dec 28 1916, and that death occurred, on the date stated above, at 11.50 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute diffuse Nephritis

(Duration) yrs. 1 mos. 15 ds.

(Signed) Geo. T. Kemp M. D.

Dec 29, 1916 (Address) St James Apartments

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem

DATE OF BURIAL, Jan 1, 191..

20-UNDERTAKER Chas. E. Branch

ADDRESS 802 Madison Ave

D 0850

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 0850

REGISTERED NO. C 1679

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 516 N.Carey St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME John H.Jefferies.

(Residence in Baltimore: No. 516 N.Carey St. St.: 70 yrs. 1 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male.	White.	Widower.

6-DATE OF BIRTH November 2nd. 1846. (Month) / (Day) / (Year)

7-AGE 70 yrs. 1 mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Retired Poultry
(b) General nature of industry, business, or establishment in which employed (or employer) Dealer

9-BIRTHPLACE (State or country) Baltimore, Md.

PARENTS

10-NAME OF FATHER John H.Jefferies.

11-BIRTHPLACE OF FATHER (State or country) Baltimore, Md.

12-MAIDEN NAME OF MOTHER Elizabeth Schafer.

13-BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Nettie Shipley. (daughter)

(Address) 516 N.Carey St.

15- Filed DEC 31 1916 ..... 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH December 28th. 1916 (Month) (Day) (Year) 191

17- I HEREBY CERTIFY, That I attended deceased from May, 1915, to Dec, 28th. 1916, that I saw him alive on Dec, 28th. 1916, and that death occurred, on the date stated above, at 11.45 P.M.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart and Kidneys.

(Duration) 2 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Uraemia.

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) Chas. M. Reinhardt M. D.

Dec, 30, 1916 (Address) 1017 S.Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL London Park DATE OF BURIAL Jan' 1917

20-UNDERTAKER Chas. E. Franck ADDRESS 802 Madison ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0851

CERTIFICATE OF DEATH.

78 D 0851

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 N. Madeira St.; 6 Ward)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Snyder

(Residence in Baltimore: No. 118 N. Madeira St.; 41 yrs., 3 mos. 14 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Sept 16, 1875
(Month) (Day) (Year)

7-AGE, 41 yrs. 3 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER. James Drysdale

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Mollie

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Griffin Taylor

(Address) 2370 [redacted] 14 Fairmount

15- Filed DEC 31 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 30, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 28 1916, to Dec 31 1916, that I saw her alive on Dec 29 1916, and that death occurred, on the date stated above, at 8 45 A. m.

The CAUSE OF DEATH* was as follows:

Endocarditis, Fatal
Acute Alcoholism

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Alcoholism

(Duration) yrs. mos. ds.

(Signed) H. G. Cobhage M. D.

Dec 30, 1916. (Address) 2 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park

DATE OF BURIAL. Jan 1, 191..7

20-UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0852

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0852

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hebrew Hospital

REGISTERED NO. C 152

CITY OF BALTIMORE: (No. William Henry ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME (Baby) Edwards

(Residence in Baltimore: No. 17 W Franklin St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Dec. 29, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. after mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Lyttleton C. Edwards

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Ruth Somerville

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lyttleton C. Edwards

(Address) 17 W. Franklin St.

15-

Filed DEC 31 1916 191.... HARRY C. ANDREWS DEPUTY REGISTER, CLERK

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 29, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....191...., to ....191....,
that I saw h.... alive on ....191....,
and that death occurred, on the date stated above, at ....m.
The CAUSE OF DEATH* was as follows:

Intussusception
Asphyxia
(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY .....
(Secondary)
(Duration) ....yrs. ....mos. ....ds.

(Signed) N. Schwartz M. D.
12-30, 191.6 (Address) 1600 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western — DATE OF BURIAL, Jan. 1st, 191.6.

20-UNDERTAKER Graham F. Walker — ADDRESS 723 W. Lafayette Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0853

HEALTH DEPARTMENT—CITY OF BALTIMORE

29 D 0853

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 Sterling ST., 10 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Buck

(Residence in Baltimore: No. 804 Sterling St.; — yrs. — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month), 1 (Day), ... (Year)

7-AGE, 36 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter in Hotel
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Nichols Bucks

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Hannah Hutter

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hannah Hutter

(Address) 804 Sterling St

15- DEC 31 1916 Filed....., 191. HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month), 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 20 1916, to Dec 28 1916, that I saw h[illegible] alive on Dec 28 1916, and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Phthisis Pulmonalis

(Duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Tom Devlin M. D.

Dec 30, 1916 (Address) 9365 Harford

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery

DATE OF BURIAL, DEC. 31, 1916.

20-UNDERTAKER Chas. B. Jones

ADDRESS 2352 Pine St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 0854

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 S. Bond ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Sindler

(Residence in Baltimore: No. 505 S. Bond St.; 25 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Married

6-DATE OF BIRTH, Unknown (Month), (Day), 1862 (Year)

7-AGE,	If LESS than 1 day,
54 yrs. — mos. — ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Balto St.

15-

Filed DEC 31 1916, 191... HARRY C. ANDREWS Registrar.

BURIAL PERMIT GRANTED

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 25 191 6, to Dec 29 191 6, that I saw h alive on Dec 29 191 6, and that death occurred, on the date stated above, at 11 30 P m.

The CAUSE OF DEATH* was as follows:

a. Lobar Pneumonia

b.

c.

d. (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

(Signed) J T Lewis M. D.

Dec 31, 1916. (Address) 24 S 13th

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Belair Road

DATE OF BURIAL, 1/3/17, 191 6

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0855

CERTIFICATE OF DEATH.

151

D 0855

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 S. Wolfe ST.; V WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos. A. Kopczyk.

(Residence in Baltimore: No. 132 S. Wolfe St. St.: ...yrs.. ...mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec (Month) 15 (Day), 1916 (Year)

7-AGE, ...yrs...mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Joseph Kopczyk.

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Agnes Obal.

13-BIRTHPLACE OF MOTHER (State or Country), Austria.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. Kopczyk.

(Address) 132 S. Wolfe

15- DEC 31 1916 Filed.....191..... HENRY O. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 30 (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 15 1916, to Dec 30 1916, that I saw h[illegible] alive on Dec 30 1916, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Lobar

(Duration)...yrs...mos...ds.

CONTRIBUTORY (Secondary)

(Duration)...yrs...mos...ds.

(Signed) Joseph L. Valentine M. D.

Dec 31 1916 (Address) 16 21 Bambergs

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Rosary

DATE OF BURIAL, Jan 1, 1917

20-UNDERTAKER Wm Faulkowski

ADDRESS 1618 Eastern

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0856

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0856

CERTIFICATE OF DEATH.

REGISTERED No. C 189

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2013 Eastern Ave ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Maria Sander

(Residence in Baltimore: No. 2013 Eastern Ave St.; yrs., 41 mos. dys.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, March (Month) 3 (Day), 1875 (Year)

7-AGE, 71 yrs. 9 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Johannes Sander

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna M. Phillipsay

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Elizabeth Sander

(Address) 2013 Eastern Ave

15- Filed DEC 31 1916, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 28 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Natural Causes

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. Feuerstein M. D. (Coroner)

Dec 29, 1916 (Address) 1600 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Trinity Cemetery DATE OF BURIAL, Dec. 31, 1916.

20-UNDERTAKER H. Sander & Sons ADDRESS 1710 Fleet St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0857

HEALTH DEPARTMENT—CITY OF BALTIMORE

50

D 0857

CERTIFICATE OF DEATH.

REGISTERED NO. C .....

1-PLACE OF DEATH.

CITY OF BALTIMORE: (No. Hebrew Hospital St.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Morrison

(Residence in Baltimore: No. 1301 Lombard St (East) St.; 7 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Unknown (Month), ... (Day), 1 (Year)

7-AGE. 35 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). at Home

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER. Jake Beskolnick

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Morrison

(Address) 1301 E Lombard St

15- DEC 31 1916 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Dec (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 30 1916, to Dec 31 1916, that I saw her alive on Dec 31 1916, and that death occurred, on the date stated above, at 2.25 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

(Duration) 3 yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Diabetic coma

(Duration) 1 yrs. ..... mos. 1 ds.

(Signed) Bernard S. Jacobson M. D.

12/31, 1916 (Address) Hebrew Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State 7 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1301 Lombard St.

19-PLACE OF BURIAL, OR REMOVAL. Hebrew Mt Carmel — DATE OF BURIAL. Dec 31, 1916

20-UNDERTAKER J. Levinson & Bro — ADDRESS 1107 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0858

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0858

CERTIFICATE OF DEATH.

REGISTERED No. C 79

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 1720 E Fay ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Louis T Becker

(Residence in Baltimore: No. 2500 Garrison Ave St.; yrs. 65 mos. 2 ds. 22)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec (Month) 7 (Day) 1851 (Year)

7-AGE, 65 yrs. 2 mos. 22 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Druggist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Severn Becker

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Krause

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christian T Becker

(Address) 2500 Garrison Ave

15- Filed DEC 31 1916, 191.... HARRY C. ANDREWS Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 29 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H Tilden Smith M. D. (Coroner.)

Dec 31, 1916 (Address) 1810 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cemetery	Jan 2, 1917
20-UNDERTAKER	ADDRESS
George Schilling & Sons	1126 Eutaw Pl

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 0859

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 North Caroline ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph M. Peters

(Residence in Baltimore: No. 1520 North Caroline St.; 1 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 29 (Day), 1848 (Year)

7-AGE 68 yrs. 5 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Brass Finisher
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore Maryland

PARENTS.

10-NAME OF FATHER, William Peters

11-BIRTHPLACE OF FATHER (State or Country) England

12-MAIDEN NAME OF MOTHER, Elizabeth Heins

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. Pearson

(Address) 1520 North Caroline Street

15- Filed DEC 31 1916, 191... HENRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, DEC 30 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from DEC 27 1916 191..., to DEC 29 1916 191..., that I saw h... alive on DEC 29 1916 191..., and that death occurred, on the date stated above, at 6 am m.

The CAUSE OF DEATH* was as follows:

Uremia

..... (Duration) X yrs. X mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis & acute Influenza

..... (Duration) ... yrs. ... mos. 7 ds.

(Signed) C. H. Duker M. D.

DEC 30 1916 191... (Address) 928 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, Jan 2 191 7

20-UNDERTAKER William Corle

ADDRESS 502 E. North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dr Duker 928 E. North Ave

D 0860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. C D 0860

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 710 S. Eutaw St.: 27 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Franz. Rothe

(Residence in Baltimore: No. 710 S. Eutaw St

St.: yrs., 7 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male.	White	Single.

6-DATE OF BIRTH, ... (Month) Jany. (Day) 29, (Year) 1873

7-AGE,	If LESS than 1 day,
43 yrs. 11 mon. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dyr. Cutter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Paul Johannesen

(Address) 2216 Mondawmin Ave

15- HARRY O. ANDREWS

Filed DEC 31 1916, 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Dec. (Day) 29, (Year) 1916.

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Loss of blood caused by cutting of jugular vein and by investigators and theirs, I believe, say it is (Accidental) Razor (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) Albert S. Driscall M. D. (Coroner.)

Dec 31, 1916 (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn Cem.	Dec 31, 1916
20-UNDERTAKER Rose & Cook	ADDRESS 1005 N Bal St.

Spec.—5-19-13—M. & T.—500 Bks.

D 0861

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0861

CERTIFICATE OF DEATH.

119

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1052 Myrtle Ave ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth S. Frey

(Residence in Baltimore: No. 1052 Myrtle ave St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	(Married)

6-DATE OF BIRTH, December 13, 1858
(Month) (Day) (Year)

7-AGE, 58 yrs. — mos. 15 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Frank M Frey

(Address) 1052 Myrtle ave

15- Filed DEC 31 1916, 191 HARRY C. ANDREWS Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 7 1916, to Dec 28 1916, that I saw h-- alive on Dec 27 1916, and that death occurred, on the date stated above, at 10-1/4 m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) F. Miramon M.D.

Dec 30, 1916. (Address) 1236 Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem. DATE OF BURIAL, Dec. 31, 1916

20-UNDERTAKER Daniel Easton ADDRESS 916 Penna ave

N.B.—Every item of information should be carefully supplied. AGE, NATIONALITY, and OCCUPATION are important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0863 D 0863

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 121 E Fort Ave St. 24 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Doris Melvina Butler

(Residence in Baltimore: No. 121 E Fort ave St.: 1 yrs. mos. 3 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Fem	White	S

6-DATE OF BIRTH, 12 (Month) 27 (Day), 1915 (Year)

7-AGE,	If LESS than 1 day,
1 yrs. 3 mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Orville W Butler

11-BIRTHPLACE OF FATHER (State or Country) Frdk Co Md.

12-MAIDEN NAME OF MOTHER Mabel E Roppolt

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Orville W Butler

(Address) 121 E Fort Ave

15- DEC 31 1916 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12/30 1916, to 12/30 1916, that I saw her alive on 12/30 1916. and that death occurred, on the date stated above, at 3P m.

The CAUSE OF DEATH* was as follows:

(a) Convulsions

(15) Few Hours (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

Few Hours (Duration) yrs. mos. ds.

(Signed) L. J. Darlington M. D.

12/30, 1916 (Address) 1026 Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem

DATE OF BURIAL, 1, 191.6

20-UNDERTAKER J. Fen Mikelly

ADDRESS 730 E Fort ave

N. B.—Every item of information should be carefully supplied. Also, where the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 lbs.

D 0863

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0863

CERTIFICATE OF DEATH.

+92

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1514 Division ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dr Richard W. Silvester

(Residence in Baltimore: No. Union Protestant Infirmary St.; ..... yrs., ... mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Married

6-DATE OF BIRTH, September 16, 1857.
(Month) (Day) (Year)

7-AGE, 59 yrs. 3 mos. 15 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work College professor
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country), Virginia

PARENTS.

10-NAME OF FATHER. Willis Silvester

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Virginia Lindsey

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard L. Silvester

(Address) Womans [redacted] Hospital

15-

Filed DEC 31 1916, 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 31, 1916.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 28 1916, to Dec 31 1916, that I saw h[illegible] alive on Dec 31 1916, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. T. Kieffer M. D.

Dec 31, 1916 (Address) 1514 Division

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Aquasco Md.

Former or usual residence Aquasco Md

19-PLACE OF BURIAL OR REMOVAL, Norfolk Va — DATE OF BURIAL, Jan 1, 1917.

20-UNDERTAKER Wm Cook — ADDRESS 502 E. Norfolk

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Physicians should be particular in stating CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0864

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 0864

1 PLACE OF DEATH

REGISTERED No. C 15!

CITY OF BALTIMORE: (No. 2920 McElroy ST.: Mitre Street WARD) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME

(Residence in Baltimore: No. 2920 McElroy St.; yrs. mos. 1/3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX F.

4-COLOR OR RACE W.

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) S.

6-DATE OF BIRTH Dec 30 (Month), (Day), 1916 (Year)

7-AGE ~ yrs. mos. ds. If LESS than 1 day, 12 hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Md.

PARENTS

10-NAME OF FATHER Joseph Picha

11-BIRTHPLACE OF FATHER (State or country) Md.

12-MAIDEN NAME OF MOTHER Mike Hasson

13-BIRTHPLACE OF MOTHER (State or country) Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph Picha

(Address) 2920 W. McElroy

15- Filed JAN 1, 1917 HARRY C. ARDREY Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Dec (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 30, 1916, to, Dec 31 1916, that I saw her alive on Dec 30 1916, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

7½ Months Premature Birth (Other Medium)

(Duration) yrs mos. ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed) Emil Hasson M. D.

Dec 31, 1916 [Address] 1409 E. Eager St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Oakhill — DATE OF BURIAL Jan 3rd 1917

20-UNDERTAKER Chas X Crocker — ADDRESS 1906 E. Eager St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 0865

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Penitentiary, ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Sinclair

(Residence in Baltimore: No. 154 N. Gay St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, October 29, 1886
(Month) (Day) (Year)

7-AGE, 30 yrs. 2 mos. 1 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... General
(b) General nature of Industry, business, or establishment in which employed (or employer)..... Laborer

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Frank Sinclair

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Virginia Bowers.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John T. Hammond

(Address) Maryland Penty

15- Filed JAN 1 1917 HARRY C. ANDREWS Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 30, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May - 6 1915, to December 30 1916, that I saw him alive on December - 30 1916, and that death occurred, on the date stated above, at 11 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage - Toxemia + Ex Exhaustion

(Duration) ..... yrs. ..... mos. 26 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) 1 yrs. 7 mos. 24 ds.

(Signed) William F. Schwartz, M. D.

Dec. 31, 1916 (Address) Md. Penitentiary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 7 mos. 24 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 154 N. Gay St.

19-PLACE OF BURIAL OR REMOVAL, London Park DATE OF BURIAL, June 2, 1917.

20-UNDERTAKER Wm Cook ADDRESS 532 E. North ave

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

B D 0866

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0866

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 722 N. Eutaw ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Brooks

(Residence in Baltimore: No. 722 N. Eutaw St.; ..yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown; ..... (Month) ..... (Day) ..... (Year)

7-AGE, 86 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER, Geo. Primis

11-BIRTHPLACE OF FATHER (State or Country), St Marys Co Md

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), St Marys Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Theresa Oates

(Address) 722 N. Eutaw St

15- Filed JAN 1 1917, 191.....

ROBERT E. KRAUS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 30th, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 19th 1916, to Dec 30th 1916, that I saw h[illegible] alive on Dec 29th 1916, and that death occurred, on the date stated above, at 5:00 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage
with Hemiplegia

..... (Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (Duration) Unknown yrs. ..... mos. ..... ds.

(Signed) Chas. J. Keller M. D.

Dec. 30th, 1916 (Address) 722 N. Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, Jan 2nd 1917

UNDERTAKER Felix B. Pope

ADDRESS 102 E Mulberry

N. B.—Every item of information should be carefully supplied. Any inconsistency between CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0867

CERTIFICATE OF DEATH.

D 0867

REGISTERED No. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2606 Fleet ST.; 1 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Weis

(Residence in Baltimore: No. 2606 Fleet St.; 76 yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. Accurate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, May (Month) 4 (Day), 1839. (Year)

7-AGE, 77 yrs. 6 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): In General

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Peter Weis

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Catherine Weis

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Margaret Evans

(Address) 2606 Fleet St

15- JAN 1 - 1917 Filed....., 191.....

ROBERT E. KRAUTER, Registrar.

Local Form No. 1 Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) — 30 (Day) —, 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 1916, to December 1916, that I saw h[illegible] alive on 12 - 29 - 1916, and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(Duration) ....yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Myocardial Degeneration

(Duration) 1 yrs. 2 mos. ....ds.

(Signed) J. albert Muller M. D.

12/30/, 1916. (Address) 2739 Eastlawn Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Carmel	Jan 1 '17, 1917.
20-UNDERTAKER	**ADDRESS**
Peter Nicolaus	2046 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0868 D 0868

CERTIFICATE OF DEATH.

REGISTERED NO. C 21

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2637 Fait Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Veronika Marmasz

(Residence in Baltimore: No. 2637 Fait Ave St.; 29 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 28 (Day), 1885 (Year)

7-AGE, 29 yrs. 7 mos. 2 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House work.
(b) General nature of industry, business, or establishment in which employed (or employer) At Home.

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Anton Olio.

11-BIRTHPLACE OF FATHER (State or Country), German Poland

12-MAIDEN NAME OF MOTHER Mary

13-BIRTHPLACE OF MOTHER (State or Country), German Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alexander Marmasz

(Address) 2637 Fait Ave.

15- JAN 1 - 1917 Filed, 191 ROBERT R. KRAMER Registrar.

Burial Permit Issued

N. B.—Every item of information should be carefully supplied. AGE should be carefully ascertained. PHYSICIANS and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1916, to Dec 30 1916, that I saw her alive on Dec. 30 1916, and that death occurred, on the date stated above, at 11 30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tubeculosis

(Duration) yrs. Unknown ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Januszewski M. D.

Dec. 30, 1916 (Address) 2431 Fait Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Jan. 2nd, 1917.

20-UNDERTAKER M. F. Sadowski ADDRESS 725 S. Ann

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0869

CERTIFICATE OF DEATH.

D 0869

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE (No. ..... St.: 24 WARD)

REGISTERED No. C. 175

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A. Francis

(Residence in Baltimore: No. 1721 Covington St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 18, 1860 (Month) (Day) (Year)

7-AGE, 56 yrs. ..... mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Flagman
(b) General nature of industry, business, or establishment in which employed (or employer) B & O R. R.

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Thomas A Francis.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Sarah Stein

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Francis

(Address) 1721 Covington St

15-JAN 1 - 1917

Filed ....., 191.... ROBERT B. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 30, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull and ribs caused by being Struck by B & O. Engine (accident)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert D. Powell M. D. (Coroner.)

Dec 31, 1916 (Address) 212 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Relay Md

Former or usual residence 1721 Covington St.

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Jan 1, 1917

20-UNDERTAKER E. D. Manning — ADDRESS 1460 Bailey ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0870

CERTIFICATE OF DEATH.

29

D 0870

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 Battery Ave ST.; 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane E. Hamilton

(Residence in Baltimore: No. 1509 Battery ave St.; ... yrs., ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, June 14, 1861
(Month) (Day) (Year)

7-AGE, 54 yrs. 6 mos. 16 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Arthur Rasin Hellam

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Mary A. Washington

13-BIRTHPLACE OF MOTHER (State or Country), Del

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry L Hampton

(Address) 1509 Battery ave

15- JAN 1 - 1917 ROBERT F. KRAUTER
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 30, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 24 1916 to Dec 30 1916, that I saw h er alive on Dec 30 1916, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular disease of heart

(Duration) 5 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Chronic parenchymatous Nephritis

(Duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.

Jan 1, 191.7. (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Western Cemetery

DATE OF BURIAL, Jan 3, 191.7

20-UNDERTAKER E. D. Fanning

ADDRESS 1460 Battery ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B D 0871

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 0871

CERTIFICATE OF DEATH.

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 524 S. Green ST.: 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lilly Regustus

(Residence in Baltimore: No. 524 S. Green St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female.	Col.	Married

6-DATE OF BIRTH, May 16, 1893.
(Month) (Day) (Year)

7-AGE, 23 yrs. 7 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Peter Brown

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lottie Hammond.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William H Green

(Address) 524 S. Green St

15- JAN 1 - 1917 ROBERT R. KRAUTER.
Filed....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) C. Peter Driscoll M. D.
(Coroner.)

Dec 29, 1916 (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn St	Jan 1, 19 17
20-UNDERTAKER	ADDRESS
J L Frown & Son	1000 Mount St

Spec.—8-24-14—M. & T.—2000 Bks.

D 0872

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 0872

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Floyd Smith

(Residence in Baltimore: No. 616 N. Gloucester St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, [illegible] (Month) [illegible] (Day) 1882 (Year)

7-AGE, 34 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer)..... Steamboat Co.

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15. JAN 1 - 1917 ROBERT P. KRAUTER

Filed....., 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 31, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 27 1916, to Dec 31 1916, that I saw him alive on Dec. 31 1916, and that death occurred, on the date stated above, at 2.50 p.m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. B. Mantz M. D.

Dec 31, 1916 (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 616 N Gloucester St.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemy. DATE OF BURIAL, Jan. 3., 1917.

20-UNDERTAKER Albert C Fuller ADDRESS 221 N Bway

N. B.—Every item of information should be carefully supplied. Age should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly c

Edna Scott

D 0873

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0873

CERTIFICATE OF DEATH.

REGISTERED No. C 167

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1426 ST.: N. Carey WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna Scott

(Residence in Baltimore: No. 1426 N. Carey St.; yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Color

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH, Dec. 8, 1899 (Month) (Day) (Year)

7-AGE, 16 yrs. mos. 24 ds. (21) If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, William Scott

11-BIRTHPLACE OF FATHER (State or Country), Maryland (Carroll Co.)

12-MAIDEN NAME OF MOTHER, Adelaide Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 1426 N. Carey

15- JAN 1 - 1917 ROBERT R. KRAUTER

Filed ....., 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 29, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns face & body

Accidental

Lung Tuberculosis (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

1 (Duration) yrs. 7 mos. 3 ds.

(Signed) [illegible] M. D.

(Coroner)

Dec 31, 1916 (Address) 819 N. Eden

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1416 N. Carey St. Balto

Former or usual residence 1426 N. Carey St. Balto

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn DATE OF BURIAL, JAN 1 1917

20-UNDERTAKER James H. Dennis ADDRESS 1303 Freedman

D 0874

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0874

CERTIFICATE OF DEATH.

91

1 PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE (No. 521 S Duncan ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Weissner

(Residence in Baltimore: No. 521 S Duncan St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Baby

6-DATE OF BIRTH, Nov 24 1916 (Month) (Day), 1 (Year)

7-AGE, ...yrs. 1 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... Baby

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Jacob Weissner

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Elizabeth Roth

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Weisaner

(Address) 521 NDuncan

15- Filed JAN 1 - 1917, 191..... ROBERT R. KRAUTER. Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 31 1916 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

..... (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) ..... (Coroner) 2nd D.

Jan 1 1917, 191... (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Mt Pleasant

DATE OF BURIAL, Jan 4 1917

20-UNDERTAKER: J. Sanderson

ADDRESS: Mt Pleasant

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 D 0875

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 S Green St.; 72 Ward) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Hutton

(Residence in Baltimore: No. 514 S Green St.; ....yrs.. ....mos. ....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Blk

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Unknown (Month), 1 (Day) (Year)

7-AGE, 63 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: labor
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Denton

(Address) 514 S. Green St

15-

Filed JAN 1 - 1917, 191.... ROBERT R. KRAUTZ, BURIAL PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 14 1916, to Dec 30 1916, that I saw him alive on Dec 29 1916, and that death occurred, on the date stated above, at 12 45 A m.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis

(Duration) 2 3/4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) 1 yrs. mos. ds.

(Signed) J. H. M. Teard M. D.

1/30, 1916 (Address) 200 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Jan. 1, 1916.

20-UNDERTAKER Daniel Easton — ADDRESS 716 Penna ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B D 0876

CERTIFICATE OF DEATH.

81 D 0876

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 Ruxton Ave St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Genevieva Wolf

(Residence in Baltimore: No. 1709 Ruxton Ave St.: 75 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, Wh | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dec 26, 1824 (Month) (Day) (Year)

7-AGE, 92 yrs. 4 mos. da. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Andrew Steiner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Gietz

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Jennie Marshall

(Address) 1709 Ruxton Ave

15- Filed JAN 1 - 1917 ROBERT B. KRAETER, Registrar. 191

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 30, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1915, to Dec 30 1916, that I saw her alive on Dec 30 1916, and that death occurred, on the date stated above, at 9 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 1 yrs. 6 mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) J. H. Mellenn M. D.

Dec 31, 1916 (Address) 1303 W. Mulb

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Holy Redeemer Cemetery DATE OF BURIAL Jan 2 191 7

20-UNDERTAKER Mrs A Rohde & Son ADDRESS 730 Park

N. B.—Every item of information should be carefully supplied. AGE should be given in YEARS, MONTHS and DAYS. CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 D 0877

38 D 0877

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 E Lafayette ave St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Naumann

(Residence in Baltimore: No. 1620 E, Lafayette ave St.; 6 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan 1, (Month) (Day) 1859 (Year)

7-AGE, 57 yrs. 11 mos. 30 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Tailor

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Frederick Naumann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary E. Becker

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie E. Naumann

(Address) 1620 Lafayette Ave

15-

Filed JAN 1 1917, 191.... ROBERT P. KRAUSE Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 27 1916, to Dec 30 1916, that I saw him alive on Dec 29 1916, and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Geo E Tommy M. D.

Dec 30, 1916. (Address) 1531 E Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Jan 1, 1917

20-UNDERTAKER H. Sandell & Sons

ADDRESS 1210 E Lex

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B D 0878

91 D 0878

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 Eastern Ave ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthony Joseph Rinaldi Jr

(Residence in Baltimore: No. 1303 Eastern Ave St.; 1 yrs., 2 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Single

6-DATE OF BIRTH, Oct (Month) 14 (Day), 1915 (Year)

7-AGE, 1 yrs. 2 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... Infant

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER. Anthony Joseph Rinaldi

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Marcia Gordan

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anthony J. Rinaldi

(Address) 1303 Eastern Ave.

15-

Filed JAN 1 1917 191.... ROBERT E. RESLER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 30 (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 28 1916, to Dec 29 1916, that I saw h— alive on Dec 29 1916, and that death occurred, on the date stated above, at 1.50 a m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. Lee Gilmour M. D.

Dec 30, 1916 (Address) Fairmount & Port Grove

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, 1st Ger. Ev. Lutheran

DATE OF BURIAL. Jan 1, 1917

20-UNDERTAKER Wendell Lippel Son

ADDRESS 330 S. Bond St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

B D 0879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 0879

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 N. Bunley St.: 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George R. Horstmann

(Residence in Baltimore: No. 709 N. Bunley St.: ..... yrs., 4 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug (Month) 25 (Day), 1916 (Year)

7-AGE, ... yrs. 4 mos. 6 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER. Geo. Horstmann

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Florence Rensham

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. Horstmann

(Address) 709 N. Bunley St

15- Filed JAN 1 - 1917, 191.... ROBERT B. KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 31 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Nov 7 191 6, to Dec 31 191 6, that I saw h[illegible] alive on Dec 31 191 6, and that death occurred, on the date stated above, at 9 9 m.

The CAUSE OF DEATH* was as follows:

Convulsions

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. E. Mayer Jr M. D.

Jan 2, 191.7 (Address) 701 N. Bakewar

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Linden Park

DATE OF BURIAL. Jan 4, 191.7

20-UNDERTAKER Philip Sterny

ADDRESS 1016 Edmondson Ave

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 D 0880

CERTIFICATE OF DEATH.

17 D 0880

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2427 E Jefferson ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhelmina Straub

(Residence in Baltimore: No. 2427 E Jefferson St.; ....yrs. ....mos. ....da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. September 3, 1827 (Month) (Day) (Year)

7-AGE. 89 yrs. 3 mos. 28 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Wm Gerlep

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dorothea Langham

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia Straub

(Address) 2427 E Jefferson St

15- JAN 1 1917 Filed....., 191.. ROBERT B. KRAUSE Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 31, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 29 1916, to Dec 31 1916, that I saw h[illegible] alive on Dec 31 1916, and that death occurred, on the date stated above, at 4 30 P m.

The CAUSE OF DEATH* was as follows:

Shock - Concussion of Brain

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Old Age

(Duration) ....yrs. ....mos. ....ds.

(Signed) E. A. Meyer M. D.

Jan 1, 1917. (Address) 1 W. Saratoga

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cem	Jan 3, 1917
20-UNDERTAKER Christian Miller	ADDRESS 432 E Jeffers

Doer

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 0881 — 92 — D 0881

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1310 James. ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Friedericke M. E. Hornig

(Residence in Baltimore: No. 1310 James St.; 13 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct. (Month) 3rd (Day), 1842 (Year)

7-AGE, 74 yrs. 2 mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Duties
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Germany

1916-12-30
1842-10-3

PARENTS.

10-NAME OF FATHER, Seiman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Julius E. Hornig

(Address) 1310 James St.

15-

Filed JAN 1 1917, 191.... ROBERT B. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 30th (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1916, to Dec. 30 1916, that I saw her alive on Dec. 30 1916, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

(Signed) E. F. Dickey M. D.

Dec. 31, 1916. (Address) 14 N. Monroe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park Cemetery

DATE OF BURIAL, Jan 2nd, 1917

20-UNDERTAKER Mrs. Mrs John H. Deufel

ADDRESS 80 W. Fayette St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Peter Bell

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0882

CERTIFICATE OF DEATH.

17 D 0882

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Md. Genl. Hospital ST.) 17 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Bell

(Residence in Baltimore: No. 928 N. Eutaw St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, January, 1859
(Month) (Day) (Year)

7-AGE, 57 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer). Own

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Isaac Bell

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Cochran

13-BIRTHPLACE OF MOTHER (State or Country), Indiana

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nurse

(Address) 863 Lemmon St

15- Filed JAN 1 1917 191 ROBERT B. KRAUTER Registrar
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 28, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Apoplexy
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis
(Duration) yrs. mos. 3 ds.

(Signed) M. Wallace Winslow M. D.
(Coroner)

Dec 31, 1916 (Address) 819 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 925 N. Eutaw

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn Cem. DATE OF BURIAL, Jan 1, 19

20-UNDERTAKER John J. Cowan

ADDRESS 901 Hollins St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0883

D 0883

CERTIFICATE OF DEATH.

REGISTERED No. C 28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 Archdale St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Johnson

(Residence in Baltimore: No. 1111 Archdale St. St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M.

4-COLOR OR RACE. C

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. 22, 1894
(Month) (Day) (Year)

7-AGE, 22 yrs. 4 mos. 7 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer) Jewelry Store

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Josiah Johnson

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Jane Pilsbury

13-BIRTHPLACE OF MOTHER (State or Country), Balt.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Luther Wilson

(Address) 1111 Archdale

15. JAN 1 1917 ROBERT R. KRAUTER

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 29, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 1916, to Dec 29 1916, that I saw h- alive on Dec 28 1916, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

[redacted]

Pulmonary Tuberculosis

(Duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Gastritis

(Duration) yrs. mos. 6 ds.

(Signed) [illegible] M. D.

12/29, 191 6 (Address) 2311 Harford Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Jan 1st, 1917

20-UNDERTAKER Chas. B. Jones

ADDRESS 235 N. Pine St.

N. B.—Every item of information should be carefully supplied. AGE should be stated in YEARS, MONTHS and DAYS. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B D 0884 HEALTH DEPARTMENT—CITY OF BALTIMORE D 0884

CERTIFICATE OF DEATH.

155

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No. St Josephs Hospital ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Gunnip

(Residence in Baltimore: No. 1001 E Eage st St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ...Mar.... (Month) 1886 (Day), 1 (Year)

7-AGE,	If LESS than 1 day,
....30....yrs...9....mos.....ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Car attendent
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), MD

PARENTS.

10-NAME OF FATHER, Thos Gunnip

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Murray

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos Hamlon

(Address) 1808 N Bond st

15- Filed JAN 1 1917, 191... ROBERT R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 29 1916 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide Bichloride

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) 10 yrs. mos. ds.

(Signed) ..... M. D.
(Coroner)

Jan 1 1917, 191... (Address) E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 1001 E Eage

Former or usual residence 1001 E Eage

19-PLACE OF BURIAL, OR REMOVAL, New Cathedral Bo. DATE OF BURIAL, Jan 1st 1917

20-UNDERTAKER Jno G Moran ADDRESS Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0885

CERTIFICATE OF DEATH.

91 D 0885

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C

CITY OF BALTIMORE: (NO. ..... ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Monaghan

(Residence in Baltimore: No. Little Sisters of the Poor St.; 42 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ..., (Month) (Day) 1851 (Year)

7-AGE, 65 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), W. Virginia

PARENTS.

10-NAME OF FATHER, William Curby

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Callahan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- JAN 1 1917 Filed ....., 191.... ROBERT P. KRAUTHOFF Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 29, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from No record 191..., to ..... 191..., that I saw h[illegible] alive on Dec 24 1916, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

4 weeks (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) E. A. Boone M. D.

Dec 29, 191... (Address) 1133 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 9 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral DATE OF BURIAL, Jan 2, 1917

20-UNDERTAKER H. C. Kindefeld ADDRESS 914 Greenmount Ave

N. B.—Every item of information should be carefully supplied. Accurate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0886

CERTIFICATE OF DEATH.

79

D 0886

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2826 Elliott ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilhelmina Phillips.

(Residence in Baltimore: No. 2826 Elliott St.; 65 yrs., mos. 4 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Dec 25 th (Month) (Day), 1851. (Year)

7-AGE, 65 yrs. mos. 4 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Williams H. Williams

11-BIRTHPLACE OF FATHER (State or Country), Queen Ann Md.

12-MAIDEN NAME OF MOTHER Lucinda Hitch.

13-BIRTHPLACE OF MOTHER (State or Country), Queen Ann Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida M. Miskimmon

(Address) 2826 Elliott St.

15-

Filed JAN 1 1917, 191.....

ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 29, 1916. (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 1 1916, to Dec 29 1916, that I saw h[illegible] alive on Dec 23 1916, and that death occurred, on the date stated above, at 7.30 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) yrs. 6 mos. da.

CONTRIBUTORY (Secondary) Dilated Heart

(Duration) yrs. 6 mos. da.

(Signed) [illegible] M. D.

Dec 31, 1916 (Address) 839 S. Ellwood

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel

DATE OF BURIAL, Jan 2, 1917

20-UNDERTAKER Lilly & Zeller

ADDRESS 403 S. Wolfe St

N. B.—Every item of information should be carefully supplied. AGE should be given in YEARS, MONTHS and DAYS, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Annie Cowe

Spec.—8-24-14—M. & T.—2000 Bks.

D 088.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 088.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 570 Comb al ST.: 22 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Cowe

(Residence in Baltimore: No. 570 Comb al St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ..., 1 ..... (Month) (Day) (Year)

7-AGE, 52 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Isaac Dobson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Emilie Bailey

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles H. Dobson

(Address) Easton, Md

15- JAN 1 1917 Filed....., 191.....

ROBERT B. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 31, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1916, to Dec 31 1916, that I saw h[illegible] alive on Dec 30 1916, and that death occurred, on the date stated above, at 4:30 a. m.

The CAUSE OF DEATH* was as follows:

.....Pneumonia Lobar.....

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. 1 mos. ..... ds.

(Signed) [illegible] M. D.

Jany 1..., 191 7. (Address) Easton Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Easton Md — DATE OF BURIAL. (Jan 1..., 191.)

20-UNDERTAKER Wm J. Nicholson & Son — ADDRESS Easton Md

R. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B D 0888

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0888

CERTIFICATE OF DEATH

REGISTERED NO. C 91

1-PLACE OF DEATH Robert Garrett Hospital

CITY OF BALTIMORE: (No.) 27 N. Gay ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Hacker

(Residence in Baltimore: No. 216 Fairmount Ave St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, July 3rd, 1906 (Month) (Day) (Year)

7-AGE, 5 yrs. 6 mos. 28 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, Paul Hacker

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Belle Hacker

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Louis

(Address) 1411 E Baltimore

15- JAN 1 1917 ROBERT B. KRAUTER

Filed ..., 191. ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 1st, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 26th 1916, to Jan 1 1917, that I saw him alive on Jan 1st 1917, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows: Bronchio Pneumonia

(Duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) Malnutrition

(Duration) ... yrs. ... mos. 6 ds.

(Signed) Walter E. Platt M. D.

..., 1916 (Address) 502 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 6 mos. ... ds. In the State 5 yrs. 5 mos. 28 ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 216 Fairmount Ave

19-PLACE OF BURIAL OR REMOVAL. Holmes Mt Carmel — DATE OF BURIAL. Jan 1, 1917

20-UNDERTAKER Jack Louis — ADDRESS 1411 E Balto

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill out CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0889

CERTIFICATE OF DEATH.

D 0889

REGISTERED No. C 150

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2068 Plymouth Ave., ST.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Slonaker

(Residence in Baltimore: No. 2068 Plymouth Ave., St.: ..... yrs., ... mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Dec. 30, 1916 (Month) (Day), 1 (Year)

7-AGE,	If LESS than 1 day,
.....yrs. .....mos. 1 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infant .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Carroll R. Slonaker

11-BIRTHPLACE OF FATHER (State or Country), Carroll County

12-MAIDEN NAME OF MOTHER Pearl O Ruby

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carroll R. Slonaker

(Address) 2068 E Plymouth Ave

15- Filed JAN 4 1917, 191.... Robert E. Kraft Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 1, 1917 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1916 191, to Dec 31, 1916 191, that I saw her alive on Dec 31, 1916 191, and that death occurred, on the date stated above, at 2.00 P m.

The CAUSE OF DEATH* was as follows:

.....
Spinal Bifida
.....
..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ....yrs. ....mos. ....ds.

(Signed) C. J. Bauer M. D.

1/1-1917 191... (Address) 200 N Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Mary's Fairfield — DATE OF BURIAL, ..., 191.7

20-UNDERTAKER Dunnoth & Son — ADDRESS 660 Cathedral St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 0890

REGISTERED NO. C 1120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 Mosher St ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Lee

(Residence in Baltimore: No. 505 Mosher St St.: ....yrs., ...mos. ....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
male	Colored	Student

6-DATE OF BIRTH, ..., 1.... (Month) (Day) (Year)

7-AGE, 81 yrs. ....mos. ....ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev J A Mack

(Address) 633 Mosher St

15- Filed JAN 1 1917 191.... ROBERT R. KRAUTZ Registrar.

Burial Permit ....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 29, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 28 1916, to Dec 29 1916, that I saw h.. alive on Dec 29 1916, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

1. Hypostatic Pneumonia

2. ....

3. .... (Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

.... (Duration) 2 yrs. ....mos. ....ds.

(Signed) Chas F Haussler M. D.

January 1, 191.., (Address) 1548 McCulloh

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?....

Former or usual residence....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem | DATE OF BURIAL, Jan 2, 191..

20-UNDERTAKER H C Fanning | ADDRESS 617 N Howard

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0891

CERTIFICATE OF DEATH

40

D 0891

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1021 Myrtle ave St. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2 FULL NAME Michael C O Brien

(Residence in Baltimore: No. 1021 Myrtle ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Sept (Month) 15th (Day), 1850 (Year)

7 AGE: 66 yrs. 3 mos. 15 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Driver of bread wagon
(b) General nature of industry, business, or establishment in which employed (or employer): for a Co.

9 BIRTHPLACE (State or country): Ireland

PARENTS

10 NAME OF FATHER: Patrick O'Brien

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget Eaton

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Catharine Irwell

(Address) 1020 Brantly Ave

15 JAN 1 1917 Filed ....., 191

ROBERT R. KRAUTER
BUREAU OF VITAL STATISTICS
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 30th (Day), 1916 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov ....., 1916, to Dec 30th 1916, that I saw him alive on (about) Dec 20th 1916, and that death occurred, on the date stated above, at 5 P. m. The CAUSE OF DEATH* was as follows:

Senility

(Duration) 2 yrs. — mos. — ds

Contributory (SECONDARY) Carcinoma of Stomach

(Duration) — yrs. 6 mos. — ds.

(Signed) C B Evans M. D.

1-1- 1917 (Address) Park ave & Dodger

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Jan 2, 1917

20 UNDERTAKER: Harry C. Branning & Co. — ADDRESS: 517 N. Schroeder

Spec.—5-19-13—M. & T.—500 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0892 D 0892

CERTIFICATE OF DEATH.

91

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 Bentalou St.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marjorie F. Edelman

(Residence in Baltimore: No. 1806 Bentalou St.: yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct (Month) 2nd (Day), 1913 (Year)

7-AGE, 3 yrs. 2 mos. 30 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Staunton Va

PARENTS.

10-NAME OF FATHER, Morris Edelman

11-BIRTHPLACE OF FATHER (State or Country). Cleveland Ohio

12-MAIDEN NAME OF MOTHER Rosetta Cohen

13-BIRTHPLACE OF MOTHER (State or Country), Staunton Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Cohen

(Address) 1806 Bentalou St

15- JAN 1 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 23 191, to Jan. 1 1917, that I saw her alive on Jan 1 1917, and that death occurred, on the date stated above, at 3.30 P.M.

The CAUSE OF DEATH* was as follows:

Bronchitis

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(Duration) ....yrs. ....mos. 1 day

(Signed) G. W. Bullock M. D.

Jan 1, 1917. (Address) 2224 W. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Staunton Va

DATE OF BURIAL, January 1st, 1917

20-UNDERTAKER Hand Goodman

ADDRESS 1116 W. Baltimore

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0893

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

114

D 0893

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital, St: W. WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Wm. Weinroff

(Residence in Baltimore: No. 124 S. Arnold St about St.: ten yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6 DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7 AGE: 43 yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Musician
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Russia

PARENTS

10 NAME OF FATHER: Israel Weinroff

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) David Wolf

(Address) 1005 N. Broadway

15 Filed JAN 2 1917 ROBERT B. KRAUTER Registrar of Burial Permits

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January 1st, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 12 31, 1916, to. 1 1 1917.

that I saw him alive on 1 1, 1917.

and that death occurred, on the date stated above, at 1230 P. m.

The CAUSE OF DEATH* was as follows: Obstruction of Comel-
Jejunum with large gallstone

(Duration) yrs. mos. 3 ds

Contributory (SECONDARY) Voluntary

(Duration) yrs. mos. ds.

(Signed) H. E. Simmons M. D.

1 1, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 124 S. Arnold St.

19 PLACE OF BURIAL OR REMOVAL: Hebrew Union Ass'n — DATE OF BURIAL: Jan 2, 1917

20 UNDERTAKER: L. Lennon & Bro — ADDRESS 1107 E. Balto St

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 089 — D 089

CERTIFICATE OF DEATH.

REGISTERED NO. C 3 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1837 Aliceanna St ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Magedeline Bronder

(Residence in Baltimore: No. 1727 S Bond St St.: yrs. 1 mos. dys.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Single

6-DATE OF BIRTH, May (Month) 6 (Day), 1881 (Year)

7-AGE, 35 yrs. 7 mos. 5 dys. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER, Henry L Bronder

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Minnie Meineke

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Minnie Bleitzer

(Address) 1727 S Bond St

15- Filed JAN 2 1917 191... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 31 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(Duration) ...yrs. ...mos. ...dys.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...dys.

(Signed) F. Edward Smith M. D.
(Coroner)

Jan 7, 1917 (Address) 710 Sei St St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...dys. In the State ...yrs. ...mos. ...dys.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem — DATE OF BURIAL, Jan 4 1917

20-UNDERTAKER H. Lander Sons — ADDRESS 512 Read St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B D 0895

CERTIFICATE OF DEATH.

92 D 0895

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Ashburton ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Alicia Crowley

(Residence in Baltimore: No. 1621 Ashburton St.; 75 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, June (Month) 16 (Day), 1844 (Year)

7-AGE, 72 yrs. 6 mos. 15 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country) Ireland

PARENTS.

10-NAME OF FATHER, Hue Smythe

11-BIRTHPLACE OF FATHER (State or Country) England

12-MAIDEN NAME OF MOTHER Emily Campbell

13-BIRTHPLACE OF MOTHER (State or Country). Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. L. E. Hoddinott

(Address) 1621 Ashburton St.

15-

Filed JAN 2 1917, 191.....

ROBERT E. LAZENBY Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 17, 1916, to December 31, 1916, that I saw her alive on December 31, 1916, and that death occurred, on the date stated above, at 12 20 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 0 yrs. 0 mos. 3 ds.

CONTRIBUTORY (Secondary) Arthritis Deformans

(Duration) ..... yrs. 3 mos. ..... ds.

(Signed) Henry T. Callenberg M. D.

Jan. 1, 1917. (Address) 3103 Clifton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery — DATE OF BURIAL, Jan. 3, 1917.

20-UNDERTAKER Frank Cook — ADDRESS 502 E North ave

Burial Permit Clerk

N.B.—Every item of information should be carefully supplied. AGE in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B D 0396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9V D 0396

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Poplar Grove St. ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie D. Hess

(Residence in Baltimore: No. 1105 Poplar Grove St.; 71 yrs. ..... mos. 25 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec (Month) 6 (Day), 1845 (Year)

7-AGE, 71 yrs. ..... mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, Amos Jarvis

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Elizabeth A Fell

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Amelia Hess

(Address) 1105 Poplar Grove St.

15-

Filed JAN 2 1917 ROBERT E. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 31 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Dec-23 1916, to Dec 31 1916, that I saw her alive on Dec. 31 1916, and that death occurred, on the date stated above, at 5-5½ p.m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia Lobar

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(Duration) ..... yrs. unknown mos. ..... ds.

(Signed) Francis A. Carpenter M. D.

Dec. 31, 1916. (Address) 2101 Madison Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Jan 3, 1917

20-UNDERTAKER William Cook

ADDRESS 507 E. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0897 D 0897

CERTIFICATE OF DEATH.

1-PLACE OF DEATH CITY OF BALTIMORE: (No. St. Joseph's Hosp St.; 8 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Contrini

(Residence in Baltimore: No. 1939 N. Patterson Park Ave St.; 20 yrs. yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June (Month) 8 (Day), 1896 (Year)

7-AGE, 20 yrs. 6 mos. 23 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Stone Mason
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Lorenzo Contarini

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Angela Buretta

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Contarini

(Address) 1939 Patterson Park Ave

15- ROBERT B. KRAUTER

Filed JAN 2 1917, 191.... Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 30 1916 to Dec 31 1916, that I saw him alive on Dec 31 1916, and that death occurred, on the date stated above, at 11.45 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

(Signed) William F Duffy M. D.

Dec 31, 1916 (Address) St. Jos Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 2 mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? don't know

Former or usual residence 1939 N Patterson P Ave

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Jan 3, 1917.

20-UNDERTAKER Jno Cook — ADDRESS 502 E Monument

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0898 — D 0898

CERTIFICATE OF DEATH.

92

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 N. Chas. ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Amanda Pettibone

(Residence in Baltimore: No. 1315 N. Chas, St. St.; 2 yrs. — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH Sept — 5 —, 1842 (Month) (Day) (Year)

7-AGE, 74 yrs. 3 mos. 13 ds.

If LESS than 1 day. ....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry Force

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER ? Taskum

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) T. H. Disco

(Address) 1315 N. Chas. St.

15- Filed JAN 2 1917 191 ROBERT B. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 1, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 21 1916, to Jan. 1 1917, that I saw h[illegible] alive on Jan 1 1917, and that death occurred, on the date stated above, at 3:15 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) T. H. Disco M. D.

1/1, 191.7 (Address) 1315 N. Chas St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill DATE OF BURIAL, Jan. 4, 1917

20-UNDERTAKER Wm. Cook ADDRESS 702 E. Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

D 0899 HEALTH DEPARTMENT—CITY OF BALTIMORE D 0899

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 329 Yale ST.; 20 WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Jane Gregory

(Residence in Baltimore: No. 329 Yale St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, July (Month) 14, (Day) 1840 (Year)

7-AGE, 76 yrs. 5 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Nelson Blunt

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Mary Purpen

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Engle

(Address) 329 Yale Ave

15- JAN 2 1917 ROBERT B. KRAUTER

Filed....., 191..... Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 31, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 22 1916, to Dec 31 1916

that I saw her alive on Dec 30 1916

and that death occurred, on the date stated above, at 2 A m

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(Duration) yrs. mos. ds.

(Signed) Howard W. Jones M. D.

Dec 31, 191.6 (Address) Downingtown

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Mt. Olivet Cem. DATE OF BURIAL, Jan. 2, 1917

20-UNDERTAKER William Cook ADDRESS 502 E. North Ave

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 0900

167

REGISTERED NO. C

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph Hospital ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia Tucker

(Residence in Baltimore: No. St. Jose 2040 N Washington St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
female	white	Single

6-DATE OF BIRTH, Sept 11, 1913
(Month) (Day) (Year)

7-AGE. 3 yrs. 3 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER, Charles W. Tucker

11-BIRTHPLACE OF FATHER (State or Country). Va.

12-MAIDEN NAME OF MOTHER Sallie E. Nunnelly

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles W. Tucker

(Address) 2040 N. Washington

15-

Filed JAN 2 1917, 191 ROBT. B. KRAUTH Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 30 1916, 191
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns accidental while playing with matches

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. Burt Gaultney M. D.
(Coroner)

Jan 2 1917 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 1 ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem — DATE OF BURIAL, Jan. 3, 1917

20-UNDERTAKER William Cook — ADDRESS 2025 Vand

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 0901 38 D 0901

REGISTERED NO. C 0901

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 N. Bruce ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie Mack

(Residence in Baltimore: No. 632 N Bruce St. 7 yrs., 4 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1874 (Year)

7-AGE, 42 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): Private Family

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ma attny

(Address) 539 Carroll Ave

15- Filed JAN 2 1917, 191 ROBERT E. KRAUTER Registrar. Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 31, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 20 1916, to Dec 31 1916, that I saw her alive on Dec 29 1916, and that death occurred, on the date stated above, at 9:20 A m.

The CAUSE OF DEATH* was as follows:

Tumor Fibroid
Hemorrhage Pulmonis
Gitis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic Endometritis

Pulmonitis (Duration) 4 yrs. 9 mos. 4 ds.

(Signed) Bernard A. Fennell M. D.

1-2-17, 1916. (Address) 1707 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn — DATE OF BURIAL, Jan 2, 1917

20-UNDERTAKER John H. Toadvine — ADDRESS 142 Wolfe St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

John Christ

D 0902

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0902

CERTIFICATE OF DEATH.

41

1-PLACE OF DEATH CITY OF BALTIMORE. (No.) Johns Hopkins Hosp. St.; 8 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Christ

(Residence in Baltimore: No. 1707 E. Biddle St. St.; ....yrs.. ....mos. ....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Aug (Month) 4 (Day), 1890. (Year)

7-AGE, 26 yrs. 4 mos. 27 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boiler Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), md.

PARENTS.

10-NAME OF FATHER, John Christ

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Amelia Stevens

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Phillips

(Address) Johns Hopkins Hosp

15-

Filed....., 191.... ROBERT B. KRAUTER Registrar.

JAN 2 1917 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 31, 1916
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 24 1916, to Dec 31 1916, that I saw him alive on Dec. 31 1916, and that death occurred, on the date stated above, at 1 50 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Coecum (large intestine) - Intestinal obstruction - (3 operations)

(Duration) yrs. 6 mos. ....ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(Duration) yrs. 3 mos. 2 ds.

(Signed) George R. Dunn M. D.

Dec 31, 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1707 E. Biddle St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Zion Lutheran Cemetery	Jan. 2nd, 1916.
20-UNDERTAKER Frederick Tarbutton Co.	ADDRESS Fullerton Md

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0903

CERTIFICATE OF DEATH.

×170 D 0903

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Chambers

(Residence in Baltimore: No. Raspeburg P.O. Bellair Rd St.; 51 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, July (Month) 25 (Day), 1865 (Year)

7-AGE, 50 yrs. 5 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....mins.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto

PARENTS.

10-NAME OF FATHER. Patrick McClain

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Mary A Nolan

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. H. Chambers

(Address) Raspeburg Md.

15- Filed JAN 2 1917, 191.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 7th 1916, to Dec 31 1916, that I saw h er alive on Dec 31 1916, and that death occurred, on the date stated above, at 2 30 P m.

The CAUSE OF DEATH* was as follows:

Chr Pancreatitis Hepatitis

7

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) ....yrs. ....mos. 4 ds.

(Signed) Emma Eberhart M. D.

12/31/, 1916. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State 51 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Raspeburg Md

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL. Holy Sepulchre Cemetery

DATE OF BURIAL, Jan 4th, 1917

20-UNDERTAKER Fredk Lassahn & Sons

ADDRESS Fullerton Md.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B D 0904

CERTIFICATE OF DEATH.

81 D 0904

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 822 N. Carey St.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alvina Lindeman

(Residence in Baltimore: No. 822 N. Carey St.; 70 yrs. 8 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, April 2d, 1846
(Month) (Day) (Year)

7-AGE, 70 yrs. 8 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER, Geo. Rudiger

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Marie R. Eberhart

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alvina Lindeman

(Address) 822 N. Carey St.

15-

Filed JAN 2 1917, 191.....

ROBERT E. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 31st, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 29th 1916, to Dec. 31st, 1916, that I saw her alive on Dec. 31st, 1916, and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Indefinite (Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Old age

(Duration)....yrs....mos....ds.

(Signed) Thomas E. Sears M. D.

Dec. 31st, 1916 (Address) 658 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltic Cemetery

DATE OF BURIAL, Jan. 3.., 1917.

20-UNDERTAKER Isaiah Syfer

ADDRESS 800 W North ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-12—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0905

CERTIFICATE OF DEATH.

92 D 0905

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 Pat Park St.; Ward 8)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Houck

(Residence in Baltimore: No. 1303 Pat Park St.; 60 yrs., mos. da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: Feb (Month) 2 (Day), 1856 (Year)

7-AGE: 60 yrs. 9 mos. 28 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Va Virginia

PARENTS.

10-NAME OF FATHER: Joseph Mauzy

11-BIRTHPLACE OF FATHER (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: Kathrina Keller

13-BIRTHPLACE OF MOTHER (State or Country):

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F. Houck

(Address) 1303 Pattenson Park Ave

15- JAN 2 1917 Filed....., 191.... ROBERT B. KRAUSE Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 24 1916 to Dec 30 1916, that I saw h[illegible] alive on Dec 30 1916, and that death occurred, on the date stated above, at 11 15 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Pneumonia

(Duration) yrs. mos. 6 da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) J. F. Houck M. D.

Dec 31., 1916 (Address) 1301 N Pat Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Jan 3., 1917

20-UNDERTAKER: Josiah Dyer

ADDRESS: 160 N Howard Ave

Spec.—8-24-14—M. & T.—2000 Blks.

B D 0906

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 0906

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1311 N. Calvert Street ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anne Isabella Coyle

(Residence in Baltimore: No. 1311 N. Calvert Street St.; 50 yrs., ? mos. ? ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, April 24th, 1840. (Month) (Day) (Year)

7-AGE, 76 yrs. 8 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... none

9-BIRTHPLACE, (State or Country), New York

PARENTS.

10-NAME OF FATHER, Peter Thompson

11-BIRTHPLACE OF FATHER (State or Country), New York.

12-MAIDEN NAME OF MOTHER Elizabeth Stewart

13-BIRTHPLACE OF MOTHER (State or Country), New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E. C. Carrington

(Address) 1311 N. Calvert St.

15- JAN 2 1917 191.....

ROBERT R. KRAUTH
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 1, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 27 1916, to Dec. 31 1916, that I saw h[illegible] alive on Dec. 31 1916, and that death occurred, on the date stated above, at 4.45 m.

The CAUSE OF DEATH* was as follows: Pneumonia (Lobar)

(Duration) 11 yrs. 7 mos. 4 ds.

CONTRIBUTORY (Secondary) Apoplexy

(Duration) yrs. mos. ds.

(Signed) H. Stewart Keech M. D.

Jan. 1, 191.. (Address) 214 N. Calvert St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Green Mount Cemetery	Jany. 3rd 191..
20-UNDERTAKER	ADDRESS
Stewart & Howen Com'y.	108 W. North Av

Spec.—8-24-14—M. & T.—2000 Bks.

B D 0907 HEALTH DEPARTMENT—CITY OF BALTIMORE 82 D 0902

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. N. E. Corner Colt & Franklin ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John McGregor

(Residence in Baltimore: No. N. E. Corner Colt & Franklin St.; 5 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April (Month) 28 (Day), 1835 (Year)

7-AGE, 81 yrs. 9 mos. 3 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Finished Seaman
(b) General nature of industry, business, or establishment in which employed (or employer): YMCA

9-BIRTHPLACE, (State or Country), Scotland

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. H. Williams

(Address) 1904 Mt. Royal Terrace

15- Filed JAN 2 1917, 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. 1 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1913, to Dec 31 1916, that I saw him alive on Dec 31 1916, during life and that death occurred, ~~on the date stated~~ above, at ..... m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic nephritis

5 years

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Thrombosis 2 Coronary artery

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Harvey M. Smith M. D.

Jan 1..., 191 7. (Address) 1126 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL, Jan. 3, 1917

20-UNDERTAKER: Stewart & Mowen Co.

ADDRESS 1087 W. North Ave.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0908

CERTIFICATE OF DEATH.

94 D 0908

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 638 Cokesbury Av. ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice McWhorter

(Residence in Baltimore: No. 638 Cokesbury Ave. St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, August (Month) 26 (Day), 1849 (Year)

7-AGE, 67 yrs. 4 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country), Phila Pa

PARENTS.

10-NAME OF FATHER, J. T. Slaubon

11-BIRTHPLACE OF FATHER (State or Country), Phila Pa

12-MAIDEN NAME OF MOTHER, Margaret Aman

13-BIRTHPLACE OF MOTHER (State or Country), Phila Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr McWhorter

(Address) 638 Cokesbury Av

15- JAN 2 1917 Filed....., 191.... ROBERT B. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 1 (Month) (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Sept. 25 1917, to Jan. 1 1917, that I saw her alive on Dec. 30 1916, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Brain Tumor
(Glioma?)

..... (Duration) yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A Kulis M. D.

Jan. 2, 191.7. (Address) 914 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Chestertown, Md.

Former or usual residence Chestertown, Md.

19-PLACE OF BURIAL OR REMOVAL, Chestertown Md

DATE OF BURIAL, Jan 2, 191.7

20-UNDERTAKER Stewart Mercer Co

ADDRESS 108 W Fayette St

Olivia R. Walter

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0905

CERTIFICATE OF DEATH.

64 D 0909

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Olivia R. Walter

(Residence in Baltimore: No. 15-09 E. Balto St.; yrs. 61 mos. 9 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	widowed

6-DATE OF BIRTH, March 31 1843
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
61 yrs. 9 mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Asa Smith

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Sophia Marriott

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. H. Smith Jr.

(Address) 15-09 W. Balto St.

15-

Filed JAN 2 1917, 191... ROBERT B. KRAMER Registrar.

Burial Permit Given

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 30, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage.

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) [illegible] M. D.
(Coroner.)

Jan ..., 191 7 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Hill Cem	Jan 2nd, 19 17

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 W. Balto St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0910

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0910

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 307 E. Pleasant St.; 4 Ward)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Batzer

(Residence in Baltimore: No. 307 E. Pleasant St.; 70 yrs. \ mos. \ da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widower

6-DATE OF BIRTH, Dec. 22, 1838
(Month) (Day) (Year)

7-AGE, 82 yrs. \ mos. 9 da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Proprietor of
(b) General nature of industry, business, or establishment in which employed (or employer). Saloon

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Wm. Lancaster

(Address) 1128 Forest Ave.

15-

Filed JAN 2 1917, 191.....

ROBERT P. KRAUTER
Deputy Register Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 31, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 21 1916, to Dec 31 1916, that I saw him alive on Dec 31 1916, and that death occurred, on the date stated above, at 9 50 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 1 yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Oedema Lungs

(Duration) ..... yrs. ..... mos. 1 da.

(Signed) Dr. Bernard Wm. M. D.

Jan 1, 1917. (Address) 914 E. Biddle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loley Redeemer

DATE OF BURIAL, Jan. 3, 1917.

20-UNDERTAKER Henry Houck & Son

ADDRESS 1301 Eager

Spec.—8-24-14—M. & T.—2000 Bks.

Jane Mitchell

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0911

CERTIFICATE OF DEATH.

1/30 D 0911

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 Pine St.; 17 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Mitchell

(Residence in Baltimore: No. 823 Pine St.; ... yrs., ... mos. ... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col.

5-SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~, (*Write* the word.) widow

6-DATE OF BIRTH, 12 (Month) 30 (Day), 1846 (Year)

7-AGE. 70 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laundress
(b) General nature of industry, business, or establishment in which employed (or employer). At Home

9-BIRTHPLACE. (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Gowing Johnson

11-BIRTHPLACE OF FATHER (State or Country). Frederick Md.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country). Frederick Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eugene Mitchell

(Address) 823 Pine St.

15- JAN2 1917

ROBERT R. KRAUTER

Filed ..., 191...

Burial Permit Clerk

Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) 30 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 25 1916, to Dec. 30 191..., that I saw her alive on Dec. 28 1916 and that death occurred, on the date stated above, at 4.40 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Tuberculosis

(Duration) ... yrs. 6 mos. 2 ds.

(Signed) Jno. H. Tompkins M. D.

Dec. 30 1916. (Address) 1019 Druid Hill Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Lebanon Cemetery DATE OF BURIAL. Jan 2nd, 1917

20-UNDERTAKER Chas. B. Davis ADDRESS 2357 Pine St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH CARBON INK.

Spec.—8-24-14—M. & T.—2000 Bks. May E Ahl.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0913 D 0913

CERTIFICATE OF DEATH.

18 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 839 Eutaw Road ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME May E. Ahl

(Residence in Baltimore: No. 839 Eutaw Road St.; ....yrs. ....mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ..., 1 ..... (Month) (Day) (Year)

7-AGE, 68 yrs. ....mos. ....da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....
(b) General nature of industry, business, or establishment in which employed (or employer) Work

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Edward Jones

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Jennie Wilson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward E. Ahl

(Address) 839 Eutaw Road

15- Filed JAN 2 1917, 191.. ROBERT P. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 31, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26 191.., to Dec 31 1916; that I saw her alive on Dec 31 191 6.; and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Erysipelas

..... (Duration) ....yrs. ....mos. 5 ....da.

CONTRIBUTORY (Secondary) Myocarditis

..... (Duration) ....yrs. ....mos. ....da.

(Signed) John H. Thatcher M. D.

Jan 1 191.. (Address) 100 E Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Lukes Cem York Road | DATE OF BURIAL, Jan 2, 191..

20-UNDERTAKER H J Tickner & Sons | ADDRESS Pimlico

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 0913

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 N Hamburg St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Emanuel Tressel

(Residence in Baltimore: No. 22 N Hamburg St.; 6 yrs. 10 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Feb 26, 1916
(Month) (Day) (Year)

7-AGE, 6 yrs. 10 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Rev E L S Tressel

11-BIRTHPLACE OF FATHER (State or Country). Ohio

12-MAIDEN NAME OF MOTHER Julia Hufnagel

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev E L S Tressel

(Address) 22 N. Hamburg St

15- Filed JAN 2 1917, 191.... ROBERT B. KRAUTH Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 1, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1916, to Jan 1 1917.

that I saw h.. alive on Jan 1 1917.

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows: Acute Gastro-Enteritis

Contributory Malnutrition

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 10 mos. ds.

(Signed) Henry Waldschmidt M. D.

Jan 1, 1917 (Address) 923 E Madison St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery

DATE OF BURIAL, Jan 3., 191.7

20-UNDERTAKER Mrs A Rohde & Son

ADDRESS 730 Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B D 0914

CERTIFICATE OF DEATH.

92 D 0914

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1011 E Hoffman ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry L Montgomery

(Residence in Baltimore: No. 1011 E Hoffman St.; ....yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH. ..... October ....., 1869
(Month) (Day) (Year)

7-AGE. 47 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Telegraph Oper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Robert Montgomery

11-BIRTHPLACE OF FATHER (State or Country). Scotland

12-MAIDEN NAME OF MOTHER Catherine Clabby

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillie Montgomery

(Address) 1011 E Hoffman St

15- JAN 2 1917 ROBERT R. KRAUTER
Filed..... 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 31, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 29 1916, to Dec 31 1916, that I saw h[illegible] alive on Dec 29 1916, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration).....yrs.....mos. 3 ds.

CONTRIBUTORY (Secondary).....

..... (Duration).....yrs.....mos.....ds.

(Signed) Bernard Liss M. D.

1-7-1917, (Address) 914 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Jan 3, 1917

20-UNDERTAKER M Faherty & Sons — ADDRESS 516 Lafayette Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B 0915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9 D 0915

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Vincents Infant asylum St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Farrell

(Residence in Baltimore: No. St Vincents Infant asylum St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	White	Single

6-DATE OF BIRTH, ... July (Month) 3 (Day) 1915 (Year)

7-AGE, 1 yrs. 5 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm Farrell

11-BIRTHPLACE OF FATHER (State or Country), New York

12-MAIDEN NAME OF MOTHER Bertha Finley

13-BIRTHPLACE OF MOTHER (State or Country), Pennsylvania

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Vincents Inf Asylum

(Address) 1701 Division St

15- Filed JAN 2 1917, 191..... ROBERT B. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan 1 (Month) ....., 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 31 1916, to ..... 191..., that I saw him alive on Dec 31 1916, and that death occurred, on the date stated above, at 2-30 A m.

The CAUSE OF DEATH* was as follows:

.....
Laryngeal Diphtheria
.....
..... (Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) J A Poulton M. D.

Jan 1st, 1917. (Address) 62 15 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 5 mos. ....ds. In the State 1 yrs. 5 mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
St Peters	Jan 2, 1917.
20-UNDERTAKER	ADDRESS
Martin Fahey Sons	606 Lafayette

11 30 a m.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 0916

1 PLACE OF DEATH

REGISTERED No. C 19 D 0916

CITY OF BALTIMORE (No. 1305 Edmondson Av St. 19 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Edwin Green

(Residence in Baltimore: No. 1305 Edmondson Av St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: April (Month) 14 (Day), 1838 (Year)

7-AGE: 78 yrs. 8 mos. 17 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): 13th & O R'd

9-BIRTHPLACE (State or country): Alexandria Va

PARENTS

10-NAME OF FATHER: James Green

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Muir

13-BIRTHPLACE OF MOTHER (State or country): Alexandria Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jennie Green

(Address) 1305 Edmondson

15-
Filed JAN 2 1917
ROBERT B. KRAUTER
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 1 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1916, to Jan 1 1917, that I saw h— alive on Dec 1, 1916, and that death occurred, on the date stated above, at 6. A. m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency

(Duration) 10 yrs. mos. ds

Contributory (SECONDARY) Heart failure

(Duration) Instant yrs. mos. ds.

(Signed) J K Byers M. D.

Jan 1st, 1917 (Address) 1405 E. Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Alexandria Va

DATE OF BURIAL: Jan 3, 1917

20-UNDERTAKER: A. W. Means & Son

ADDRESS: 810 N Calvert St

Spec.—8-24-14—M. & T.—2000 Bks.

D.0918

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0918

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 N Spring St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Jackson

(Residence in Baltimore: No. 720 N Spring St.; 46 yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) ..... (Year)

7-AGE, 46 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Va

PARENTS.

10-NAME OF FATHER: John Lakes

11-BIRTHPLACE OF FATHER (State or Country): Va

12-MAIDEN NAME OF MOTHER: Mary Jones

13-BIRTHPLACE OF MOTHER (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosie Jackson

(Address) 720 N. Spring St.

15-

Filed JAN 2 1917, 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 29, 1916. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 18 1916, to Dec 29 1916, that I saw her alive on Dec 29 1916, and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH* was as follows:

Bright's Disease

am Pneumonia

(Duration) 2 yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Bright's Disease

(Duration) yrs. mos. 18 ds.

(Signed) Ralph Kennard M. D.

Dec 30, 1916. (Address) 708 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Jan 2, 1917.

20-UNDERTAKER E. C. Gross — ADDRESS 1450 McElderry

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0919

CERTIFICATE OF DEATH.

103

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 Homestead St. ; St.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Gabriel Nihan

(Residence in Baltimore: No. 907 Homestead St. St.: 74 years. ...yrs. ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. September 19th, 1843 (Month) (Day) (Year)

7-AGE. 74 yrs. 3 mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. James Keenan

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Mary Murphy

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. C. Wilson

(Address) 902 Homestead.

15- Filed JAN 2 1917, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. December 30th, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased fr Dec 27th 1916, to Dec 30th 191.. that I saw her alive on Dec 30th 191.. and that death occurred, on the date stated above, at 12.15 A.

The CAUSE OF DEATH* was as follows:

Acute Gastritis

..... (Duration) ...yrs. ...mos. 1 d

CONTRIBUTORY (Secondary) Dietetic

..... (Duration) 1 yrs. ...mos.

(Signed) Geo. J. Ruth M. D

Dec 30th 191.. (Address) 353 Greenmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...d.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cemetery

DATE OF BURIAL. Jan 2nd, 191..

20-UNDERTAKER George J. Ruth

ADDRESS 1735 Harford ave.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 lbs.

D 0920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 D 0920

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 Cornwell Ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John. N. Ottenweller

(Residence in Baltimore: No. 717 Cornwell Ave St.; 24 yrs. 11 mos. 4 da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 27, 1892 (Month) (Day) (Year)

7-AGE, 24 yrs. 11 mos. 4 da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Painter
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John A. Ottenweller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Barbara

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A. Ottenweller

(Address) 717 Cornwell Ave

15- JAN 2 1917

Filed ..... 191.....

Registrar. Woods

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 31, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11-10 1916, to 12-31 1916, that I saw him alive on 12-30 1916, and that death occurred, on the date stated above, at 2.50 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial Peritonitis

(Duration) ....yrs. 4 mos. ....da.

CONTRIBUTORY (Secondary) Enterolitis

(Duration) ....yrs. ....mos. ....da.

(Signed) C. F. Coughlin M. D.

12-31, 1916 (Address) 2370 Poplar Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Holy Redeemer. DATE OF BURIAL, Jan. 3, 1917.

20-UNDERTAKER Ehrenworth & Son ADDRESS 367 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0921

D 0921

CERTIFICATE OF DEATH.

108

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hosp. St.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel G. Williams

(Residence in Baltimore: No. 3164 Remington Ave St.; ..... yrs., ... mos. ..... ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Aug. 24, 1900 (Month) (Day) (Year)

7-AGE, 16 yrs. 4 mos. 1 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Operator
(b) General nature of industry, business, or establishment in which employed (or employer): Shirt Factory

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Mark Williams

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ida E. Shuster

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mark Williams

(Address) 3164 Remington Ave

15- Filed JAN 2 1917 191.... ROBERT P. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 1, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1917, to Jan 1 1917, that I saw h[illegible] alive on Jan 1 1917, and that death occurred, on the date stated above, at 5:20 P m.

The CAUSE OF DEATH* was as follows:

Acute Suppurative Appendicitis

Peritonitis

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Surgical Shock

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Elmer Newcomer M. D.

1-1-, 1917. (Address) Md. General Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 3164 Remington Ave

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, Jan. 4, 1917

20-UNDERTAKER Ellenworth & Son ADDRESS 3217 Eastern Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0922

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

89 D 0922

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 405 N. Carey ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Graham Dukehart

(Residence in Baltimore: No. 405 N. Carey St. St.: 77 yrs. 10 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Feb. 9, 1839 (Month) (Day) (Year)

7-AGE: 77 yrs. 10 mos. 28 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Snuff Mfg.

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Edward H Dukehart

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Sara Graham

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward H Dukehart

(Address) 405 Carey St

JAN 2 1917 Filed 191

ROBERT B. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. 31st, 1916 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 20th, 1916, to Dec. 31st 1916, that I saw him alive on Dec. 31st, 1916, and that death occurred, on the date stated above, at 10.15 P m.
The CAUSE OF DEATH* was as follows:

Senile Bronchitis

(Duration) — yrs. — mos. 11 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Charles Lee M. D.

Jan. 1st, 1917 (Address) 1111 W. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Green Mount Cemetery

DATE OF BURIAL: Jan 3 1917

20-UNDERTAKER: Wilbur H. Shriver

ADDRESS: 1018 Edmondson Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0923 D 0922

CERTIFICATE OF DEATH.

+108

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 · University Hosp. St.; 7th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Mary V. Whitehill

(Residence in Baltimore: No. 2523 N. Calvert St.; ....yrs....mos....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, ... January ....., 1852
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
65 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Work
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), West. Virginia

PARENTS.

10-NAME OF FATHER, John W. Lathey

11-BIRTHPLACE OF FATHER (State or Country), W. Va.

12-MAIDEN NAME OF MOTHER Eliza Ward

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. W. Athey

(Address) 2523 St. Paul

15- JAN 2 1917 ROBERT B. KRAUTER
Filed....., 191.....
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. ..... 2 ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1 1917, to Jan 2 1917, that I saw her alive on Jan. 2 1917, and that death occurred, on the date stated above, at 7 A.M. m.

The CAUSE OF DEATH* was as follows:

Diffuse Peritonitis

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Ruptured Appendix

(Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.

Jan. 2, 191.7 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs. ....mos. 1 ds. In the State....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? at her Residence

Former or usual residence Kaiser - W. Va -

19-PLACE OF BURIAL OR REMOVAL. Keyser W. Va

DATE OF BURIAL. Jany. 3, 191.7

20-UNDERTAKER E. M. Mitchell Co.

ADDRESS 120 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0924

CERTIFICATE OF DEATH.

81 D 0924

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1105 W. Franklin St. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Riordan

(Residence in Baltimore: No. 1105 W. Franklin St.; ....yrs....mos....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	white	widower

6-DATE OF BIRTH. April 7, 1839 (Month) (Day) (Year)

7-AGE. 77 yrs. 8 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: retired
(b) General nature of industry, business, or establishment in which employed (or employer): Office Clerk

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Riordan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Hannah Kehoe

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gertrude A. Riordan

(Address) 1105 W. Franklin St.

15- Filed JAN 2 1917, 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 31, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1916, to Dec 31 1917, that I saw him alive on Dec 30 1916, and that death occurred, on the date stated above, at 8. A. m.

The CAUSE OF DEATH* was as follows:

Chronic Enterocolitis

"Senility"

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. mos. 3 ds.

(Signed) J. T. Dennis M. D.

Jan 1, 1917. (Address) 1041 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral Cem	Jany. 3., 191 7.
20-UNDERTAKER	ADDRESS
E. M. Littlefield & Co	1200 W. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

D 0925

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0925

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1230 W. Lanvale ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Elizabeth Gottstein

(Residence in Baltimore: No. 1230 W. Lanvale St. St.; ....yrs....mos....da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Single

6-DATE OF BIRTH, Nov. 8, 1849
(Month) (Day) (Year)

7-AGE, 67 yrs. 1 mos. 28 da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Charles E. Gottstein

11-BIRTHPLACE OF FATHER (State or Country), Wash. D.C.

12-MAIDEN NAME OF MOTHER Catharine M. Klunk

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles E. Gottstein

(Address) 1230 W. Lanvale St

15- Filed JAN 2 1917, 191.... KOBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1916, to Jan 1 1917, that I saw her alive on Dec 31 1916, and that death occurred, on the date stated above, at 12.05 m.

The CAUSE OF DEATH* was as follows:

Interstitial nephritis Uremic Coma
+ Arteriosclerosis

(Duration) 5 yrs. mos. da.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 1 da.

(Signed) J. S. Tr. Owens M. D.

Jan 1, 1917. (Address) 1127 E. Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Jany 3, 1917.

20-UNDERTAKER E. M. Mitchell & Son. ADDRESS 120 N. Fayette

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 0926 — 91 — D 0926

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 1627 Moreland Ave St. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Mrs Sadie L Hakeley

(Residence in Baltimore: No. 1627 Moreland St. 65 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: March (Month) 29 (Day), 185[illegible] (Year)

7-AGE: 65 yrs. 9 mos. 8 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Annapolis Md.

PARENTS

10-NAME OF FATHER: Wm. Hayman

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Rosana Hellidayoke

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Benj. P. Everingham

(Address) 1627 Mordaunt Ave

15 JAN 2 1917 Filed ....., 191.. ROBERT B. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jany (Month) 2d (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 28th, 1916, to, Jany 2d 1917, that I saw h[illegible] alive on Jany 1st, 1917, and that death occurred, on the date stated above, at 8.45 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) — yrs. — mos. 3 ds

Contributory (SECONDARY) —

(Duration) — yrs. — mos. — ds.

(Signed) S. L. Hellhart M. D.

1.2, 1917 (Address) 211 W. Lemmon St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Jany 3, 1917

20-UNDERTAKER: E. W. Mitchell & Co — ADDRESS: 120 N. Fayette

D 0927

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0927

CERTIFICATE OF DEATH.

120

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 42 E.York St. St.; 22nd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward McGuire.

(Residence in Baltimore: No. 42 E.York St. St.; yrs. 51 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White	Widower

6-DATE OF BIRTH, January (Month) 1865. (Day), 1 (Year)

7-AGE.	If LESS than 1 day,
51 yrs. 11 mos. -- ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John McGuire.

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Ellen Williams.

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs.Wm.T.Coulter.(sister)

(Address) 1600 Rutland Ave.

JAN 2 1917

Filed....., 191.... ROBERT B. KRAUTZ

Burial Permit ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 31st. 1916., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Bernhardt M. D. (Coroner.)

Jan,2,1917 (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
New Cathedral Cem	Jan 3, 1917
20-UNDERTAKER	ADDRESS
M. Dyer & Son	536 E. Fayette St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PENCIL, WITH ONE RING ON THIS SIDE, THIS IS PERMANENT RECORD

Spcc.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 0923

CERTIFICATE OF DEATH.

37 D 0928

REGISTERED No. C.....

1-PLACE OF DEATH Bath General Hosp.

CITY OF BALTIMORE: (No. 27 N. Carey — ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Tamulonis.

(Residence in Baltimore: No. 1117 Hollins St.

St.; .....yrs., ...mos. .....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, October — 1 ..... (Month) (Day) (Year)

7-AGE, ... yrs. 1 mos. 18 ds.

If LESS than 1 day, ...hrs. or .....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore md.

PARENTS.

10-NAME OF FATHER, Antanas Tamulonis

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Mage Byrne

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Tamulonas

(Address) 1117 Hollins St

15-

Filed JAN 2 1917 191.....

ROBERT B. KRAUTH
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan — 1st, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 22 — 1916, to Jan 1st 1917, that I saw h.m alive on Jan 1st 1917, and that death occurred, on the date stated above, at 6 p.m.

The CAUSE OF DEATH* was as follows:

Hereditary Syphilis

Since Birth

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Walter E. Platt M. D.

....., 1916 (Address) 802 Cathedral St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 10 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? at Home

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Peters

DATE OF BURIAL, Jan 3, 1917

20-UNDERTAKER Breblancheis

ADDRESS 600 [redacted]

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0929

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 0929

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Hackett

(Residence in Baltimore: No. University Hospital St.; 30 yrs. mos. da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, ... January 20, 1860.
(Month) (Day) (Year)

7-AGE, 56 yrs. 11 mos. 10 da. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Machinist
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), W. Va.

PARENTS.

10-NAME OF FATHER, Zaroyes Hackett

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Mary Hackett

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... University Hospital Road

(Address)..... Greene & Lombard Sts.

15- Filed JAN 2 1917, 191.... ROBERT B. KRAUTER REGISTRAR

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 31st, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26 1916, to Dec 31 1916, that I saw him alive on Dec 31 1916, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) yrs. mos. 5 da.

CONTRIBUTORY (Secondary) Dilatation of Heart

..... (Duration) yrs. mos. 1 da.

(Signed) H. Barry Baker, M. D.

12/31, 1916. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 da. In the State 30 yrs. 6 mos. da.

Where was disease contracted, if not at place of death? St Dennis Md

Former or usual residence St Dennis Md

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery — DATE OF BURIAL, Jan 2nd, 1917.

20-UNDERTAKER F B Weisheit — ADDRESS Frederick Md

Spec.—8-24-14—M. & T.—2000 Bks.

D 0930

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0930

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 S. Patomac ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Virginia Faber

(Residence in Baltimore: No. 916 S. Patomac St.; 30 yrs.. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Jan. (Month) 2 (Day), 1869 (Year)

7-AGE, 47 yrs. 11 mos. 29 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Sharpstown Md

PARENTS.

10-NAME OF FATHER. Charles Mooney

11-BIRTHPLACE OF FATHER (State or Country). Sharpstown Md

12-MAIDEN NAME OF MOTHER. Not known

13-BIRTHPLACE OF MOTHER (State or Country). Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice L. Hutson

(Address) 916 S. Patomac St.

15-

Filed JAN 2 1917, 191.. KIRBY C. ANDREW
Special Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10th 1915, to Dec 31st 1916, that I saw h[er] alive on Dec 31st 1916, and that death occurred, on the date stated above, at 4.30 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. Herman Guerry M. D.

Jan 1st, 1917. (Address) 1420 Eastern Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel Cemetery

DATE OF BURIAL, Jan 3., 1917.

20-UNDERTAKER Girkler & Girkler

ADDRESS 1739 E. Eager St.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 0931

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 W Saratoga ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin Lydon

(Residence in Baltimore: No. 532 N Saratoga St.; 58 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Feb 4, 1858
(Month) (Day) (Year)

7-AGE, 58 yrs. 10 mos. 26 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Marble Cutter
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James Lydon

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Lidia Connelly

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas H Lydon

(Address) 321 Pearl St

15- Filed JAN 2 - 1917 HARRY C. ANDERSON Registrar. 191.... Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 30, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 23 1916, to Dec 30 1916, that I saw h.. alive on Dec 30 1916, and that death occurred, on the date stated above, at 1.18 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. H. Daltz M. D.

12/31, 1916. (Address) 1953 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Southwark — DATE OF BURIAL, Jan. 2, 1917

20-UNDERTAKER J W M Routzon — ADDRESS 230 N Green

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0932

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0932

CERTIFICATE OF DEATH.

1

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 111 S. Schroeder ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Martha C. Bentz

(Residence in Baltimore: No. 111 S. Schroeder St ST.; 62 yrs., 3 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Sept (Month) 17 (Day), 1854 (Year)

7-AGE, 62 yrs. 3 mos. 19 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work (at home)
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore, Md

PARENTS.

10-NAME OF FATHER, William Cain

11-BIRTHPLACE OF FATHER (State or Country) Indianapolis

12-MAIDEN NAME OF MOTHER Martha Hanfield.

13-BIRTHPLACE OF MOTHER (State or Country) Indianapolis

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Bentz

(Address) 111 So. Schroeder St

15-

Filed JAN 2 - 1917 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 31 (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 13 1916, to Dec 31 1916, that I saw h[illegible] alive on Dec 30 1916, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever.

(Duration) ....yrs. ....mos. 25 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas. Norton, M. D.

1917, 191.. (Address) 88 N. Fountaine

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Jan 2, 1917

20-UNDERTAKER Joseph B. Cook ADDRESS 100 3 N Bals St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 0933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 0933

REGISTERED No. C 24 79

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1301 Andre St. ST.: WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas E.Burke.

(Residence in Baltimore: No. 1301 Andre St. St.: mos. ds.) 41

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, Do not know. (Month), (Day) 1 (Year)

7-AGE, 41 yrs. -- mos. -- ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grain trimmer.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER (State or Country), Do not know.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country), Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Harry L.Malone.
(Informant)
(Address) 1301 Andre St.

15- Filed JAN2-1917, 191 HARRY C. ANDREWS Registrar.
Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 1st.1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Otto M. Kemp M. D.
(Coroner)
Jan,2,1917, 191... (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem — DATE OF BURIAL, Jan 3..., 19...

20-UNDERTAKER — ADDRESS

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0934 HEALTH DEPARTMENT—CITY OF BALTIMORE 64 D 0934

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1041 Vine ST.; 18 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Willie Bowley

(Residence in Baltimore: No. 1041 Vine St.; 10 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col'd	Single

6-DATE OF BIRTH, Unknown (Month), 1 (Day) ..... (Year)

7-AGE,	If LESS than 1 day,
No yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida Anderson

(Address) 1041 Vine St

15- Filed JAN 2 - 1917 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..., Jan 1 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 191-, to Jan 1 191-, that I saw h..... alive on Jan 1 191-, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration)..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

..... (Duration)..... yrs. ..... mos. 2 ds.

(Signed) J. Norwood M. D.

Jan 2, 191- (Address) 939 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Lowell Cemetery	Jan 3, 191-.
20-UNDERTAKER John F Cowan & Co	ADDRESS 961 Hollins St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0935 D 0935

CERTIFICATE OF DEATH.

REGISTERED No. C 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 W Lexington St.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florrie Parker

(Residence in Baltimore: No. 1028 W Lexington St.; 24 yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fem	Col'd	Sing'l

6-DATE OF BIRTH, Unknown 1 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
24 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): at Service

9-BIRTHPLACE, (State or Country), Md Back

PARENTS.

10-NAME OF FATHER, John T Parker

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Bella Haywood

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. T. Parker

(Address) 904 Elm Pl

15- Filed JAN 2 - 1917, 191.. HARRY C. ANDREWS Clerk Registrar.
Burial Tel...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 27 1916, to Jan 1 1917, that I saw h... alive on Jan 1 1916, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

1 Broncho Pneumonia

Contributory

(Duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) Salivary Calculus

(Duration) ... yrs. ... mos. 1 ds.

(Signed) ... M. D.

..., 191.. (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mount Auburn	Jan 3, 1917
20-UNDERTAKER John J Cowan & Son	ADDRESS 901 Hollins

Spec.—8-24-14—M. & T.—2000 Blks.

D 0936

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0936

CERTIFICATE OF DEATH.

92

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 N Washington ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Duncan

(Residence in Baltimore: No. (Same Built) 1106 N Washington St.; 35 yrs., 11 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 25th, 1881 (Month) (Day) (Year)

7-AGE 35 yrs. 11 mos. 5 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): Work at home

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John Davis

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Josie Betz

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Charles Duncan

(Address) 1106 N Washington St.

15-

Filed JAN 2 - 1917 191...

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 1, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 31 1916, to January 1 1917, that I saw her alive on January 1 1917, and that death occurred, on the date stated above, at 12.5 m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

Complicated with Nephritis

Miscarriage

(Duration) ... yrs. ... mos. 3 ... ds.

CONTRIBUTORY (Secondary) Miscarriage Caused

by ... (Duration) ... yrs. ... mos. ... ds.

(Signed) Thomas J Downs M. D.

..., 191... (Address) 1106 N Wash St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Loudon Park Cem

DATE OF BURIAL, Jan 4th, 191 7

20-UNDERTAKER John J Howard & Son.

ADDRESS 907 Hollins St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0937

HEALTH DEPARTMENT—CITY OF BALTIMORE

79 D 0937

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 Cole ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H. Pressprich.

(Residence in Baltimore: No. 1612 Cole St.: 26 yrs., 7 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	married

6-DATE OF BIRTH, May (Month) 30 (Day), 1890 (Year)

7-AGE, 26 yrs. 7 mos. 0 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Huckster
(b) General nature of industry, business, or establishment in which employed (or employer): for self

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Bernard Pressprich

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Rosalia Krone

13-BIRTHPLACE OF MOTHER (State or Country), Johnstown, Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Mamie E. Pressprich
(Address) 1612 Cole St.

15- Filed JAN 2 - 1917, 191.....
HARRY C. ANDREWS
Registrar.

Burial Permit Clerk
HARRY C. ANDREWS
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 30 (Month) (Day), 1916 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26 1916, to Dec 30 1916, that I saw h[e] alive on Dec 30 1916, and that death occurred, on the date stated above, at 1.15 p. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(Duration) Don't Know yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Raymond W. Klumm M. D.

Jan 2 191 7 (Address) Mt Vernon

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Jan. 2..., 1917.

20-UNDERTAKER Jos B Cook ADDRESS 1003, W. Balto.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0938

CERTIFICATE OF DEATH.

D 0938

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 147 Collins Av. ST.; 20 WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William T. Nichols

(Residence in Baltimore: No. 147 Collins Av St.; ....yrs., 1 mos. ....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, March 18, 1839 (Month) (Day) (Year)

7-AGE, 77 yrs. 9 mos. 14 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Chas. Co. Md.

PARENTS.

10-NAME OF FATHER, Levi Nichols.

11-BIRTHPLACE OF FATHER (State or Country). Chas Co. Md.

12-MAIDEN NAME OF MOTHER Jane Moore

13-BIRTHPLACE OF MOTHER (State or Country), Chas Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leroy Nichols

(Address) 147 Collins Av.

15- JAN 2 - 1917 Filed....., 191..... HARRY C. [illegible] Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 1, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1917, to Jan 1 1917 that I saw him alive on Jan 1 1917 and that death occurred, on the date stated above, at 6.15 P m

The CAUSE OF DEATH* was as follows:

Acute Croupous Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Old Age

(Duration) ....yrs. ....mos. ....ds.

(Signed) Howard W. Jones M. D.

Jan 1., 191.7. (Address) Waldorf

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mo. ....ds. In the State 1 yr. ....mos. ....ds.

Where was disease contracted if not at place of death? Waldorf, Chas Co. Md.

Former or usual residence Waldorf, Charles Co Md

19-PLACE OF BURIAL OR REMOVAL, Waldorf Md. DATE OF BURIAL, Jan 4, 1917

20-UNDERTAKER Joseph L. Cox ADDRESS 1003 N. Gay St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0939

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0939

CERTIFICATE OF DEATH.

28

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 S. Bond St. W. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Szymon Urbanski

(Residence in Baltimore: No. 823 S. Bond St. St.; 30 yrs., mos. da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month), (Day), 1873 (Year)

7-AGE, 43 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Austria

PARENTS:

10-NAME OF FATHER, Jan Urbanski

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Zofia Tekla

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Urbanski

(Address) 823 S. Bond St

15- Filed JAN 2 - 1917 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 31 (Month) (Day), 1916. (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1 1916, to Dec 31 1916, that I saw him alive on Dec 30 1916, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) B. Pneumonia

(Duration) 0 yrs. mos. ds.

(Signed) Alvin B Lemmon M. D.

Jan 2, 1917. (Address) 718 N Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rozary

DATE OF BURIAL, Jan 3..., 1917.

20-UNDERTAKER Jacob Fialkowski

ADDRESS 422 Bond St

Spec.—8-24-14—M. & T.—2000 Bks.

D 0940

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0940

CERTIFICATE OF DEATH.

REGISTERED NO. C 4 + 78

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophie Seibel

(Residence in Baltimore: No. University Hospital St.: — yrs. 5 mos. 22 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, (MARRIED) WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1856 (Year)

7-AGE, 30 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER, Fred Seidlich

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital Record

(Address) Greene & Lombard Sts.

15- Filed JAN 2 - 1917, 191.. HARRY O. ANDREWS Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 1, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 18 1916, to Jan 1 1917, that I saw h[illegible] alive on Jan 1 1917, and that death occurred, on the date stated above, at 5:20 P.M.

The CAUSE OF DEATH* was as follows:

Aortic Endocarditis

(Duration) yrs. 1 mos. 12 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. S. Hall M. D.

Jan 2., 191.7. (Address) University Hospital Resident Physician

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 22 ds. In the State 32 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Baltimore, Md

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cem.

DATE OF BURIAL, Jan 4, 191.7

20-UNDERTAKER: A. S. Marshall

ADDRESS: 3539 Belle Rd

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0941

D 0941

CERTIFICATE OF DEATH. No. 28

REGISTERED NO. C.....

1-PLACE OF DEATH U. S. Marine Hospital

CITY OF BALTIMORE: (No. U. S. Marine Hospital ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Liberg

(Residence in Baltimore: No. U. S. Marine Hospital St. ..... yrs., 2 mos. 21 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Unknown ....., 187? (Month) (Day) (Year)

7-AGE, 45 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Sweden

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Record

(Address) .....

15- Filed JAN 2 1917 191.... HARRY C. ANDREWS, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 2, 1917 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct 13, 1916, to Jan 2 1917, that I saw him alive on Jan 2 1917, and that death occurred, on the date stated above, at 5.45 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Larynx

..... (Duration) ..... yrs. 2 mos. 7 ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. D. Reichard M. D.

Jan 2, 1917. (Address) U.S. Marine Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. 2 mos. 7 ds. In the State yrs. 2 mos. 21 ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Unknown

19-PLACE OF BURIAL OR REMOVAL, Trinity Cem

DATE OF BURIAL, Jan 4, 1917

20-UNDERTAKER Chas. A. Evans & Son

ADDRESS 118 N. Mt Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0943 — D 0943

CERTIFICATE OF DEATH.

10

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 N. Eutaw ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Florence Wiley

(Residence in Baltimore: No. 731 N. Eutaw St.; 57 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Single

6-DATE OF BIRTH, January 1st, 1859 (Month) (Day) (Year)

7-AGE, 58 yrs. 6 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Cecil Co Md.

PARENTS.

10-NAME OF FATHER, Wesley Wiley

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Jane Carson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs C. Wiley

(Address) 814 Newington Ave.

15- JAN 2 - 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 2nd, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 31st 1916, to January 2nd 1917, that I saw h[er] alive on Dec January 2nd 1917, and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Congestion of Lungs

La Grippe

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Asphyxiation

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) ..... M. D.

January 2nd, 1917 (Address) 607 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Green Mount — DATE OF BURIAL, January 4th, 191.7

20-UNDERTAKER E. M. Mitchell Co — ADDRESS 1200 W. Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

D 0943

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1157 Gilmor Ave ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret M. Wheeler

(Residence in Baltimore: No. 1228 Columbia Ave St.; 6 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH. Dec. 2, 1916 (Month) (Day) (Year)

7-AGE. 1 yrs. 0 mos. 0 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER. Charles

11-BIRTHPLACE OF FATHER (State or Country). Balto. Md

12-MAIDEN NAME OF MOTHER. Ida Foxlee

13-BIRTHPLACE OF MOTHER (State or Country). Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Little Oppel

(Address) 1228 Columbia Ave

15-

Filed JAN 2 - 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 2, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1916, to Jany 2 1917, that I saw h.. alive on Jany 1st 1917, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) yrs. mos. 7 ds.

(Signed) Stephen [illegible] M. D.

, 191.. (Address) 1228 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Peters Cem DATE OF BURIAL. Jan 3 1917.

20-UNDERTAKER John Leonard Sow ADDRESS 901 Hollins St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0944

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 0944

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614. W. Mulberry ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur R. Portlock

(Residence in Baltimore: No. 1614. W mulberry St.; 35 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	white	widower

6-DATE OF BIRTH, Jan. 9th, 1864 (Month) (Day) (Year)

7-AGE, 51 yrs. 11 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Chief Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): B & O R.R.

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward R. Armstrong

(Address) 1614 W. Mulberry St.

15-

Filed JAN 2 - 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 1st, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 26 1916, to January 1 1917, that I saw him alive on January 1 1917, and that death occurred, on the date stated above, at 11 55 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) ....yrs. ....mos. 13 ds.

(Signed) H. H. Carlson M. D.

January 7, 1917. (Address) 1426 W Fairmount St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore — DATE OF BURIAL, Jan. 4th, 1917.

20-UNDERTAKER Graham F. Walker — ADDRESS 723 W. Lafayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 0945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 D 0945

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 Hanbert ST.; 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Sommer

(Residence in Baltimore: No. 1106 Hanbert St.: 11 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Married

6-DATE OF BIRTH, Sept 15, (Month) (Day), 1850 (Year)

7-AGE, 66 yrs. 4 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Martin Muller

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Annie Sadtler

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Frank Brauer

(Address) 1157 Hubert

15- Filed JAN 3 - 1917 191 ROBERT B. KRAMER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) — 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12 — 2 — 1916, to 1 — 2 1916, that I saw her alive on 1 — 1 1916, and that death occurred, on the date stated above, at 6.2 m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronica parenchymatosa

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) Hirsch M. D.

1 — 2, 1917 (Address) 1570 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Brook — DATE OF BURIAL, Jan 5, 1917

20-UNDERTAKER Robt G Turner — ADDRESS Broadway & Oliver

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, as it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0946

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 0945

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1014 N. Carlton St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Muth

(Residence in Baltimore: No. 1014 N. Carlton St. St.: 60 yrs. 6 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) widow

6-DATE OF BIRTH, Oct (Month) 7 (Day), 1833 (Year)

7-AGE, 83 yrs. 2 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Adam Leisenhof

(Address) 1014 N. Carlton St

15- Filed JAN 3 - 1917, 191.... ROBERT B. KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 20 1916, to Jan 1 1917, that I saw her alive on Dec 31 1916, and that death occurred, on the date stated above, at 5-20 p.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Organic Heart Disease

(Duration) ....yrs. 3 mos. ....ds.

(Signed) Wm. J. Love M. D.

....., 191... (Address) 836 W. Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Jan 3, 1917

20-UNDERTAKER for Jacobs, Son

ADDRESS 217 S. Pace

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0947

CERTIFICATE OF DEATH.

91 D 0947

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2013 Oak St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret A Lloyd

(Residence in Baltimore: No. 2013 Oak St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (Write the word.) Single

6-DATE OF BIRTH, Dec 9, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 22 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Chas Lloyd

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Addie Fortune

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Addie Lloyd

(Address) 2013 Oak St

15-

Filed JAN 3 1917, 191.... ROBERT B. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 31, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 30 1916, to Dec 31 1916, that I saw her alive on Dec 30 1916, and that death occurred, on the date stated above, at 1230 A.M.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) Heart Disease History

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. H. Peard M. D.

Jan 29, 191.7 (Address) 205 Chas St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt. Auburn — DATE OF BURIAL, Jan 3, 191.7

20-UNDERTAKER John H. Toadvine — ADDRESS 142 Cortlandt St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0948

HEALTH DEPARTMENT—CITY OF BALTIMORE

54 D 0948

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 Forrest St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert J. Campbell

(Residence in Baltimore: No. 704 Forrest St.: 57 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Not Known, 1 (Month) (Day) (Year)

Or this

7-AGE, 57 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Manager for Conway
(b) General nature of industry, business, or establishment in which employed (or employer): Tin and metal supply house

9-BIRTHPLACE, (State or Country), Balto. md

PARENTS.

10-NAME OF FATHER, Thomas Campbell

11-BIRTHPLACE OF FATHER (State or Country). Balto. md

12-MAIDEN NAME OF MOTHER Mary O'Neill

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Mary Campbell

(Address) 704 Forrest St.

15- JAN 3 - 1917

Filed....., 191.... ROBERT R. KRAUTER

Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 2, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 2 1916, to Jan 2 1917, that I saw h— alive on Jan 1 1917, and that death occurred, on the date stated above, at 10.15 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 10 Minutes mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) 3 yrs. 6 mos. ds.

(Signed) James H Lee M. D.

Jan 2, 1917. (Address) 728 S Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Cross Cemetery

DATE OF BURIAL. Jan. 5, 1917

20-UNDERTAKER Henry Horch Son

ADDRESS 1301 E Eager St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0949

CERTIFICATE OF DEATH.

64

D 0949

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1005 Somerset ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William. P. Robel

(Residence in Baltimore: No. 1005 Somerset St.; 56 yrs., 10 mos. 21 ds.)

N. B.—Every item of information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, February (Month) 11 (Day), 1846 (Year).

7-AGE, 56 yrs. 10 mos. 21 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cabinet maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John Robel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Christina Robel

(Address) 1005 Somerset St

15-

Filed JAN 3 - 1917, 191.... ROBERT B. KRAUTER Clerk

Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 2, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1916, to Jan. 2, 1917, that I saw him alive on Jan. 2, 1917, and that death occurred, on the date stated above, at 1 30 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Jn. Digestion

(Duration) ....yrs. ....mos. 8 ....ds.

(Signed) C. P. Robel M. D.

Jan. 2, 1917. (Address) 1005 Somerset St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Holy Redeemer Cemetery	Jan. 5, 1917
20-UNDERTAKER	ADDRESS
Henry Houck Son	130 E Eager St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0950

CERTIFICATE OF DEATH.

92 D 0950

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 Hollins st ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME Mary Hayes

(Residence in Baltimore: No. 1303 Hollins st St.; ..... yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. (Month) Uncertain (Day) ..... 1848 (Year)

7-AGE. 68 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Home
(b) General nature of industry, business, or establishment in which employed (or employer). Work

9-BIRTHPLACE. (State or Country), Ireland

PARENTS.

10-NAME OF FATHER. Thomas Mason

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Mc Namara

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dennis Hayes

(Address) 1303 Hollins st

15. Filed JAN 3 - 1917, 191.....

ROBERT E. KEATER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 28 1916, to Jan. 2 1917, that I saw her alive on Jan. 1 1917, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Influenza pneumonia

(Duration) 1 yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Asthma

(Duration) ? yrs. ..... mos. ..... ds.

(Signed) Thos. A. Ward M. D.

1-2, 191 7 (Address) 1302 W. Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Peters

DATE OF BURIAL. Jan. 6, 191 7

20-UNDERTAKER John J. Cowan & Son

ADDRESS 901 Hollins st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY in every case, as it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dr Ward

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0951

CERTIFICATE OF DEATH.

D 0951

79

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 Sharp St ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wittle Stein

(Residence in Baltimore: No. 923 Sharp St St.; 30 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH. ..... Unknown ....., 1868
(Month) (Day) (Year)

7-AGE, 48 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Louis Wolfert

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unkon

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Levin

(Address) 1411 E Balto St

15-

JAN 3 - 1917 ROBERT E. KRAUTH

Filed....., 191..... Clerk

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan 3 ....., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 23 1916, to Jan 2 1917, that I saw h[illegible] alive on Jan 2 1917, and that death occurred, on the date stated above, at 19 m.

The CAUSE OF DEATH* was as follows:

.....Bronchopneumonia.....

..... (Duration)....yrs....mos. 1 ds.

CONTRIBUTORY (Secondary) Thyroid insufficiency

..... (Duration) 2 yrs. ..... mos. ..... ds.

(Signed) ..... Eugene A Hoagland ..... M. D.

....., 191... (Address) 503 Park Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Hebrew Herman Rin	1/3., 191.7
20-UNDERTAKER Jack Levin	ADDRESS 1411 E Balto St

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0952

D 0952

CERTIFICATE OF DEATH.

REGISTERED No. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 845 Raborg ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Brown

(Residence in Baltimore: No. 845 Raborg St.; 16 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fa

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Wid'd

6-DATE OF BIRTH, ... (Month) ....., 1 ..... (Day) (Year)

7-AGE, 42 ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)..... Pd. Occupation

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marcia Driggs

(Address) 845 Raborg

15 JAN 3 - 1917 Filed....., 191... ROBERT P. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 31, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 31 1916, to Dec 31 1916, that I saw h..... alive on Dec 31 1916, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Valvular Heart

(Duration) ..... yrs. ..... mos. 4 ds.

(Signed) C. H. Mowbray M. D.

Jan. 2, 1917. (Address) 1324 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, Jan 3..., 1917

20-UNDERTAKER Charles B. Jones

ADDRESS 1334 Pine St

R. H.—Every item of information should be carefully supplied. AGE should be carefully stated. Name may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0953 **CERTIFICATE OF DEATH.** 165 D 0953

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 Park ave ST. 14 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Kerr Hicks

(Residence in Baltimore: No. 1513 Park Ave St.; yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) married

6-DATE OF BIRTH. Jany 1st 1870 (Month) (Day) 1 (Year)

7-AGE. 47 yrs. mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. at Home
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Chas G. Kerr

11-BIRTHPLACE OF FATHER (State or Country). Talbot Co. Md

12-MAIDEN NAME OF MOTHER Ella Johnson

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. Randolph Hicks

(Address) Norfolk Va

15-JAN 3 - 1917 Filed, 191 ROBERT E. KRAUTER Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 2nd (Month) (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from 31st Dec 1916, to 2nd Jan 1917, that I saw h[er] alive on Jan 2nd 1916, and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

Thrombosis coronary
Accidental

(Duration) — yrs. — mos. one ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas Carroll M. D.

Jan 2, 1917 (Address) 1327 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Green Mount Cemetery

DATE OF BURIAL. Jan 4th, 1917

20-UNDERTAKER Henry W Jenkins & Sons Co.

ADDRESS McCulloh & Orchard Sts.

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 0954

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3034 Abel Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm J Elliott

(Residence in Baltimore: No. 3034 Abel Ave St.; 7 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, November 16, 1857 (Month) (Day) (Year)

7-AGE, 60 yrs. 1 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Grocery
(b) General nature of industry, business, or establishment in which employed (or employer)..... Store Keeper

9-BIRTHPLACE, (State or Country) Centerville Md

PARENTS.

10-NAME OF FATHER. Wm J R Elliott

11-BIRTHPLACE OF FATHER (State or Country). Queen Anns County

12-MAIDEN NAME OF MOTHER Mrs Walls

13-BIRTHPLACE OF MOTHER (State or Country). Queen Anns County

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Elliott

(Address) 3034 Abel Ave

15- JAN 3 - 1917 ROBERT E. KRAUTER

Filed....., 191.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 2, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 22 1916, to Jan 2 1917, that I saw h[illegible] alive on Jan 1st 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

.....
Endocarditis
..... (Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Poly arthritis
..... (Duration) ....yrs. ....mos. 10 ds.

(Signed) Lemuel E Beach M. D.

Jan 2, 1917. (Address) 1 E 21st St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Centerville Md

DATE OF BURIAL. Jan 4, 191.

20-UNDERTAKER Louis Heeman

ADDRESS 32 [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0955

CERTIFICATE OF DEATH.

79 D 0955

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 5-15 N. Fort Ave ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L Fisher

(Residence in Baltimore: No. 2201 Druid Hill Ave St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Jan. 8, 1883
(Month) (Day) (Year)

7-AGE, 33 yrs. 11 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook
(b) General nature of industry, business, or establishment in which employed (or employer)..... Pvt Occupation

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER Henry Fisher

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary Smith

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Brother

(Address) 5-15 Fort Ave

15- Filed JAN 3 - 1917 191. ROBERT R. KRAUTER Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 31, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic

Senility

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

....., 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Jan. 3, 1917

20-UNDERTAKER John W Henderson

ADDRESS 317 Cardenas

Spec.—8-24-14—M. & T.—2000 Bks.

D 0956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66 D 0956

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 658 W. Franklin ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Lucretia Sears

(Residence in Baltimore: No. 658 W. Franklin St.; 71 yrs., 11 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, January (Month) 2 (Day), 1845 (Year)

7-AGE, 72 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Lurty Sears

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ariana A. Auld

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas E. Sears

(Address) 658 W. Franklin St

15- JAN 3 - 1917 Filed....., 191.... ROBERT R. REACTER. Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 2d (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb. 5th 1911, to Jan. 2d, 1917, that I saw her alive on Jan. 2d, 1917, and that death occurred, on the date stated above, at 12.15 P.M.

The CAUSE OF DEATH* was as follows:

General Paralysis

(Duration) 5 yrs. 10 mos. 27 ds.

CONTRIBUTORY (Secondary) Old age, (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thomas E. Sears M. D.

Jan 2, 1917. (Address) 658 W. Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Greenmount	Jan. 5, 1917
20-UNDERTAKER	ADDRESS
W. M. Rontzon	230 N. Green

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0957

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0957

CERTIFICATE OF DEATH.

REGISTERED NO. C 9 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1301 N. Central ave WARD) 9

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary J. Poltmann

(Residence in Baltimore: No. 1301 N. Central ave St., 65 yrs., mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, December 22th, 1851.
(Month) (Day) (Year)

7-AGE. 65 yrs. mos. 3 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER. John M Ruff

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sophia Henn

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles W. Poltmann

(Address) 1430 E Lonvale st

15- Filed JAN 3 - 1917 191 ROBERT R. KRAUTH, Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 1, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 4 1916, to Jan 1 1917, that I saw her alive on Jan 1 1917, and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. 1 mos. ds.

(Signed) John L Baumann M. D.

Jan 2, 1916. (Address) 17 E Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Carmel Cemetery	Jan 4th, 1916.
20-UNDERTAKER George Schilling & Sons	ADDRESS 1126 E Mo

N. B.—Every item of information should be carefully supplied, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0958

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0958

CERTIFICATE OF DEATH.

41

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2128 Cambridge St.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Jamison

(Residence in Baltimore: No. 2128 Cambridge St.; 25 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: Not Known (Month) (Day), 1 (Year)

7-AGE: 25 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: John Fuba

11-BIRTHPLACE OF FATHER (State or Country): Bohemia

12-MAIDEN NAME OF MOTHER: Mary Jiganek

13-BIRTHPLACE OF MOTHER (State or Country): Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Mary Fuba

(Address): 2128 Cambridge

15- Filed JAN 3 - 1917, 191.... ROBERT B. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: January (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from September 1916, to Dec 24 1916, that I saw h[illegible] alive on Dec 24 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Sarcoma of the Intestines

Operation about 3 months ago

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary): Cardiac Insufficiency

(Duration) yrs. mos. ds.

(Signed) T. Fred Ringelad M. D.

Jan 2, 1917 (Address) 604 W Fullerton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn

DATE OF BURIAL: Jan 3, 1917

20-UNDERTAKER: Frank Enoch & Son

ADDRESS 1916 Eutaw Pl

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B

D 0959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 0959

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital St.: 15 WARD) 17

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha E. Nichols

(Residence in Baltimore: No. 4253 Park Heights Ave St.; 70 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, April (Month) 9th (Day), 1838 (Year)

7-AGE, 83 yrs. 8 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Moses Baugh.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Michaw

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gertrude Nichols

(Address) 506 N. Fremont.

15-JAN 3 - 1917 Filed....., 191.... ROBERT B. KRAUTH Registrar

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 1, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock, following fracture of Hip. Caused by falling off a chair (Accidental) (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert S. Driscoll M. D. (Coroner)

Jan 2, 191 7 (Address) 312 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death.....yrs.....mos. 3 ds. In the State 70 yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 4263 Park Heights Ave

Former or usual residence 4263 Park Heights Ave

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery — DATE OF BURIAL, Jan 4, 19 17

20-UNDERTAKER William Cook — ADDRESS 504 N. Howard

Spec.—8-24-14—M. & T.—2000 Bks.

B 0960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7-8 D 0960

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Johns Hopkins Hosp. ST.: 16 WARD)
REGISTERED No. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Ellinger.
(Residence in Baltimore: No. 641 N. Fulton ave., St.: life yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Sing

6-DATE OF BIRTH, February (Month), (Day), 1910 (Year)

7-AGE, 6 yrs. 11 mos. ds.
If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jacob Ellinger
11-BIRTHPLACE OF FATHER (State or Country), Md.
12-MAIDEN NAME OF MOTHER Mary Spicer
13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) P. Phelps
(Address) Johns Hopkins Hosp

15- Filed JAN 3 1917 191 ROBERT E. KRAUTER Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month), 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 21 1916 to Jan 2 1917, that I saw h alive on Jan 2 1917, and that death occurred, on the date stated above, at 9-0 a. m.
The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(Duration) yrs. 3 weeks mos. ds.
CONTRIBUTORY (Secondary) Pulmonary Tuberculosis not known
(Duration) yrs. mos. ds.
(Signed) [illegible] M. D.
Jan 2, 1917 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 1 dy. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence 641 N. Fulton ave.

19-PLACE OF BURIAL OR REMOVAL, New Cathedral
DATE OF BURIAL, Jan 4, 1917
20-UNDERTAKER William Cook
ADDRESS 507 E 20th

N. B.—Every item of information should be carefully supplied. AGE among the EARLIEST things that may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B D 0961 — 15 — D 0961

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1428 N. Bethel ST. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha W. Newcomb

(Residence in Baltimore: No. 1428 N. Bethel St.; yr's. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: 1 (Month) 12 (Day), 1833 (Year)

7-AGE: 83 yrs. 11 mos. 14 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): —

9-BIRTHPLACE (State or country): Kentucky

PARENTS

10-NAME OF FATHER: Wm. A. Neal

11-BIRTHPLACE OF FATHER (State or country): Kentucky

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or country): Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. Newcomb

(Address) 1428 N. Bethel St

15- Filed JAN 3 - 1917 ROBERT E. KRAUTH Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 1 (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 30, 1916, to Jan. 1 1917, that I saw h[er] alive on Jan 1 1917, and that death occurred, on the date stated above, at 1:30 A. m.

The CAUSE OF DEATH* was as follows:

Infirmities & old age.

(Duration) yrs unknown ds.

Contributory (SECONDARY)

(Duration) yrs mos. ds.

(Signed) Thos. H. Magruder M. D.

1-2- 1917 [Address] 1516 Eutaw

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? Baltimore Cemetery

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Dec 31 1917

20-UNDERTAKER: L. H. Kraft — ADDRESS: Pikesville

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B

D 0962

CERTIFICATE OF DEATH.

15 D 0962

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 1605 Harford ave St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unnamed Infant of Esther & Geo M Style

(Residence in Baltimore: No. 1605 Harford ave St.; yrs., mos. 1 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan 2, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 2½ hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Geo M. Style

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Esther Mueck

13-BIRTHPLACE OF MOTHER (State or Country), Lorraine, France

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George M. Style

(Address) 1605 Harford ave

15- JAN 9 1917 ROBERT B. KRAUTER

Filed ....., 191.... BURIAL PERMIT Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 7, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1916, to Jan 7 1916, that I saw h unalive on Jan 7 1916, and that death occurred, on the date stated above, at 3 45 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac Dyspnea

Ten minutes (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Prior

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. Patrick Everett M. D.

Jan 7, 1916 (Address) 1605 N. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cemetery

DATE OF BURIAL, Jany. 3, 1917

20-UNDERTAKER Geo A Gerber

ADDRESS Baltimore

N. B.—Every item of information called for in this Certificate should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0963

CERTIFICATE OF DEATH.

130 D 0963

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. Stable in rear of 1009 Greenmount ave ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Lee

(Residence in Baltimore: No. 764 E Chase s St.; yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Widower

6-DATE OF BIRTH, June (Month) 4 (Day) 1873 (Year)

7-AGE 43 yrs. 6 mos. 26 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer General

9-BIRTHPLACE, (State or Country), N Y

PARENTS.

10-NAME OF FATHER, Patrick Lee

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Kerrigan

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Lee

(Address) 764 E Chase st

15- Filed JAN 3 - 1917 191... ROBERT R. KRAUTER Burial Permit Clerk Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 1 (Day) 1917 (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary)

(Duration)..... yrs..... mos..... ds.

(Signed) J. Mar Fuller (Coroner.) M. D.

Jan. 2 191... (Address) 14 E. Lexington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Jan. 4, 1917

20-UNDERTAKER	ADDRESS
H. C. Warfield	914 Greenmount Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 D 0964

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 N. Washington ST.; 7 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Connor

(Residence in Baltimore: No. 823 N. Washington St.; 2 yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, March 17, 1848
(Month) (Day) (Year)

7-AGE, 71 yrs. 9 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Roger Flynn

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Honora Dudley

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna Connor

(Address) 823 N. Washington St.

15-

Filed JAN 3 1917 191 ROBERT P. KRAUTER
Registrar.

Burial Permit Blank

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 30 1916, to Jan 1 1917, that I saw her alive on Dec 23 1916, and that death occurred, on the date stated above, at 11 30 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Oedema of lungs

(Duration) ....yrs. ....mos. 1 ds.

(Signed) M J McAvoy M. D.

Jan 3, 191 7. (Address) 839 S. Ellwood Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral

DATE OF BURIAL, Jan 4, 191 7

20-UNDERTAKER Wendell Wyatt & Son

ADDRESS 27 N

Spec.—8-24-14—M. & T.—2000 Bks.

D 0965

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0965

CERTIFICATE OF DEATH.

64

REGISTERED NO. C

1-PLACE OF DEATH Mt Hope Hospital

CITY OF BALTIMORE: (No. Linden Ave ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julius E Fowler

(Residence in Baltimore: No. 1610 W. Mulberry St.; 50 yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Jan 1st 1852
(Month) (Day) (Year)

7-AGE, 65 yrs. — mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Plasterer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Calvert County Md.

PARENTS.

10-NAME OF FATHER, Geo. W. Fowler

11-BIRTHPLACE OF FATHER (State or Country), Calvert County Md.

12-MAIDEN NAME OF MOTHER Ann C. Kersland

13-BIRTHPLACE OF MOTHER (State or Country), Calvert County Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Fowler

(Address) 1610 W. Mulberry St

15- Filed JAN 3 1917 HARRY C. ALLEN Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 2, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 30 1916, to Jan 2 1917, that I saw h[illegible] alive on Jan 2 1917, and that death occurred, on the date stated above, at 12-10 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorage

(Duration)..... yrs..... mos. 4 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration)..... yrs..... mos. 2 ds.

(Signed) Benjamin M. Hatfe M. D.

Jan 2, 1917. (Address) Mt Hebron Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 4 ds. In the State 65 yrs. ... mos. 1 ds.

Where was disease contracted, if not at place of death? 1610 W. Mulberry St.

Former or usual residence 1610 W. Mulberry St.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Jan 5, 1917

20-UNDERTAKER Geo W Little

ADDRESS 531 N Fremont Ave

D 0966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 D 0966

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 Mc Henry ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael McCarthy

(Residence in Baltimore: No. 913 Mc Henry St.; 55 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

~~SINGLE~~ MARRIED ~~WIDOWED OR DIVORCED~~ (Write the word): Married

6-DATE OF BIRTH: June (Month) 29 (Day), 1851 (Year)

7-AGE: 65 yrs. 6 mos. 4 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Lumber Yard

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Jeremiah McCarthy

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jeremiah McCarthy

(Address) 913 Mc Henry St.

15- JAN 3 - 1917 Filed ....., 191.....

HARRY O. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from June, 1916, to June 1 1917, that I saw h.... alive on June 1 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) 1 yrs. mos. ds.

Contributory (SECONDARY) Apoplexy

(Duration) yrs. mos. ds.

(Signed) Jos E Munn M. D.

June 3, 191 [Address] 1520 Holland

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cem.

DATE OF BURIAL: 1/4, 1917

UNDERTAKER: George A Foley

ADDRESS: Fulton + Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0967

81 D 0967

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C

CITY OF BALTIMORE: (No. ..... ST.) 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wolfgang Winkler

(Residence in Baltimore: No. Little Sisters of the Poor St.; — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Wid.

6-DATE OF BIRTH, ... Unknown (Month) (Day) 1819. (Year)

7-AGE, 98 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Wolfgang Winkler

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Christina Winkler

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- Filed JAN 3 1917, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. 3rd (Month) (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb'y 191..., to Jan'y 191 6, that I saw h[illegible] alive on Jan'y 191 7, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

..... Arteria sclerosis .....

..... Unknown (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs. .....mos. .....ds.

(Signed) ..... M. D.

Jan'y 2, 191 7. (Address) U.S.S. Valley [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 3 yrs. 6 mos. ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, Jan'y 5, 1917.

20-UNDERTAKER J. Herwig & Co

ADDRESS 2006 Orleans

Spec.—8-24-14—M. & T.—2000 Bks.

D 0968

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0968

CERTIFICATE OF DEATH.

154

1-PLACE OF DEATH: Baltimore & Payson Sts.

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. German Aged Home ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Jacob ~~Hoener~~ Huebner

(Residence in Baltimore: No. Baltimore & Payson Sts., German Aged Home St.; 51 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	widower

6-DATE OF BIRTH, March (Month) 20 (Day), 1833 (Year)

7-AGE, 83 yrs. 9 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Adam ~~Hoener~~ Huebner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER: Gretchen Wentzel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) German Aged Home Records

(Address) Baltimore & Payson Sts.

15- JAN 3 - 1917 Filed....., 191.... HARRY C. ANDREWS Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 2 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Mar 1917, to Jan 1917, that I saw h-in alive on Dec 31 1917, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Senile debility

(Duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) F. H. Hobelmann M. D.

Jan 3, 1917. (Address) 1908 W. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 5 yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence German Aged Home

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Jan. 4, 1917

20-UNDERTAKER Joseph B. Cook

ADDRESS 1003 W. Balto

Spec.—5-19-13—M. & T.—500 Bks.

D 0969

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

D 0969

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 N Gilmor ST.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret E Cooke

(Residence in Baltimore: No. 214 N Gilmor St ST.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Dec 9, 1842 (Month) (Day) (Year)

7-AGE, 74 yrs. mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Thrashly Dunn

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Mary Moody

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William R. Cooke

(Address) 214 N. Gilmor St

15- Filed JAN 3 - 1917 191.... HARRY C. ANDREWS Clerk Burial Permit Registrar.

1 Cem

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 2, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 28 1916, to Jan 2 1916, that I saw her alive on Jan 1st 1916, and that death occurred, on the date stated above, at 6 a, m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. G. Smith M. D.

Jan 2, 191 7 (Address) 11 S. N. Calhoun St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, London Park Cem

DATE OF BURIAL, Jan 4th, 1916

20-UNDERTAKER, Joseph B Cook

ADDRESS, 1003 N Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 0970

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 S. Poppleton ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Henry Burgess,

(Residence in Baltimore: No. 106 S. Poppleton St. St.; — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept (Month) 8 (Day), 1844 (Year)

7-AGE, 72 yrs. 3 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Machinist (Retired)
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Laurel, Md.

PARENTS.

10-NAME OF FATHER. Benjamin Burgess,

11-BIRTHPLACE OF FATHER (State or Country) Laurel, Md.

12-MAIDEN NAME OF MOTHER Mary. —

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Sallie A. Burgess

(Address) 106 S. Poppleton St.

15-

Filed JAN 3 - 1917, 191.....

HARRY G. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. (Month) 2nd (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 15. 1916, to Jan 2 1917, that I saw him alive on Jan 1 1917, and that death occurred, on the date stated above, at 7:50 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

, 191.., (Address) 888 W. Lombard St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Loudon Park

DATE OF BURIAL. Jan. 5th, 1917.

20-UNDERTAKER Joseph B. Cook.

ADDRESS 1002 W. Balto. St.

D 0971 D 0971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x174

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospital St. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A Larsen

(Residence in Baltimore: No. Not Known St.: yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Unknown (Month) ..., 1886 (Day) (Year)

7-AGE, 30 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Rigger
(b) General nature of industry, business, or establishment in which employed (or employer). Dry Dock Co.

9-BIRTHPLACE, (State or Country). Sweden

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) South western Police Station

(Address) Cor. Calhoun & Pratt Sts

15- Filed JAN 3 - 1917, 191... HARRY C. ANDREWS Registrar. Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 31 (Day), 1916 (Year).

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of base of skull
Accident by being struck
by broken Car wheel
(Duration) ... yrs. ... mos. 1/4 ds.

CONTRIBUTORY (Secondary) Hemorrhage into Brain
(Duration) ... yrs. ... mos. 1/4 ds.

(Signed) James M. Benton M. D.
(Coroner.)

Jan 3, 1917. (Address) 700 E. Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1/4 ds. In the State ... yrs. 1 ... mos. ... ds.

Where was disease contracted, if not at place of death? Balto Dry Dock Co

Former or usual residence Sweden

19-PLACE OF BURIAL OR REMOVAL, St Peters Cem DATE OF BURIAL, Jan 4 1917

20-UNDERTAKER Robert Brockson ADDRESS 178 Calhoun St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0972

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0972

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2429 Barclay ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Flynn.

(Residence in Baltimore: No. 2429 Barclay St.; 60 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day), 1846 (Year)

7-AGE, 72 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER, James Flynn.

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mollie Flynn

(Address) 2429 Barclay

15-

JAN 3 1917

HARRY C. ANDREWS

191... Burial Permit Clerk.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 20 1916, to Jan. 2 1917, that I saw him alive on Jan. 2 1917, and that death occurred, on the date stated above, at 8 9 m.

The CAUSE OF DEATH* was as follows:

2

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C W Gadden M. D.

1/3/17, 191... (Address) 321 E 25

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cemetery

DATE OF BURIAL. Jan 4..., 191.

20-UNDERTAKER E A Wickfield

ADDRESS 1 Green Mount Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0973 (1913) D 0973

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 722 S Lurzerne St. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine T. Eckert

(Residence in Baltimore: No. 722 S Lurzerne St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Jan (Month) 25 (Day), 1879 (Year)

7-AGE, 37 yrs. 11 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, F A Georges

11-BIRTHPLACE OF FATHER (State or Country), La

12-MAIDEN NAME OF MOTHER, Philomina Ackerman

13-BIRTHPLACE OF MOTHER (State or Country), La

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs H Eckert

(Address) 722 S Lurzerne St

15-

Filed JAN 3 - 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 3 (Day), 1917 (Year)

I HEREBY CERTIFY, That I attended deceased from June 27 1916, to Jan 3 1917, that I saw h[illegible] alive on Jan 3 1917, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) Life yrs. mos. ds.

(Signed) N L Eckard M. D.

Jan 3, 191... (Address) 3108 Auchentoroly Terr

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mount Carmel	Jan 6, 1917.
20-UNDERTAKER Peter Nicolaus	ADDRESS 2346 Eastern

530 S. Streeper

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0974 D 0974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1448 Reynolds ST.; 24 WARD) REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Gurry

(Residence in Baltimore: No. 1448 Reynolds St.; 34 yrs. 10 mos. 17 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Feb 13, 1882
(Month) (Day) (Year)

7-AGE, 34 yrs. 10 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Day

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Michael Gurry

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Ellen Fitzmaurice

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Gurry

(Address) 1448 Reynolds St

15- Filed JAN 3 1917 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 1, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1916, to Jan 1 1917, that I saw h[illegible] alive on Jan 1 1917, and that death occurred, on the date stated above, at about 11 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Laryngeal Tuberculosis

(Duration) 6 yrs. 6 mos. ds.

(Signed) Maurice Jones M. D.

Jan 2, 1917. (Address) 1436 Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral Cemetery	Jan 4, 1917
20-UNDERTAKER	ADDRESS
W. J. McG. Flynn	1[illegible] Light

Spec.—8-24-14—M. & T.—2000 Bks.

D 0975

HEALTH DEPARTMENT—CITY OF BALTIMORE

61 †

D 0975

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1725 William ST.; 24 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Martin

(Residence in Baltimore: No. 1725 William St.; 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Nov 24, 1911
(Month) (Day) (Year)

7-AGE, 5 yrs. 1 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, William Martin

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lottie Geisler

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miller St Martin

(Address) 1725 William St

15- Filed JAN 3 1917 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 1, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 30 1916, to Jan 1 1917, that I saw her alive on Jan 1 1917, and that death occurred, on the date stated above, at 11:40 a.m.

The CAUSE OF DEATH* was as follows:

Epidemic cerebro spinal meningitis

(Duration) yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. ds.

(Signed) David Stuffle M. D.

1/2, 1917. (Address) 1319 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, Jan 4, 1917

20-UNDERTAKER H. & M. L. Flynn ADDRESS 1422 Light St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 0976

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 0976

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1434 Riverside ave St.: 24 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael McNaney

(Residence in Baltimore: No. 1434 Riverside ave St.: 35 yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Jan (Month) 3 (Day), 1849 (Year)

7-AGE, 67 yrs. 11 mos. 25 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Oyster Man.
(b) General nature of industry, business, or establishment in which employed (or employer): Retail

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Jas. McNaney

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Nooin

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary A. McNaney

(Address) 1434 Riverside ave

15-

Filed JAN 3 - 1917, 191.... HARRY C. ANDRE...

Burial Per... Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 1 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26 1916, to Jan 1 1917, that I saw h.im alive on Jan 1 1917, and that death occurred, on the date stated above, at 145a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 1 ds.

(Signed) Jas McDonnell M. D.

Jan 3, 1917. (Address) 107 E. Mulberry St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cathedral Cemetery	Jan....., 1917
20-UNDERTAKER	ADDRESS
J. & W. McGlynn	432 Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

D 0972

HEALTH DEPARTMENT—CITY OF BALTIMORE

61 X

D 0977

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1041 William St.; 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret M Schultz

(Residence in Baltimore: No. 1041 William St.; 1 yrs., 6 mos. 11 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, June 22, 1915. (Month) (Day) (Year)

7-AGE, 1 yrs. 6 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Harry Schultz

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lottie Worlen

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Schultz

(Address) 1041 William St.

15-

Filed JAN 3 1917, 191 HARRY C. ANDREW, Clerk

Burial Permit Municipal.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 2, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 18 1916, to Jan 2 1917, that I saw her alive on Jan 2 1917, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Epidemic (Duration) 3 yrs., mos., ds.

CONTRIBUTORY (Secondary) Cerebro spinal meningitis (Duration) yrs. mos. 15 ds.

(Signed) Wm E Siegle M. D.

1/3, 1917. (Address) 1219 Leyden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cem G. A. Odd | DATE OF BURIAL, Jan 4, 1917

20-UNDERTAKER W. J. & M. J. Flynn | ADDRESS 1422 Light St

Spec.—5-19-13—M. & T.—500 Bks.

D 0978 HEALTH DEPARTMENT—CITY OF BALTIMORE D 0978

CERTIFICATE OF DEATH. 92

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 850 Ostend (St.) 21 (Ward) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Levenia Cottman

(Residence in Baltimore: No.) 850 Ostend (St.) (10 yrs. ... mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female
4-COLOR OR RACE: Blk.
5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.): Widow.
6-DATE OF BIRTH: Unknown, (Month) (Day) (Year)
7-AGE: About 50 yrs. (If LESS than 1 day, hrs. or min.?)
8-OCCUPATION: (a) Trade, profession, or particular kind of work: Housework. (b) General nature of industry, business, or establishment in which employed (or employer): At Home
9-BIRTHPLACE, (State or Country): Balto Md

PARENTS.
10-NAME OF FATHER: Unknown
11-BIRTHPLACE OF FATHER (State or Country): Unknown
12-MAIDEN NAME OF MOTHER: Unknown
13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) A. D. Mallwood
(Address) 701 Sharp

15- Filed JAN 4 - 1917 ROBERT R. KRAUTH, Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Jan. 2, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 31 1916 to Jan 2 1917, that I saw her alive on Jan 2 1917 and that death occurred, on the date stated above, at 6:58 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) John F. Schwensberger M. D.
Jan 3, 1917 (Address) 1120 Cleveland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Ct DATE OF BURIAL: Jan 7, 1917
20-UNDERTAKER: L. E. Brown and Son ADDRESS: 158 W. Monto

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 0979

CERTIFICATE OF DEATH

120 D 0979

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 334 W Biddle St. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abraham Bishop

(Residence in Baltimore: No. 334 W Biddle St.; 15 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: unknown (Month) (Day), 1 (Year)

7-AGE: 67 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Furniture

9-BIRTHPLACE (State or country): Cambridge Md

PARENTS

10-NAME OF FATHER: James Bishop

11-BIRTHPLACE OF FATHER (State or country): Cambridge Md

12-MAIDEN NAME OF MOTHER: Nancy William

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hattie Bishop

(Address) 334 Biddle St

15- Filed JAN 4 - 1917 ROBERT R. KRAUTH. Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 19, 1916, to, Jan 2 1917, that I saw him alive on Dec 31 1916, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(Duration) 1 yrs mos ds

Contributory (SECONDARY)

(Duration) ds

(Signed) H S McCaul M. D.

Jan 3, 1917 [Address] 2005 O'Sullivan

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Ft Auburn Cemetery

DATE OF BURIAL: January 4. 1917

20-UNDERTAKER: Wm H Hooper

ADDRESS: 609 Fulton Ave

D 0980

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

172 D 0980

REGISTERED No. C

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital St.: 3 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Jacob Samet

(Residence in Baltimore: No. 926 Watson St.: 30 yrs. ___ mos. ___ ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Unknown (Month), 1 (Day), ____ (Year)

7 AGE: 65 yrs. ____ mos. ____ ds. If LESS than 1 day, ____ hrs. or ____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): Storekeeper

9 BIRTHPLACE (State or country): Russia

PARENTS

10 NAME OF FATHER: Shlezo Samet

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Samet

(Address) 926 Watson St

15 Filed JAN 4 - 1917 by ROBERT R. KRAUTER Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January (Month) 3 (Day), 1917 (Year)

17 I HEREBY CERTIFY That I attended deceased from Dec 29, 1916, to Jan 3 1917.

that I saw h[illegible] alive on Jan 3, 1917

and that death occurred, on the date stated above, at 5.06 P. m.

The CAUSE OF DEATH* was as follows:

Accidental Fall on door Steps.
Fracture of 7, 8 right rib (R. & R.)
with Lobar pneumonia

(Duration) ____ yrs. ____ mos. 15 ds

Contributory (SECONDARY) Acute Infectious Enteritis

(Duration) ____ yrs. ____ mos. 2 ds.

(Signed) Bernard S. Jacobson M. D.

Jan 3, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. 14 ds. In the State 30 yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 926 Watson St.

19 PLACE OF BURIAL OR REMOVAL: Hebrew Rising Sun — DATE OF BURIAL: Jan 4, 1917

20 UNDERTAKER: S. Lennon & Bro — ADDRESS 1107 E Balto St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0981

CERTIFICATE OF DEATH.

91 D 0981

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1407 Penna Ave ST. 14th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl C. Harman

(Residence in Baltimore: No. 1407 Penna Ave Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec 26, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 9 mos. .....ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Clark Harman

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Helen Bowers

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant Carl Harman)

(Address) 1407 Penna Ave

15- Filed JAN 4 - 1917 191..... ROBERT R. KRAUTH Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1/3/1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12/26 1916, to 1/3 1917, that I saw him alive on 1/2 1917, and that death occurred, on the date stated above, at 4:55 P.M.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

Contributory

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) S.L. Hamilton

(Duration) yrs. mos. ds.

(Signed) C. Bruce Hamilton M. D.

1/3, 1917 (Address) 1139 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Jan 6, 1917

20-UNDERTAKER Samuel Hendley

ADDRESS 57 W Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0982

CERTIFICATE OF DEATH.

28 D 0982

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 Pine alley St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Williams

(Residence in Baltimore: No. 626 Pine alley St.; 27 yrs. — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January 2, 1890
(Month) (Day) (Year)

7-AGE, 27 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Isaac Williams

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Josephine Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Brown

(Address) 626 Pine alley

15- JAN 4 - 1917 Filed....., 191.....

ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 2d, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 7th 1916, to January 2 1917, that I saw her alive on Dec 29th 1916, and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

.....

.....

Pulmonary Tuberculosis (Duration) — yrs. 5 mos. — ds.

CONTRIBUTORY (Secondary) Bronchitis

..... (Duration) — yrs. 5 mos. — ds.

(Signed) Edward E. Rackemann M. D.

Jan. 3, 1917. (Address) 1329 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, January 4th, 1917.

20-UNDERTAKER Charles T. Dove

ADDRESS 2351 Pine St.

Spec.—8-24-14—M. & T.—2000 Blks.

D 0983

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0983

CERTIFICATE OF DEATH.

REGISTERED NO. C 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2015 Eastern Ave ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maria Elizabeth Sander

(Residence in Baltimore: No. 2015 Eastern Ave St.; 45 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Feb. (Month) 4th (Day), 1843 (Year)

7-AGE, 73 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Johann Sander

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Anna M. Philippi

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Wm. L. Schumhardt

(Address) 2808 Overland Ave

15- Filed JAN 4 - 1917, 191.., ROBERT R. KRAUTER [illegible] Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 4th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 30th 191 7, to Jan 4th 191 7, that I saw h[illegible] alive on Jan 3rd 191 7, and that death occurred, on the date stated above, at 1A, m.

The CAUSE OF DEATH* was as follows:

Apoplexy Cerebral Hemorrhage

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Jan 4th, 191 7 (Address) 15th & Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery

DATE OF BURIAL, Jan. 5th, 191 7

20-UNDERTAKER H. Sander Sons

ADDRESS 220 East St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0984

CERTIFICATE OF DEATH.

9 D 0984

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 1250 James St. ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nelson Steward Rehman

(Residence in Baltimore: No. 1250 James St. St.; ....yrs.....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, January (Month) 31st (Day), 1916 (Year)

7-AGE, 11 mos 3 ds ....yrs.....mos.....ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John L Rehman

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Ida A McCormick

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John L Rehman

(Address) 1250 James St

15- JAN 4 - 1917 ROBERT R. KRAUTER
Filed....., 191.. Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 3rd (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 25 1916, to January 3 1917, that I saw h.. alive on ..... 1917, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

.....Pleurisy with Effusion.....
.....Pneumonia.....
..... (Duration) ..a.... yrs. .....mos. 2 ds.
CONTRIBUTORY (Secondary) ...Diphtheria.....
..... (Duration) ..... yrs. .....mos. 6a ds.
(Signed) ...Richard T Ryan..... M. D.
....1...., 191.7. (Address) ...1...Eutaw Place...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Westminster	Jan 5....., 191.7.
20-UNDERTAKER	ADDRESS
H. C. McKenzie & Son	Lemmon Bldg

Jan 6-7 10 a. m.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 0985

CERTIFICATE OF DEATH

79 D 0985

REGISTERED No. C .....

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1119 Parish St St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Watkins

(Residence in Baltimore: No. 1119 Parish St St.: yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): single

6-DATE OF BIRTH: March 9, 1877 (Month) (Day) (Year)

7-AGE: 39 yrs. 9 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Janitor.
(b) General nature of industry, business, or establishment in which employed (or employer): Church.

9-BIRTHPLACE (State or country): Calvert Co, Md.

PARENTS

10-NAME OF FATHER: James H. Watkins

11-BIRTHPLACE OF FATHER (State or country): Anne Arundel Co Md

12-MAIDEN NAME OF MOTHER: Sarah Burke.

13-BIRTHPLACE OF MOTHER (State or country): Calvert Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Earley Watkins

(Address) 1119 Parrish st.

15.

Filed JAN 4 1917 ROBERT E. KRAUSE Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 1, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 20 1916 to Jan 1 1917.

that I saw him alive on Jan 1 1917.

and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease
Mitral.

(Duration) unknown yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Thomas Pilzer M. D.

Jan 3, 1917 (Address) 1002 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Mt Auburn Cemetery JAN 4 - 1917

20-UNDERTAKER: James H. Dennis ADDRESS: 1302 Pennsylvania Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 0986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 0986

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1384 Stockton St ST. 15th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Handy

(Residence in Baltimore: No. 1384 Stockton St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Blk	widow

6-DATE OF BIRTH. January (Month) 2nd (Day), 1881 (Year)

7-AGE.	If LESS than 1 day,
36 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Id. Canfactum

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, William Handy

11-BIRTHPLACE OF FATHER (State or Country), Balto. md.

12-MAIDEN NAME OF MOTHER Grizelda ward.

13-BIRTHPLACE OF MOTHER (State or Country), Balto. md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Hazel Handy

(Address) 1384 Stockton st

15- Filed JAN 4 - 1917, 191.... ROBERT P. KRAUTER SUPT. VITAL STATISTICS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 2nd (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 24th 1916, to Jany 2nd 1917, that I saw her alive on January 2nd 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis Bronchitis

about

(Duration) 1 yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. T. Glascock M. D.

Jany 3rd, 1917. (Address) 1841 Penna ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cemetery DATE OF BURIAL, Jan 5 1917

20-UNDERTAKER James H. Dennis ADDRESS 1303 Pennsylvania

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0987

CERTIFICATE OF DEATH.

32 D 0987

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp. ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred Handy

(Residence in Baltimore: No. 710 W. Mulberry St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Dec. 31, 1856 (Month) (Day) (Year)

7-AGE, 60 yrs. .... mos. 2 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Oysterman
(b) General nature of industry, business, or establishment in which employed (or employer): Lodging

9-BIRTHPLACE, (State or Country), Anundel Co. Md

PARENTS.

10-NAME OF FATHER, Geo. Handy

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lill. Whitman

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. F. Bowden

(Address) Md Gen. Hosp.

15- ROBERT P. KRAUTH Registrar.

Filed JAN 4 1917 ..... Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 2, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26, 1916, to Jan 2, 1917, that I saw him alive on Jan 2 1917, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Pott's disease of spine

(Tuberculosis of vertebrae)

(Duration) yrs. 2 mos. 7 ds.

CONTRIBUTORY (Secondary) Shock + exhaustion

(Duration) yrs. 1 mos. 17 ds.

(Signed) G. F. Bowden M. D.

Jan. 2, 1917. (Address) Md Gen Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 7 ds. In the State 60 yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 710 Mulberry St.

19-PLACE OF BURIAL OR REMOVAL, Shady side Md.

DATE OF BURIAL, JAN 5 1917

20-UNDERTAKER James H. Dennis

ADDRESS 1062 Prestman

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0988

CERTIFICATE OF DEATH.

79

D 0988

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 E. Mount St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna May Brown

(Residence in Baltimore: No. 309 E. Mount St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, ...Dec... 12 th, 1898.
(Month) (Day) (Year)

7-AGE, ...18... yrs. ...1... mos. ...21... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ...None...
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Arthur Brown

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER May Ridgely

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Howard Jackson M.D.

(Address) 7 W. Mount Ave

15- Filed JAN 4 1917 191.... ROBERT B. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...January... 3rd, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 5th 1916, to January 3rd 1917, that I saw her alive on January 3rd 1917, and that death occurred, on the date stated above, at 10:9 m.

The CAUSE OF DEATH* was as follows:

...Pneumonia...

...Lobar (Left)...

..... (Duration) ...yrs. ...mos. 4 ds.

CONTRIBUTORY (Secondary) ...Chronic Endocarditis...

..... (Duration) ...yrs. 6 ...mos. ...ds.

(Signed) H. Howard Jackson M. D.

...Jan. 3rd, 1917. (Address) 7 W. Mount St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Sykesville Md — DATE OF BURIAL, Jan. 5..., 1917.

20-UNDERTAKER Wm Cook — ADDRESS 902 E North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec —8-24-14—M. & T.—2000 Bks.

D 0989

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 0989

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2936 Bernard ST.; 12 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma E. Wolf.

(Residence in Baltimore: No. 2936 Bernard st. St.: 17 yrs. ..... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Oct. 16, 1884
(Month) (Day) (Year)

7-AGE. 32 yrs. 2 mos. 2 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Home wife.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Pennsylvania

PARENTS.

10-NAME OF FATHER. Samuel F. Shawberry

11-BIRTHPLACE OF FATHER (State or Country). Germany.

12-MAIDEN NAME OF MOTHER. Martha Rinker

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Albert F. Wolf

(Address) 2936 Bernard st

15- Filed JAN 4 - 1917 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. January 2, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10 191 6, to Jan 2 191 7, that I saw h[illegible] alive on Jan 2 191 7, and that death occurred, on the date stated above, at 3 30 P m.

The CAUSE OF DEATH* was as follows:

[illegible] Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... Interstitial Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Jan 3, 191 7 (Address) 112 W. 20 St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Woodlawn

DATE OF BURIAL. Jan 5, 191 7

20-UNDERTAKER Grimow & Son

ADDRESS 1415 Chestnut ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0990 D 0990

CERTIFICATE OF DEATH.

REGISTERED NO. C 5 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Rogers

(Residence in Baltimore: No. 1426 Fairmount Ave. St.; ....yrs.,....mos.....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, August (Month) ..... (Day), 1887 (Year)

7-AGE, 29 yrs. 5 mos. .....ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Geo. Rogers

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ella Forman

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps

(Address) Johns Hopkins Hosp.

15- JAN 4 - 1917 ROBT. R. KRAUTH

Filed....., 191.... Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 27, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 28 1916, to Dec 29, 1916, that I saw h alive on Dec. 29 1916, and that death occurred, on the date stated above, at 1.20 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Dilatation of heart

(Duration) ....yrs. ....mos. 1 ds.

(Signed) A. S. Bloom M. D.

Dec 30 1916 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 2 ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1426 Fairmount Ave.

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL, ..., 191...

20-UNDERTAKER ADDRESS

JOHNS HOPKINS HOSPITAL JAN 3 - 1917 DISPENSARY

Spec.—8-24-14—M. & T.—2000 Bks.

D 0991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 0991

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1146 N Gonbard ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha M Bilaan

(Residence in Baltimore: No. 1146 N Gonbard St.; 72 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. Oct 3 (Month) (Day), 1829 (Year)

7-AGE. 87 yrs. 2 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework.
(b) General nature of industry, business, or establishment in which employed (or employer). At Home.

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, John Pitts

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary Samuels

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. McGuinn

(Address) 1146 N Gonbard st

15- JAN 4 - 1917 ROBERT B. KRAUTER

Filed....., 191... Registrar

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 2 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to Jan 2 1917, that I saw h[illegible] alive on Jan 1 1917, and that death occurred, on the date stated above, at 7.40 P m.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

1-4, 1916. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, Jan [illegible], 191...

20-UNDERTAKER John J. Fuchs Son

ADDRESS Gonbard st

D 0992

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

172

D 0992

REGISTERED No. C

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 132 W. Lost ave St. 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Matilda A Dotson

(Residence in Baltimore: No. 132 W Lost ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: [illegible], 1847 (Month) (Day) (Year)

7-AGE: 70 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): West Va.

PARENTS

10-NAME OF FATHER: [illegible] Wigner

11-BIRTHPLACE OF FATHER (State or country): West Va.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Dotson

(Address) 137 N Fenton

15. Filed JAN 4 - 1917 ROBERT B. KRAUTER Clerk Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 1, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1916 to Jan 1 1917, that I saw h[illegible] alive on Jan 1, 1917, and that death occurred, on the date stated above, at 6 a. m.
The CAUSE OF DEATH* was as follows:

Pneumonia - Lobar

(Duration) yrs. 1 mos. 3 ds

Contributory (SECONDARY) Disloration of hip

(Duration) yrs. mos. 11 ds.

(Signed) Thomas Nelson M. D.

Jan 3, 1917 (Address) 1001 N Gulton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Jan 4, 1917

20-UNDERTAKER: Jos J Tahey & Son ADDRESS: 1319 Light St

(Over)

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0993 — 64 — D 0993

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 Low ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Canton

(Residence in Baltimore: No. 917 Low St.; 5 yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, ... (Month) — (Day) — , 1871 (Year)

7-AGE,	If LESS than 1 day,
45 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Porter
(b) General nature of industry, business, or establishment in which employed (or employer)..... Dry goods Store

9-BIRTHPLACE, (State or Country), Dont Know

PARENTS.

10-NAME OF FATHER, Dont Know

11-BIRTHPLACE OF FATHER (State or Country), Dont Know

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Canton

(Address) 917 Low St

15- Filed JAN 4 1917 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 2d, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 17th 1916, to Jany 2 1917, that I saw h... alive on Dec 31 1916, and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

.....

.....

Hemiplegia (Apoplexy) (Duration) ..yrs. ..mos. 16 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

..... (Duration) ..yrs. ..mos. 16 ds.

(Signed) Edward L. McAdams M. D.

Jany 3, 1917. (Address) 130 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Farmer or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	Jan 4 1917

20-UNDERTAKER John Havens — ADDRESS 238 Dolphin

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0994

CERTIFICATE OF DEATH.

10 4 D 0994

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 Penna. Ave ST.; 14 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leonard William Torrence

(Residence in Baltimore: No. 1515 Penna Ave St.; ..... yrs., 9/12 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH. April (Month) 4 (Day), 1916 (Year)

7-AGE. ..... yrs. 8 mos. 28 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE. (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER. Theophilus Torrence

11-BIRTHPLACE OF FATHER (State or Country), Africa

12-MAIDEN NAME OF MOTHER Sarah E Lawson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Theophilus Torrence

(Address) 1515 Penna Ave

15- Filed JAN 4 1917 191.. ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH ..... January (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 28 1916, to Jan 2 1917, that I saw h[illegible] alive on Jan 2 1917, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

..... Enteritis .....

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Convulsions

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) T. E Daughtery M. D.

Jan 2, 191.7 (Address) 1604 Penna Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cem | DATE OF BURIAL. Jan 4, 191.7

20-UNDERTAKER John H Owens | ADDRESS 52 E Dolphin

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 0995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 0995

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 235 S. Wolfe ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresa Kuhn

(Residence in Baltimore: No. 235 S. Wolfe St.; 28 yrs., 8 mos. 17 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 16, 1888 (Month) (Day) (Year)

7-AGE, 28 yrs. 8 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ~~Emp~~ Drug
(b) General nature of industry, business, or establishment in which employed (or employer) Packer

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, John N. Kuhn

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Elizabeth DeBoy

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John N. Kuhn

(Address) 235 S. Wolfe St

15-

Filed JAN 4 1917 191.... ROBERT B. KRAUSE Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 2, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 14 1916, to Jan 2 1917, that I saw h er alive on Jan 1 1917, and that death occurred, on the date stated above, at 10 11 a. m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. M. McAvoy M. D.

Jan 3. 191.7. (Address) 823 S. Ellwood Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL, Jan 5, 191.7

20-UNDERTAKER Lilly - Zeiler

ADDRESS 403 S. Wolfe St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 0996

CERTIFICATE OF DEATH.

79 D 0996

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2143 Cambridge ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Kleinsmith

(Residence in Baltimore: No. 2143 Cambridge St.; 45 yrs., 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, February 18, 1869.
(Month) (Day) (Year)

7-AGE, 47 yrs. 10 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): at her home

9-BIRTHPLACE, (State or Country), German Poland

PARENTS.

10-NAME OF FATHER, — Bujanowski.

11-BIRTHPLACE OF FATHER (State or Country), German Poland

12-MAIDEN NAME OF MOTHER Dont Know.

13-BIRTHPLACE OF MOTHER (State or Country), German Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Kleinsmith

(Address) 2143 Cambridge St.

15-

Filed JAN 4 1917 191.. ROBERT E. KRAUTH Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 2, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 30 1916, to January 2 1917, that I saw her alive on January 2 1917, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(Duration) 2? yrs. ..... mos. ..... ds.

(Signed) J. M. Dilcrett M. D.

January 3, 1917. (Address) 621 Columbia Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St. Stanislaus.	Jany. 6, 1917.

20-UNDERTAKER	ADDRESS.
W. F. Sadowski.	705 S. Ann

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 0993

1 PLACE OF DEATH

17 D 0993

REGISTERED No. C .....

CITY OF BALTIMORE (No. 1022 Cathedral St.; WARD) 11

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Isabella Crampton

(Residence in Baltimore: No. 1022 Cathedral St.; St.: 40 yrs. ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, ~~MARRIED~~ WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: March 9, 1861 (Month) (Day) (Year)

7 AGE: 55 yrs. 9 mos. 24 ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Lady
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9 BIRTHPLACE (State or country): Perryman Harford Co Md.

PARENTS

10 NAME OF FATHER: Rev. S. W. Crampton

11 BIRTHPLACE OF FATHER (State or country): Frederick Co. Md.

12 MAIDEN NAME OF MOTHER: Isabella Perryman

13 BIRTHPLACE OF MOTHER (State or country): Harford Co. Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Warren H. Crampton

(Address) 1022 Cathedral St

JAN 4 - 1917

Filed ....., 191 ROBERT E. KRAUTZ Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January 3rd, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 31st, 1916, to Jan. 3rd 1917.
that I saw h er alive on Jan 3rd, 1917.
and that death occurred on the date stated above, at 12.30 p m.
The CAUSE OF DEATH* was as follows:

Sudden, acute Nephritis with Uraemic toxaemia

(Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Thos Lay M. D.

Jan 4th, 1917 (Address) 1028 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Perryman Md.

DATE OF BURIAL: 1-5 1917

20 UNDERTAKER: Henry W. Justice & Sons Co

ADDRESS: McCulloh & Orchard

Spec.—8-24-14—M. & T.—2000 Bks.

D 0998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 0998

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 W. Mulberry ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Christopher O'Brien

(Residence in Baltimore: No. 629 W. Mulberry St.; 32 yrs., 3 mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH, Sept. 25, 1884 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
32 yrs. 3 mos. 8 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Rod-man
(b) General nature of industry, business, or establishment in which employed (or employer): Electrical Engineer

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, James C. O'Brien

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER, Mary E McGuire

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Regina C'Brien

(Address) 629 W. Mulberry St.

15- Filed JAN 4 - 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 2 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 28 1916, to Jan 2 1917, that I saw h[illegible] alive on Jan 2 1917, and that death occurred, on the date stated above, at 5'8 m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) delirium tremens

(Duration) ....yrs. ....mos. ....ds.

(Signed) T. J. O'Dea M. D.

Jan. 4, 1917 (Address) 405 N. Fremont,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem — DATE OF BURIAL, Jan. 5, 1917

20-UNDERTAKER Harry W. Ellen — ADDRESS 1214 W. Mulberry

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—3-2-14—M. & T.—5000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 0995

CERTIFICATE OF DEATH.

64

D 0995

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 N Chester ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Meyers Vollmer

(Residence in Baltimore: No. 1712 N Chester St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.): Widower

6-DATE OF BIRTH, Sept. 24, 1857 (Month) (Day) (Year)

7-AGE, 60 yrs. 3 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Printer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: William H. Vollmer

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Dont Know

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lula Ferguson

(Address) 1712 N. Chester

15- Filed JAN 4 - 1917, 191..... HARRY (ANDREWS) Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 3, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 29 1916, to Jan 3 1917, that I saw h[illegible] alive on Jan 3 1917, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Hypertension Congestion of Lungs (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Hubert H. Knapp M. D.

Jan 4..., 191.7 (Address) 1716 E. Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, National Cemetery — DATE OF BURIAL, Jan. 6., 1917

21-UNDERTAKER John Herring & Co — ADDRESS 2005 Bloom

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1000

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 D 1000

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 N Payson ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James L Barclay

(Residence in Baltimore: No. 703 N Payson St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6-DATE OF BIRTH: Sept (Month) 13 (Day), 1859 (Year)

7-AGE: 57 yrs. 3 mos. 20 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto City

PARENTS

10-NAME OF FATHER: John L Barclay

11-BIRTHPLACE OF FATHER (State or country): Scotland

12-MAIDEN NAME OF MOTHER: Mary E Smith

13-BIRTHPLACE OF MOTHER (State or country): Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Barclay

(Address) 703 N Payson st

16- JAN 4 - 1917 HARRY C. ANDREWS

Burial Permit Issued Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1, 1916, to, Jan 3 1917, that I saw h.. alive on Jan 2 1917, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

from birth (Duration) 0 yrs 6 mos. 0 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos. ..... ds.

(Signed) John H Buchanan M. D.

Jan 4, 1917 [Address] 3100 Hanford

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Jan 6, 1917

20-UNDERTAKER: George J Smith — ADDRESS: 1000 W Fayette

N. B.—Every item of information should be carefully supplied. Write plainly in ink. Do not use pencil. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1001 D 1001

CERTIFICATE OF DEATH.

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 W Montford Ave St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida X Simms

(Residence in Baltimore: No. 612 N. Montford Ave St.; life yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH, Feb 3 (Month) (Day), 1855 (Year)

7-AGE. 61 yrs. 3 mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). at Home

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. John C. McLean

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER. Sarah E Miller

13-BIRTHPLACE OF MOTHER (State or Country). Poole Island Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Mystle R Mitchell
(Address) 2311 E Biddle

15-
Filed JAN 4 - 1917, 191.....
HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 4 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2nd 1917, to Jan 4th 1917, that I saw h[illegible] alive on Jan 3 1917, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Walter W Mintz M D.

Jan 4..., 1917. (Address) 1102 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cem. DATE OF BURIAL. Jan. 7..., 1917.

20-UNDERTAKER Robt Turner ADDRESS 1128 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1002

CERTIFICATE OF DEATH.

120 D 1002

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. W. Merriman

(Residence in Baltimore: No. 304 Harwood ave St.; 42 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, August (Month) 2 (Day), 1853 (Year)

7-AGE 63 yrs. 5 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Druggist
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, Nicholas B Merriman

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Catherine Sophia

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fannie Merriman

(Address) 304 Harwood Ave

15- Filed JAN 4 - 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 3 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 27 1916, to Jan 3 1917, that I saw h[illegible] alive on Jan 3 1917, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Chr Parenchymatous Nephritis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. mos. 6 ds.

(Signed) Frank E Uhrig M. D.

12/31, 191 6 (Address) Leakey

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 6 ds. In the State 63 yrs. 5 mos. 1 ds.

Where was disease contracted, if not at place of death? 304 Harwood Ave

Former or usual residence same

19-PLACE OF BURIAL OR REMOVAL, Holy Cross Cemetery DATE OF BURIAL, Jan 6, 191 6

20-UNDERTAKER Roth & Turner ADDRESS Broadway & Eden.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1003

HEALTH DEPARTMENT—CITY OF BALTIMORE

40

D 1003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 106 N. Poppleton St.; 18 (WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edwin Quigley

(Residence in Baltimore: No. 106 N. Poppleton St.; 57 yrs., 11 mos. 21 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH January 12th, 1858.
(Month) (Day) (Year)

7-AGE, 57 yrs. 11 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) City Employee Fire Department

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER Hugh W. Quigley

11-BIRTHPLACE OF FATHER (State or Country) Delta, Pa.

12-MAIDEN NAME OF MOTHER Catherine Ewald

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Hollie Quigley

(Address) 106 N. Poppleton St.

15- JAN 4 1917 Filed....., 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH January 3rd, 1917.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 1st, 1916, to January 3rd, 1917, that I saw h[illegible] alive on January 3rd, 1917, and that death occurred, on the date stated above, at 10-15 A m.

The CAUSE OF DEATH* was as follows:

Clinical Diagnosis

Cancer of Stomach

(Duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Hollie B. A. Meyer M. D.

Jan. 3rd, 1917. (Address) 102 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL. 1-5....., 1916.

20-UNDERTAKER H. C. Branning & Son

ADDRESS 617 N. Schroeder

D 1004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17 2 D 1004

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 600 W.Lee St. St., 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Justine Miller.

(Residence in Baltimore: No. 600 W.Lee St.

St.; yrs. 56 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White.	Widow.

6-DATE OF BIRTH, June 18th. 1835. / (Month) (Day) (Year)

7-AGE, 81 yrs. 6 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER, Christian Biermann.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Miller.(son)

(Address) 600 W.Lee St.

15-

Filed JAN 4 - 1917 1917 HARRY C. ANDREWS

Burial Permit Issued Registrar. Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 3rd. 1917, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Concussion of the Brain.
Accidental fall. from roof
while walking on her step (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Otto W. Rennebaum M. D.
(Coroner)
Jan, 4, 1917, 191... (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Jan. 5, 1917

20-UNDERTAKER Mrs. John M. Genzel

ADDRESS 801 N. Fayette

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1005

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1005

CERTIFICATE OF DEATH.

150

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2430 Fleet St ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie Brown

(Residence in Baltimore: No. 2430 Fleet St. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: Jan (Month) 3 (Day), 1917 (Year)

7-AGE: ...yrs...mos...ds. If LESS than 1 day, ...hrs. or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Frank Brown

11-BIRTHPLACE OF FATHER (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Mary E. Calligan

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Brown

(Address) 2430 Fleet St.

15- Filed JAN 4 - 1917, 191... HARRY C. ANDREWS Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ...death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature Birth

Blue Rash

(Duration)...yrs...mos...ds.

CONTRIBUTORY (Secondary)

(Duration)...yrs...mos...ds.

(Signed) J. Edw. Smith M.D. (Coroner)

Jan 4, 191.. (Address) 710 Eight St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death...yrs...mos...ds. In the State...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL, Jan 7, 1917

20-UNDERTAKER: Christian Miller

ADDRESS 2384 Jefferson St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1006 HEALTH DEPARTMENT—CITY OF BALTIMORE 79 D 1006

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 631 Haw St, St.; 22 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Simms

(Residence in Baltimore: No. 631 Haw St, St.; — yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Unknown (Month) (Day), 18[illegible] (Year)

7-AGE, 0 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work General
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

9-BIRTHPLACE, (State or Country), West Lavers Md

PARENTS.

10-NAME OF FATHER, Daniels Simms

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah A Watson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Simms

(Address) 631 Haw St

15- Filed JAN 4 - 1917, 191 HARRY C. ANDREWS Registrar.

Burial Permit Order

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1st 1917, to Jan 3 1917, that I saw h[illegible] alive on Jan 3 1917, and that death occurred, on the date stated above, at 7.50 P m.

The CAUSE OF DEATH* was as followa:

Bronchial Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Nephritis Chr. Endocarditis

(Duration) 2 yrs. mos. ds.

(Signed) J M Dilwett M. D.

Jan. 4, 1917 (Address) 621 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Annapolis Md DATE OF BURIAL, Jan 6th, 1917

20-UNDERTAKER Samuel A Beasley ADDRESS 5 W Saratoga St

Spec.—8-24-14—M. & T.—2000 Bks.

D 100?

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 100?

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 871 Pierce ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary F. Gough

(Residence in Baltimore: No. 871 Pierce St

St.; 33 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Cc

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, December (Month) ..., 1883 (Day) (Year)

7-AGE. 33 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER, Frank Gough

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Lucy Bennett

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gertrude Jackson

(Address) 871 Pierce St

15- JAN 4 - 1917 HARRY C. ANDREWS

Filed ..., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 2nd (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 31st 1916, to Jan 2nd 1917, that I saw h alive on Jan 2nd 1917, and that death occurred, on the date stated above, at 2:30 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) R. B. Craddock M. D.

1/3/17, 191... (Address) 1117 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cem

DATE OF BURIAL, Jan 5th, 191...

20-UNDERTAKER Samuel D. Hensley

ADDRESS 3 Baldwin

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1008

HEALTH DEPARTMENT–CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 1008

1 PLACE OF DEATH — Registered No. C .....

CITY OF BALTIMORE (No. Hebrew Hospital St.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2 FULL NAME Jacob Sanders

(Residence in Baltimore: No. Hebrew Hospital St.: yrs. ..... mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Unknown (Month), ... (Day), 1887 (Year)

7 AGE: 29 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Grocery

9 BIRTHPLACE (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Levis

(Address) 1411 E. Baltimore

15 Filed JAN 5 - 1917 ROBERT B. KRAUTH Burial Permit Clerk

Registered

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January (Month) 4th (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1916 to Jan. 4 1917.

that I saw h[illegible] alive on Jan. 4, 1917.

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Cerebral Meningitis (Septic) (Duration) — yrs. 11 mos. 1 ds

Contributory (SECONDARY) Pulmonary Edema (Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Howard B. Free M. D.

Jan 4, 1916 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 6 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Washington D.C.

Former or usual residence Washington, D.C.

19 PLACE OF BURIAL OR REMOVAL: Washington D.C. DATE OF BURIAL 1/5, 1917

20 UNDERTAKER: Jack Levis ADDRESS 1411 E Baltimore

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT–CITY OF BALTIMORE

D 1009

CERTIFICATE OF DEATH

D 1009

64

1 PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. 306 Bethel Ct ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME John Franklin Cornish

(Residence in Baltimore: No. 306 Bethel Ct St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Dont know (Month), (Day), 1852 (Year)

7 AGE: 64 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): General

9 BIRTHPLACE (State or country): Lauretta. Md

PARENTS

10 NAME OF FATHER: dont know

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Dont know

13 BIRTHPLACE OF MOTHER (State or country): Unknown.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Cornish

(Address) 306 Bethel. St.

15 Filed JAN 5 - 1917 ROBERT R. KRAUTH Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 4 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1917, to Jan 4 1917, that I saw him alive on Jan 3, 1917, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Paralysis. (Cerebral) (Cerebral Hemorrhage)

(Duration) 2 yrs. mos. 1 ds

Contributory (SECONDARY) Senility

(Duration) yrs. mos. ds.

(Signed) Alan J Buell M. D.

1/4/17, 191 (Address) 709 N Bidway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Laurel Cemetery. DATE OF BURIAL: Jan. 6th 1917

20 UNDERTAKER: Mrs. Robt. A. Elliott. ADDRESS: 506 East St.

D 1010 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1010

CERTIFICATE OF DEATH.

X175

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital St.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Cummings

(Residence in Baltimore: No. 1511 S First st St.: yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Aug (Month) 20 (Day) 1896, 1 (Year)

7-AGE, 20 yrs. 4 mos. 11 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: General
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, William Cummings

11-BIRTHPLACE OF FATHER (State or Country), MD

12-MAIDEN NAME OF MOTHER Katie Harvey

13-BIRTHPLACE OF MOTHER (State or Country), M D

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Cummings

(Address) 1510 S. First st

15- Filed JAN 5 1917 191... ROBT. F. KRAUTH Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 1 (Day) 1917 (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism accidently hit by automobile

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D. (Coroner.)

Jan 4, 191... (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Hamilton Md

Former or usual residence 1511 S. 1st St. Canton Md

19-PLACE OF BURIAL OR REMOVAL, Western Cemty — DATE OF BURIAL, Jan 5, 1917

20-UNDERTAKER Zinkler & Zinkler — ADDRESS 1739 E. Eager

Spec.—8-24-14—M. & T.—2000 Bks.

Aba Walpert

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1011

CERTIFICATE OF DEATH.

45

D 1011

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1418 Gough ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Aba Walpert

(Residence in Baltimore: No. 1418 Gough St.: 30 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE. 60 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Poultry Dealer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Aba Walpert

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Walpert

(Address) 1418 Gough St.

15. Filed JAN 5 - 1917, 191.. ROBERT B. KRAUTH Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. 5, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 24 1916, to Jan. 2 1917, that I saw h wi alive on Jan. 2 1917, and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

a. Sarcoma of Mediastinum

Terminal Pleurisy

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(Duration) ... yrs. ... mos. ... ds.

(Signed) Eugene Shapard M. D.

....., 191... (Address) 3 E Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 1418 Gough St

19-PLACE OF BURIAL OR REMOVAL. Hebrew Plain Rd DATE OF BURIAL Jan 5..., 1917

20-UNDERTAKER A. Levinson & Bro ADDRESS 1107 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1012

CERTIFICATE OF DEATH.

50

D 1012

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2321 Harlem Ave St. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George L. Schanze

(Residence in Baltimore: No. 2321 Harlem Ave St.; 55 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Feb 3rd, 1862 (Month) (Day) (Year)

7-AGE. 54 yrs. 10 mos. 30 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... C. D. Kenny Coffee Hse

9-BIRTHPLACE, (State or Country). Baltimore City

PARENTS.

10-NAME OF FATHER. Hellurig Schanze

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Amelia Platt

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Louise C. Schanze

(Address)..... 2321 Harlem Ave

15- Filed JAN 5 1917 191.. ROBERT R. KRAUTH Registrar. Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 2, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 28 1916, to Jan 2 1917, that I saw him alive on Jan 1st 1917, and that death occurred, on the date stated above, at 1.27 a m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

..... (Duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) Gangrene of foot

..... (Duration) yrs. 1 mos. 25 ds.

(Signed) J. M. Lemmerman M. D.

Jan 2, 1916. (Address) 826 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cem. DATE OF BURIAL. Jan 5th, 1917.

20-UNDERTAKER Philip Gerwald & Son ADDRESS 1798 Eutaw St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1013

HEALTH DEPARTMENT—CITY OF BALTIMORE

105

R 1013

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Miller

(Residence in Baltimore: No. 1123 Cornet St. St.; ....yrs.,....mos.....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, March 2, 1875.
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
41 yrs. 10 mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cook
(b) General nature of industry, business, or establishment in which employed (or employer)..... Johns Hopkins Hosp.

9-BIRTHPLACE, (State or Country), Md.

PARENTS:

10-NAME OF FATHER, Wm J. Miller

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Miles.

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. Phelps.

(Address) Johns Hopkins Hosp.

15- Filed JAN 5 - 1917 191.... ROBERT E. KRAUTER, Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 4, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 20 1916, to Jan. 4 1917, that I saw him alive on Jan. 4 1917, and that death occurred, on the date stated above, at 12 10 a m.

The CAUSE OF DEATH* was as follows:

Ulcerative Colitis
Perforation of Large Intestine
Peritonitis - (Operation)

(Duration) ....yrs. mos. 16 da.

CONTRIBUTORY (Secondary) —

(Duration) ....yrs. — mos. ....da.

(Signed) George E. Dunn M. D.

Jan. 4, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 13 ds. In the State....yrs....mos....da.

Where was disease contracted, if not at place of death? —

Former or usual residence 1123 Cornet St

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Jan. 6, 1917

20-UNDERTAKER Wm Cook — ADDRESS 502 Nath...

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 1014

HEALTH DEPARTMENT—CITY OF BALTIMORE

50

D 1014

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2022 N Eutaw St. 20 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Hafner

(Residence in Baltimore: No. 2022 N Eutaw St.: 78 yrs., 1 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Mulatto

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Nov 10, 1838 (Month) (Day) (Year)

7-AGE, 78 yrs. 1 mos. 23 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Reichert

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Hafner

(Address) 2334 Fredrick Ave.

15- Filed JAN 5 1917 191.... ROBERT R. KRAUTH Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 3, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 24 1916, to Jan 3 1917, that I saw h Ex alive on Jan 3 1917, and that death occurred, on the date stated above, at 9.30 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia Chronic Nephritis (Duration) 30 yrs. ... mos. ... ds.

(Signed) Howard Kahn M. D.

1/4, 191 7. (Address) 2027 Walker

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem. DATE OF BURIAL, Jan 6th, 1917

20-UNDERTAKER Harry G. Sell ADDRESS 319 Frederick Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

D 1015

'PLACE OF DEATH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 D 1015

REGISTERED NO. C

CITY OF BALTIMORE (No. 158 W. Hamburg St. 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Lierse

(Residence in Baltimore: No. 158 W. Hamburg St.: 46 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Blacken

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: unknown (Month) (Day), 1870 (Year)

7-AGE: 46 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Pd Occupation

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): unknown

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Steven Lierse (2nd

(Address) 158 W Hamburg St

15 JAN 5 1917 Filed, 191 ROBERT R. KRAUTH Chief Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 3, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1917, to Jan. 3 1917, that I saw h[illegible] alive on Jan. 2, 1917, and that death occurred, on the date stated above, at 3:30 p.m.
The CAUSE OF DEATH* was as follows:

Fetal Pneumonia

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) David Franklin M. D.

1/4/, 1917. (Address) 1[illegible] W Lee St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Ct — DATE OF BURIAL: Jan 5 1917

20-UNDERTAKER: L A Brown & Son — ADDRESS: 101 N. Monty St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1016

CERTIFICATE OF DEATH.

92 D 1016

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm S. Smith

(Residence in Baltimore: No. 25 Hissen's Court St.: 31 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	negro	Single

6-DATE OF BIRTH, April 1, 1885
(Month) (Day) (Year)

7-AGE, 31 yrs. 9 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cattle Jumper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Moses

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Mary Smith

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gordon Wilkes

(Address) 25 Hissen Court

15-

Filed JAN 5 1917 191 ROBERT B. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 4, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 29 1916, to Jan 4 1917, that I saw h[illegible] alive on Jan 4 1917, and that death occurred, on the date stated above, at 2.40 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) A. Alc. Regurgitation

(Duration) yrs. 6 mos. ds.

(Signed) Frank Craig M. D.

1/4, 191 7 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State 31 yrs. mos. ds.

Where was disease contracted, if not at place of death? 25 Hissen's Ct

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Jan 6, 1917

20-UNDERTAKER J. L. Barnett Son — ADDRESS 108 Monroe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1015 — D 1017

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1548 William ST. 24 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret A. Willet

(Residence in Baltimore: No. 1548 William St.: 61 yrs. 9 mos. 25 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female.

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widow

6-DATE OF BIRTH: March 8, 1853 (Month) (Day) (Year)

7-AGE: 61 yrs. 9 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: William Durham.

11-BIRTHPLACE OF FATHER (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Wilbur Johnson

(Address) 1548 William

15- Filed JAN 5 1917, 191... ROBERT B. KRAUTER Registrar.

BURIAL PERMIT

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Jan 2, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1915, to Jan 2 1917, that I saw h-[illegible] alive on Jan 2 1917, and that death occurred, on the date stated above, at 2.15 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. Unknown mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wallace A. Cox M. D.

1-4, 1917 (Address) Jefferson & Lemmon

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem — DATE OF BURIAL: 1/6, 191.7

20-UNDERTAKER: J. Fenwick McCully — ADDRESS: 130 E. Front

CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 D 1018

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2910 Dillon ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Marie Ayres

(Residence in Baltimore: No. 2910 Dillon St. St.; yrs., 3 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Sept 11, 1913
(Month) (Day) (Year)

7-AGE, ... yrs. 3 mos. 23 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): infant

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Samuel E. Ayres

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Alice Archer

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S. E. Ayres

(Address) 2910 Dillon St.

15-

Filed JAN 5 1917 191.... ROBERT P. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 3, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 31 1916, to Jan 3 1917, that I saw her alive on Jan 3 1917, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Asphyxia

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Capillary Bronchitis

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) [illegible] M. D.

Jan 3, 1917. (Address) 3148 A Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cem. DATE OF BURIAL, Jan 5, 1917.

20-UNDERTAKER Albert C. Fuller ADDRESS 221 N Brandy

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION IS very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1019

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1019

CERTIFICATE OF DEATH.

66

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1529 N. Fayette ST.; 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bamfield Scott Cheney

(Residence in Baltimore: No. 1529 N Fayette St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Apr. ....., 1846
(Month) (Day) (Year)

7-AGE, 70 yrs. 9 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Printer
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country). Balto City

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Lawley

(Address) 1823 N. Bradley

15- JAN 5 - 1917 ROBERT R. KRAUTH
Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. 5th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 24 1916, to Jan 4 1917, that I saw h-im alive on Jan 4 1917, and that death occurred, on the date stated above, at 11.50 m.

The CAUSE OF DEATH* was as follows:

Paralysis.

(Duration) 3 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Old Age

(Duration) ....yrs. ....mos. ....ds.

(Signed) Geo. W. Waterman M. D.

(19) (Address) 1324 W. Fayette

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Greenmount Cemetery

DATE OF BURIAL. Jan. 7, 1917.

20-UNDERTAKER Edward E. Fuller

ADDRESS 221 N Bradley

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1020

HEALTH DEPARTMENT—CITY OF BALTIMORE

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

D 1020

CITY OF BALTIMORE (No. 719 N Lakewood ave St.: 7 WARD) 120

REGISTERED No. C.

2-FULL NAME Clara Holland

(Residence in Baltimore: No. 719 N Lakewood ave

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.: yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, July 30 1864, 1
(Month) (Day) (Year)

7-AGE, 52 yrs. 5 mos. 3 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... H W

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER. Author Tuschel

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Amelia Miller

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Bertha Bright
(Address) 719 N Lahewood ave

15-
Filed JAN 5 1917 191.... ROBERT R. KRAUTER
Burial Permit Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 2 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

..... (Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

..... (Duration) yrs. mos. da.

(Signed) Dr. Tuschel (Coroner.)

Jan 2 1917, 191... (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.
Where was disease contracted, if not at place of death?.....
Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Balto Cem — DATE OF BURIAL, Jan 5, 19 17

20-UNDERTAKER Philip Henrig — ADDRESS 2016 2016 Aliceanna

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1021 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1021

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1905 Jefferson ST.; 6 WARD) REGISTERED NO. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Bond

(Residence in Baltimore: No. 1905 Jefferson St.; 80 yrs., 3 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Sept. 23rd, 1836 (Month) (Day) (Year)

7-AGE, 80 yrs. 3 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer) at Home

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Wm Ellingsworth

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Eliza —

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anne Heisner

(Address) 1905 Jefferson

15- JAN 5 - 1917 ROBERT B. KRAUTER

Filed....., 191.... Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 3, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1917, to — 191—, that I saw her alive on Jan 2 1917, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(Duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

(Duration) ...yrs. ...mos. ...ds.

(Signed) A. J. Siena M. D.

Jan. 3, 191 7. (Address) 625 N. Washington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem. DATE OF BURIAL, Jan. 5, 1917

20-UNDERTAKER Philip Herwig ADDRESS 2016 Orleans St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1022

CERTIFICATE OF DEATH.

91 D 1022

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 E Pratt ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Albert Cavaliere

(Residence in Baltimore: No. 823 E Pratt St.; ..... yrs., ... mos. ..... ds.)

Be properly classified. Care taken of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, June 10, 1916 (Month) (Day) (Year)

7-AGE, ... yrs. 6 mos. 27 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Raffial Cavaliere

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Raffial Perri

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Raffial Cavaliere

(Address) 823 E. Pratt

15-

Filed JAN 5 1917 191.... ROBERT R. KRAUTH Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 4, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 23 1916, to Jan 4 1917, that I saw him alive on Jan 3 1917, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

1 Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) ..... yrs. ..... mos. 5 ds.

(Signed) C. Palmisano M. D.

Jan 4th, 1917. (Address) 126 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Vincent

DATE OF BURIAL, January 6, 191...

20-UNDERTAKER Wendel Apfeldorf

ADDRESS 373 Aisquith

D 1023

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 1023

CERTIFICATE OF DEATH.

REGISTERED No. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 20 S. High St. ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Antonio Nordina

(Residence in Baltimore: No. 20 S High St. St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	Lutheran

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
40 yrs. About mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Hotel Kitchen
(b) General nature of industry, business, or establishment in which employed (or employer): General Work

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mason Nordina

(Address) 20 S High St.

15- Filed JAN 5 - 1917 191 ROBERT P. KRAUTH Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 2, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) ~~I further certify~~ that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) F. C. Smith M. D. (Coroner)

Jan 7, 191 (Address) 710 La Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL,	DATE OF BURIAL,
Mt Olivet	Jan 8, 19
20-UNDERTAKER	ADDRESS
Mendell Bros	

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1024

CERTIFICATE OF DEATH.

109 D 1024

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Powers

(Residence in Baltimore: No. St Vincent's Orphanage St.; 11 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dec 25, 1905
(Month) (Day) (Year)

7-AGE, 11 yrs. — mos. 10 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School-boy.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Unknown

PARENTS.

10-NAME OF FATHER, Wm Powers

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Record

(Address) Mercy Hospital

15- Filed JAN 5 1917, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 4, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2, 1917, to Jan 4 1917, that I saw h[illegible] alive on Jan 4 1917, and that death occurred, on the date stated above, at 9.30 a m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction
(Chronic)
(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Abdominitis
(Duration) yrs. 2 mos. ds.

(Signed) Emmet L. Cragen M. D.

1/4/17, 191.7 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State 11 yrs. mos. ds.

Where was disease contracted, if not at place of death? St Vincent's

Former or usual residence Same

PLACE OF BURIAL OR REMOVAL: Cathedral Cem. DATE OF BURIAL: Jan 5, 1917

20-UNDERTAKER Chas. P. Evans & Son ADDRESS 1130 N. Royal Ave

CAUSE OF DEATH must be plainly written, so that it may be understood by all. Every question must be answered, as that is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1025

CERTIFICATE OF DEATH.

81 D 1025

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1242 E North Ave ST. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice A Lemmon

(Residence in Baltimore: No. 1242 E North Ave St.; 80 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, March Twenty, 1837
(Month) (Day) (Year)

7-AGE 80 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, Thos J McKittrick

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Mary E McDonald

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary L McKittrick

(Address) 1242 E North Ave

15-

Filed JAN 5 1917, 191.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 3, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1916, to Jan 3rd 1917, that I saw h[er] alive on Jan 3rd 1917, and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Oedema Lungs

(Duration) yrs. mos. 1 ds.

(Signed) Edmund L Hall M. D.

Jan 4, 1917. (Address) 1617 E North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Catholic Cemetery

DATE OF BURIAL, Jan 6, 1917

20-UNDERTAKER Chas S Coane & Son

ADDRESS 1181 W Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Also statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 1026

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2030 S Charles ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Kellenberg

(Residence in Baltimore: No. 2030 S Charles St. 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Sept (Month) 12 (Day), 1840 (Year)

7-AGE, 76 yrs. 3 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Dairy work General Jobbing

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Kellenberg

(Address) 2030 S. Charles St

15- JAN 5 1917

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 27 1916, to Jan 4 1917, that I saw h[illegible] alive on Dec 29 1916, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

not known

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) old age

(Duration).....yrs.....mos.....ds.

(Signed) Wm E Siegler M. D.

1/4, 1917. (Address) 1319 Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem. DATE OF BURIAL, Jan 6, 1916

20-UNDERTAKER William Cook ADDRESS 502 North Ave.

CAUSE OF DEATH to be filled in plain terms, so that it may be understood by physicians. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 1027 — 10 — D 1027

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 30 E Hoath St.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary F Ryan

(Residence in Baltimore: No. 30 E Heath St. St.; 15 yrs., 7 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH. May (Month) 10 (Day), 1901 (Year)

7-AGE, 15 yrs. 7 mos. 24 ds. — If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Balto Md

PARENTS.

10-NAME OF FATHER, John F Ryan

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Katherine Ryan

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John F Ryan

(Address) 30 E Heath St

15- Filed JAN 5 - 1917, 191.... ROBERT R. KRAUTER Registrar. Burial Form 1 Stock

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Jan (Month) 3rd (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1917 to Jan 3 1917, that I saw her alive on Jan 3 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Dilated Heart

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(Duration) ....yrs. 1 mos. ....ds.

(Signed) N Lee Hearn M. D.

Jan 4th, 1917. (Address) 1228 E Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral Cem	Jan 6, 1917
20-UNDERTAKER	ADDRESS
W J E Evans & Sons	1428 E Chase St

CAUSE OF DEATH to be plainly written, and technical terms, as far as may be, avoided. Give profession or occupation in every case of female. Every question should be answered, as the information is important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 1028

CERTIFICATE OF DEATH.

92 D 1028

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1332 N. Bond ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie E. Stugett

(Residence in Baltimore: No. 1332 N. Bond St.; 29 yrs., 8 mos. 29 ds)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Apr. (Month) 4 (Day), 1887 (Year)

7-AGE, 29 yrs. 8 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John E. C. Briscoe

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Agnes McGill

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. E. Stugett

(Address) 1332 N. Bond St.

15- Filed JAN 6 1917 ROBERT B. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1916, to Jan 3, 1917, that I saw her alive on Jan. 6 1917, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

partially

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Pleurisy

(Duration) yrs. mos. ds.

(Signed) Benj. D. Hayman M. D.

Jan. 8, 1917. (Address) 1216 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park. DATE OF BURIAL, Jan 6 1917

20-UNDERTAKER Putnam & Coe ADDRESS 1723 W. Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1029

CERTIFICATE OF DEATH.

91 D 1029

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMCRE: (No. 1128 N. Stricker ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elena Magdalen Donley

(Residence in Baltimore: No. 128 N. Stricker St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, Dec. 9, 1916 (Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 25 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work — None
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Balto. City Md.

PARENTS.

10-NAME OF FATHER, Howard L. Donley

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Ethel J. Williamson

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard L. Donley

(Address) 1128 N. Stricker St.

15-

Filed JAN 6 1917, 191... ROBERT B. KRAUTH Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 4, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 3 - 1917, to Jan. 4 - 1917, that I saw her alive on Jan. 4 - 1917, and that death occurred, on the date stated above, at 11.20 p.m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(Duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Chas. L. McCarthy M. D.

Jan. 4, 1917. (Address) 624 N. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Jan 6 1917

20-UNDERTAKER Bertram Moore — ADDRESS 1723 Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

over

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1030

CERTIFICATE OF DEATH.

79 D 1030

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1125-N. Gilmor ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H. Gettes

(Residence in Baltimore: No. 1125-N. Gilmor St. Life yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb. 4, 1844
(Month) (Day) (Year)

7-AGE, 75 yrs. 11 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Engineer on
(b) General nature of industry, business, or establishment in which employed (or employer). Steamboat

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Adam Gettes

11-BIRTHPLACE OF FATHER (State or Country). Scotland

12-MAIDEN NAME OF MOTHER Jane Smith

13-BIRTHPLACE OF MOTHER (State or Country). Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mother

(Address) 1125-N. Gilmor

15-

Filed JAN 6 - 1917, 191.

ROBERT R. KRAUTER
Registrar.
Burial Permit Filed

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 4, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia
Duration 1 week

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jno. M. Mullen M. D.
(Coroner.)

Jan 5, 1917 (Address) 819 E. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Mt. Olivet — DATE OF BURIAL, Jan. 7 19 17

20-UNDERTAKER Rutan & Yost — ADDRESS 1725 W. Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

GENERAL AFFIDAVIT.

THE DAILY RECORD, PRINT.

State of Maryland, Baltimore City, to wit:

BE IT REMEMBERED, *That on this* 18th *day of* January *A. D. 1917, before me, the subscriber, a* Notary Public *of the said State, in and for the City aforesaid, personally appeared* J. S. Wiltshire, M.D., Coroner

and made oath on the Holy Evangely of Almighty God that the true spelling of the name of the deceased party mentioned in the accompanying transcript is George W. Geddes instead of Geytes as he, the said Wiltshire, has since ascertained

J. S. Wiltshire, M. D.,

Coroner.

Witness my hand and notarial seal.

Chas. F. Griffin

Notary Public

MY COMMISSION EXPIRES
MAY 7th, 1918

Spec.—5-19-13—M. & T.—500 Bks.

D 1031

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 D 1031

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 Hanover St. Honberger 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Infant of Mr & Mrs C. Honberger

(Residence in Baltimore: No. 1812 Hanover St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Jan (Month) 3 (Day), 1917 (Year)

7-AGE, ...yrs....mos....ds.

If LESS than 1 day, ...hrs. or 5 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Clarence Honberger

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Rose Edwards

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence Honberger

(Address) 1812 Hanover St.

15-

Filed JAN 6 - 1917 191.... HARRY C. ANDREWS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 3 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3 191 7, to Jan 3 191 7, that I saw h[illegible] alive on Jan 3 191 7, and that death occurred, on the date stated above, at 12 55 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(5 Months Uterogestation)

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Debauchery

(Duration) ....yrs....mos....ds.

(Signed) C. F. Campbell M. D.

Jan 4, 191 7. (Address) 164 E Hamburg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cem

DATE OF BURIAL, Jan 6 191 7

20-UNDERTAKER E. Schloman & Son

ADDRESS 1039 Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1032 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1032

CERTIFICATE OF DEATH.

28

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 W. Mulberry ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Fretwoman

(Residence in Baltimore: No. 521 W. Mulberry St.: 43 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov. (Month) (Day), 1848 (Year)

7-AGE, 68 yrs. ? mos. ? ds.

If LESS than 1 day, ...hrs. or.....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, James O'Brien

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Connolly

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sam'l Fretwoman

(Address) 521 W. Mulberry St.

15-

Filed JAN 6 - 1917 1917 HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 4th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 1916, to January 4 1917, that I saw h.. alive on January 3 1917, and that death occurred, on the date stated above, at 2:30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Roberta O'Brien M. D.

Jan. 5th, 1917. (Address) 5 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Jan. 6th, 1917

20-UNDERTAKER John A. Braun ADDRESS Baltimore

CASE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B D 1033

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 1033

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 Ensor St. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta M Housch.

(Residence in Baltimore: No. 727 Ensor St.; ....yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Jan 4, 1917
(Month) (Day) (Year)

7-AGE, ...yrs. 3 mos. 1 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. 0
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry F Housch

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Mable Latham

13-BIRTHPLACE OF MOTHER (State or Country), N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Bill

(Address) 727 Ensor St

15-

Filed JAN 6 1917 HARRY C. ANDREWS Clerk.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 4 1917, to Jan 5 1917, that I saw h ~~alive~~ dead on Jan 4 1917, and that death occurred, on the date stated above, at 3.4 m.

The CAUSE OF DEATH* was as follows:

Prematur birth

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Injury to mother

(Duration) ....yrs. mos. 1 ds.

(Signed) Eugene Emerson M. D.

1/5, 191.. (Address) Sudley

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONAL TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Cross, DATE OF BURIAL, Jan 6, 191..

20-UNDERTAKER Liston T. Fussellbaugh ADDRESS 2620 St Paul

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION very important. See instructions on back of certificate.

D 1034
1 PLACE OF DEATH

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79
REGISTERED NO. C

D 1034

CITY OF BALTIMORE (No. 1261 Riverside ave 24 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Hue Demmitt

(Residence in Baltimore: No. 1261 Riverside ave St.; 5 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-~~SINGLE~~, ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word)
Male	white	Widowed

6-DATE OF BIRTH December, 18, 1852 (Month) (Day) (Year)

7-AGE 64 yrs. — mos. 18 ds. | If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Packing
(b) General nature of industry, business, or establishment in which employed (or employer): Tinware

9-BIRTHPLACE (State or country): Maryland.

PARENTS

10-NAME OF FATHER: Henry Demmitt.

11-BIRTHPLACE OF FATHER (State or country): Not known

12-MAIDEN NAME OF MOTHER: " "

13-BIRTHPLACE OF MOTHER (State or country): " "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry H. Demmitt

(Address) 1261 Riverside ave

15. JAN 6 - 1917 Filed, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH January, 5, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct, 15, 1916, to Jan, 5, 1917, that I saw him alive on Jan - 1 - 1917, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) 1 yrs. — mos. — ds

Contributory (SECONDARY) Chronic Myocarditis

(Duration) — yrs. 2 mos. — ds.

(Signed) David Hamilton M. D.

1/8/1917 (Address) 122 W. 6th

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Jan 7, 1917

20-UNDERTAKER: C. Flemming — ADDRESS: 1460 Baltimore

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1035

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 D 1035

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2925 Westwood St.; 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James R. Warfield

(Residence in Baltimore: No. 2925 Westwood St.; - yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Oct 8 0 (Month) (Day), 1858 (Year)

7-AGE: 58 yrs. 2 mos. 4 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Frederick Co. Md.

PARENTS

10-NAME OF FATHER: A. S. Warfield

11-BIRTHPLACE OF FATHER (State or country): Frederick Co Md

12-MAIDEN NAME OF MOTHER: Isabelle Metzel

13-BIRTHPLACE OF MOTHER (State or country): York Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry P. Warfield

(Address) 339 N. Primrose St York Pa

15- Filed JAN 6 - 1917, 191.....

HARRY C. ANL[illegible]
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1, 191 7, to, Jan 4, 191 7, that I saw h[illegible] alive on Jan 3, 191 7, and that death occurred, on the date stated above, at 12.25 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs ..... mos. 3 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos. ..... ds.

(Signed) H. C. Mullin M. D.

Jan 4, 191 7. [Address] 2757 W Pratt St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Frederick. Md

DATE OF BURIAL: Jan 7, 191 7

20-UNDERTAKER: W. J. Tickner & Son

ADDRESS: North & Pa

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1036 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+114 D 1036

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.: 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Belle Wilson

(Residence in Baltimore: No. Summit, Hosp. St.: — yrs. — mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH. June (Month) 1 (Day), 1844 (Year)

7-AGE. 72 yrs. 7 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country). md

PARENTS.

10-NAME OF FATHER. John Jump.

11-BIRTHPLACE OF FATHER (State or Country). md

12-MAIDEN NAME OF MOTHER Elizabeth Clements

13-BIRTHPLACE OF MOTHER (State or Country). md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lazen Wilson

(Address) Barclay Md

15- Filed JAN 6 - 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

Over

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 5 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Dec 28 1916, to Jan 5 1917, that I saw her alive on Jan 5 1917, and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 3 yrs. mos. ds.

(Signed) W. Houston Fowlkes M. D.

Jan 5, 191.7 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. mos. 8 ds. In the State 68 yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Barclay, md.

19-PLACE OF BURIAL OR REMOVAL. Barclay Md

DATE OF BURIAL. Jan 8, 191.7

20-UNDERTAKER W. Tedmer & Son

ADDRESS Phone

CAUSE OF DEATH to be plainly written, as that it may be properly important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1037

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1037

CERTIFICATE OF DEATH.

29

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 939 N Wolfe ST. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vaclav Marousek

(Residence in Baltimore: No. 939 N. Wolfe St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct Known, 1 ..... (Month) (Day) (Year)

7-AGE, 78 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... General

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, John Marousek

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Mat Brown

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marie Marousek

(Address) 939 N Wolfe St

15- Filed JAN 6 - 1917, 191.... HARRY C. ANDREWS. Burial Permit Clerk Registrar.

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 3 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Dec 31 1916, to Jan 3 1917, that I saw h m alive on Jan 3 1917, and that death occurred, on the date stated above, at 1130A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

(Signed) F. Fred Ruzicka M. D.

Jan 3, 191 7 (Address) 604 S Patterson Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Jan 6, 1917.

20-UNDERTAKER Frank Cracknon — ADDRESS 1900 Eastend

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1038

CERTIFICATE OF DEATH.

64 D 1038

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 133 N. Duncan St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Pohoralek

(Residence in Baltimore: No. 133 N. Duncan St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Not Known, 1826
(Month) (Day) (Year)

7-AGE, 91 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Josef Peterka

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Antonia Kabuzka

(Address) 133 N. Duncan St.

15- Filed JAN 6 - 1917 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 5, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 10 1916 to Jan 5 1917, that I saw h[illegible] alive on Jan 4 1917, and that death occurred, on the date stated above, at 2.15 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 26 ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(Duration) yrs. mos. 2 ds.

(Signed) William McDavid M. D.

Jan 6, 191[illegible] (Address) 2008 Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, Jan 8, 191 7.

20-UNDERTAKER Enoch Enoch Son

ADDRESS 1904 Eden

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1039

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

D 1039

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 935 N. Bond ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Libertine

(Residence in Baltimore: No. 935. N. Bond st. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (Write the word.) Married

6-DATE OF BIRTH, ... Unknown, 1 ..... (Month) (Day) (Year)

7-AGE, 74 Years ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, James Libertine

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Frank Libertine

(Address) 333 N. Gay st.

15-

Filed JAN 6 1917

HARRY A. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 3rd, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from several months ago, 191..., to ..... 191...,
that I saw h im alive on Jan 3rd 1917,
and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:
Apoplexy / Cerebral Hemorrhage
[There was a Cerebral Hemorrhage which I attended him for on account of his last illness and recently a recurrence about 6 hours ago]
..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arterio sclerosis
..... (Duration) about 4 yrs. mos. ds.

(Signed) Wm. F. Lockwood M. D.
Jan. 5th, 1917. (Address) 8 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincent Cemetery
DATE OF BURIAL, Jan. 6, 1917.

20-UNDERTAKER George J. Ruth
ADDRESS 1735 Harford Ave.

CAUSE OF DEATH to be properly classified. Each question is to be answered in every case if it may be important. See instructions on back of certificate.

D 1046

HEALTH DEPARTMENT—CITY OF BALTIMORE

185 D 1046

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital St. 22 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George A. Michael

(Residence in Baltimore: No. 16 E. Montgomery St.; yrs. 47 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-~~SINGLE, MARRIED, WIDOWED,~~ OR DIVORCED, (*Write* the word.) Divorced

6-DATE OF BIRTH, Unknown (Month) (Day), 1 (Year)

7-AGE, 51 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Driver Wagon
(b) General nature of industry, business, or establishment in which employed (or employer). Coal

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Geo Henry Michael

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Henry

(Address) 16 E. Montgomery

15-

Filed JAN 6 1917 191...

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 3 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull & cerebral hemorrhage from Cause
Accidental Fall from Dray
Total Unconscious
Between times
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. H. Farley (Coroner.) M. D.

Jan 5, 1917. (Address) 163 Druid

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenlawn Park

DATE OF BURIAL, Jan 6, 1917

20-UNDERTAKER W. J. Tinker

ADDRESS 2211 North Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Literal answers should be given to CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 1041

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 North Bradford ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William G. Waltrop

(Residence in Baltimore: No. 1705 North Bradford St.; 34 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, July (Month) 11 (Day), 1851 (Year)

7-AGE, 65 yrs. 5 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Factory Hand
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, William Waltrop

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Freda B. Reinhardt

(Address) 1705 N. Bradford

15- JAN 6 - 1917 ROBERT R. KRAUTER

Filed....., 191..... Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 5th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 26th 1916, to Jan. 5th 1917, that I saw him alive on January 4th 1917, and that death occurred, on the date stated above, at 12:30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Uremia

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) yrs. mos. 6 ds.

(Signed) Albert Dingeldey M. D.

1/5/, 1917 (Address) 1615 E. Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Jan 8, 1917

20-UNDERTAKER William Cook

ADDRESS 507 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

D 1042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

163 D 1042

REGISTERED NO C

(PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No.)

2-FULL NAME Ernest Green

(Residence in Baltimore: No. 807 N Dallas s St.; yrs., [redacted] da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Not Known (Month), (Day), 1884 (Year)

7-AGE, 33 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Louis Green

11-BIRTHPLACE OF FATHER (State or Country), MD

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (State or Country), MD

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Green

(Address) 807 N Dallas sr

15- Filed JAN6-1917, 191. ROBERT B. KRAUTER Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 4 1917 (Month), (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide. set fire to his clothes. (Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) [signature] (Coroner.) M. D.

Jam 5 1917, 191... (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State 9/12 yrs. mos. da.

Where was disease contracted, if not at place of death? 807 N. Dallas St.

Former or usual residence 807 N. Dallas St.

19-PLACE OF BURIAL OR REMOVAL, Lamb Cemetery

DATE OF BURIAL, Jan 7 1917

20-UNDERTAKER Mrs. R. A. Elliott

ADDRESS 516 East St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1043

CERTIFICATE OF DEATH.

40 D 1043

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2110. Fleet. ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Antkowiak

(Residence in Baltimore: No. 2110 Fleet. St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White.

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Feb. (Month) 16, (Day) 1863 (Year)

7-AGE. 53 yrs. 10 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer). Steam Ship

9-BIRTHPLACE, (State or Country), Germany.

PARENTS.

10-NAME OF FATHER. Jacob Antkowiak.

11-BIRTHPLACE OF FATHER (State or Country), Germany.

12-MAIDEN NAME OF MOTHER Not. Known

13-BIRTHPLACE OF MOTHER (State or Country). Not. Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Frank Antkowiak

(Address) 2110 Fleet St.

15- Filed JAN 6 1917, 191

ROBERT R. KRAUTH
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. January 4th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 5 1916, to January 4th 1917; that I saw him alive on December 31 1916, and that death occurred, on the date stated above, at 2.15 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Cancer Duodenum

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Anaemia

(Duration) 1 yrs. mos. ds.

(Signed) R. F. Hawkins M. D.

Jan 5, 191 (Address) 1901 Boston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Rosary.

DATE OF BURIAL Jan 6, 191

20-UNDERTAKER William Fiaskowski

ADDRESS 618 Eastern Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each question must be answered if any of it is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

124 D 1044

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2218 Hanemann av ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaretha Blaick

(Residence in Baltimore: No. 2218 Hanemann av ST.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, July 26, 1835 (Month) (Day) (Year)

7-AGE, 81 yrs. 5 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer). Housework

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John F. Stengel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Stengel

(Address) 2218 Hanemann av

15- Filed JAN 6 - 1917, 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan 4th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 24 1916, to Jan 4 1917, that I saw her alive on Jan 3 1917, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Old age Exhaustion

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cystitis

(Duration) yrs. 12 mos. ds.

(Signed) B. F. Stern M. D.

Jan 5, 1917. (Address) 1305 E Pratt St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem. DATE OF BURIAL, Jan 6, 1917

20-UNDERTAKER Philip Henry ADDRESS 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

Louise Haffcke

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1045

CERTIFICATE OF DEATH.

28

D 1045

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 855 W. Fayette ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Haffcke

(Residence in Baltimore: No. 855 W. Fayette St. S. 64 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. Mar 2, 1833 (Month) (Day) (Year)

7-AGE. 83 yrs. 10 mos. 3 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: House Duties (b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Henry Noeschel

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Hilgenberg

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida E. Volkommer

730 N. Fairmount Pittsburg Pa.
(Address)

15- Filed JAN 6 - 1917 191 ROBERT R. KRAUTH Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan 4, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest and Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

Tuberculosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. D. Driscoll M. D.
(Coroner)

Jan 4, 1917. (Address) 312 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Am

DATE OF BURIAL. Jan 7 19 17

20-UNDERTAKER. Mrs Jno. N. Teufel

ADDRESS 801 W. Fayette

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 1046

CERTIFICATE OF DEATH

64 D 1046

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2115 N Calvert ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Elizabeth Selby Hines

(Residence in Baltimore: No. 2115 N. Calvert St. 27 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): widow

6-DATE OF BIRTH: July (Month) 29 (Day), 1841 (Year)

7-AGE: 75 yrs. 5 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Dover, Delaware

PARENTS

10-NAME OF FATHER: John H. Burchinal

11-BIRTHPLACE OF FATHER (State or country): Delaware

12-MAIDEN NAME OF MOTHER: Eliza Burton

13-BIRTHPLACE OF MOTHER (State or country): Dover Delaware

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mrs. H. J. Evans
(Address): 2115 Calvert St.

15. Filed JAN 6 - 1917, 191 ROBERT R. KRAUTER, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 6 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 18th, 1916, to Jan 6 1917, that I saw h~~er~~ alive on Jan 5th 1917, and that death occurred, on the date stated above, at 5.30 a.m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 25 ds

Contributory (SECONDARY): Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

(Signed) Frederick S. Evans M. D.

Jan 6, 1917 (Address) 2127 N. Calvert St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Interment Mt.

DATE OF BURIAL: June 8, 1917

20-UNDERTAKER: Geo J Smith

ADDRESS: 100 W Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

B D 1047

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 1042

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 E. Chase St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E. McComb

(Residence in Baltimore: No. 715 E Chase St.; 42 yrs. 3 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH, Sept. (Month) 12 (Day) 1874 (Year)

7-AGE, 42 yrs. 3 mos. 22 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Traveling
(b) General nature of industry, business, or establishment in which employed (or employer)..... Salesman

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Samuel J. McComb

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Annie McDermott

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant), Miss Annie M. McComb

(Address) 715 E Chase St

15- JAN 6 - 1917 Filed....., 191.... ROBERT E. KRAUTER Clerk Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1916, to Jan 4 1917, that I saw him alive on Jan 3 1917, and that death occurred, on the date stated above, at 6-4 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

..... (Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uraemic Pneumonia

..... (Duration) 1 yrs. 2 mos. ..... ds.

(Signed) James W. Boulou M. D.

Jan 4, 1917 (Address) 700 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery DATE OF BURIAL, Jan. 8, 1917

20-UNDERTAKER Henry Koch Son ADDRESS 130 E Eager

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Each question important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

B D 1048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 1048

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3028 Harford Ave St.; 9 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Hartmann

(Residence in Baltimore: No. 3028 Harford Ave St.; 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, March (Month) 20 (Day) 1843 (Year)

7-AGE, 73 yrs. 9 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Egnor

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Frederick Betz

(Address) 1017 N. Central ave

15- JAN 6 - 1917 Filed....., 191.. ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 5th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 30th 191 6, to Jan 5th 191 7, that I saw him alive on Jan 4th 191 7, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

1. Carcinoma of pancreas

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. Klotz M. D.

Jan 5th 1917, (Address) 1501 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL. Jan 7, 191 7

20-UNDERTAKER Henry Hoeck Son

ADDRESS 1301 E Eager St

CAUSE OF DEATH is in plain terms, as that it may be properly classified. Each answer is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

Catherine Gilroy

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1049 D 1049

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH St Josephs Hospital

REGISTERED NO. C

CITY OF BALTIMORE: (No. Calvert & Lours St. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Catherine Gilroy

(Residence in Baltimore: No. 1739 N. Broadway St.; 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~. (Write the word.) Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1842 (Year)

7-AGE, 75 yrs. mos. ds.

If LESS than 1 day, hrs. or mtn.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs P Fusler

(Address) 173 N Broadway

15- Filed JAN 6 - 1917, 191.... ROBERT P. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 4, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26 1916, to Jan 4 1917, that I saw h[illegible] alive on Jan 4 1917, and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:
Developed an apoplectic stroke from Diabetes ago

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Broncheles - Pneumonia

(Duration) yrs. mos. 2 ds.

(Signed) Henry Mustard M. D.

Jan. 4., 1917. (Address) 18 S. N.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Lenth Years

Former or usual residence 1739 Broadway

19-PLACE OF BURIAL OR REMOVAL Sykesville Md. DATE OF BURIAL, Jan. 8, 1917.

20-UNDERTAKER M Fahey & Sons ADDRESS 16 Lafayette Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1050

CERTIFICATE OF DEATH.

79 D 1050

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 745 Sarah Ann ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Reed

(Residence in Baltimore: No. 745 Sarah Ann St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widower

6-DATE OF BIRTH, ... Unknown ....., 1865.
(Month) (Day) (Year)

7-AGE, 52 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer Sager brick
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William C.W. Reed Jr.

(Address) 745 Sarah Ann St

15- Filed JAN 6 - 1917, 191.... ROBERT B. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... January 4 ....., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Valvular Heart Disease

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert L. Driscoll M. D.
(Coroner.)

Jan 5, 191 7 (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Jan. 6, 1917

20-UNDERTAKER Charles B. Jones

ADDRESS 235 N. Pine St

N. B.—Every item of information should be carefully supplied. ACCURATE DIAGNOSIS of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Dks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1051

CERTIFICATE OF DEATH.

79 D 1051

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 W West - ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H. Meredith.

(Residence in Baltimore: No. 421 W West St. St.; ... yrs., ... mos., ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ... Jan (Month) 8 (Day), 1906 (Year)

7-AGE, ... 11 yrs. 11 mos. 27 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, George A Meredith

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Lottie Forrest

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lottie Meredith

(Address) 421 W West St.

15- Filed JAN 6 - 1917 191... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 5th (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Sept 14 1914, to Jan 5 1917, that I saw h[illegible] alive on Jan 4 1917, and that death occurred, on the date stated above, at 10:30 a m.

The CAUSE OF DEATH* was as follows:

..... Rheumatic fever .....

..... (Duration) 3 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Valvular disease of Heart

..... (Duration) 2 yrs. — mos. — ds.

(Signed) [illegible] M. D.

Jan 6, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Olivet Cem.

DATE OF BURIAL, Jan 7th, 1917.

20-UNDERTAKER C. Schlosman & Son

ADDRESS 1039 Hanover st.

CAUSE OF DEATH to be plainly written, so that it may be properly classified. Each statement of question is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

B D 1052

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

64 D 1052

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1344 Augusta ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin J. Reddington

(Residence in Baltimore: No. 1344 Augusta St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. 16, 1864 (Month) (Day) (Year)

7-AGE, 52 yrs. 3 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Contractor
(b) General nature of industry, business, or establishment in which employed (or employer)..... Paving

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Martin Reddington

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Eliz. Devine

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Reddington

(Address) 1344 Augusta St.

15- Filed JAN 6 - 1917 191.... ROBERT R. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 3, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug., 1916, to January 3 1917, that I saw h-m alive on January 3 1917, and that death occurred, on the date stated above, at 10.35 Am.

The CAUSE OF DEATH* was as follows:

Arteria-Sclerosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

(Signed) Hubert Krauthoff M. D.

Jan. 4, 1917. (Address) 1216 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery DATE OF BURIAL, Jan 8, 1917

20-UNDERTAKER H. C. Wedefeld ADDRESS N. Fremont Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. All items important. See instructions on back of certificate.

D 1053

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1053

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2224 Druid Hill Ave ST. 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter D Maynard

(Residence in Baltimore: No. 2224 Druid Hill Ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov. 4, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 2 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Walter Maynard

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Anna Figby

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Maynard

(Address) 2224 Druid Hill

15- Filed JAN 6 - 1917, 191... ROBERT R. KRAUTER, Burial Permit Clerk, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 4, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. ds.

(Signed) J. M. McCutcheon M. D.
(Coroner) Jan. 6..., 191.7 (Address) 519 N. Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State None yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2224 Druid Hill Ave

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Jan. 7, 1916

20-UNDERTAKER Samuel Ramsey ADDRESS 57 W Biddle

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1054

CERTIFICATE OF DEATH.

120 D 1054

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 James ST 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha A Hartzell

(Residence in Baltimore: No. 1313 James St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Feb 16, 1847 (Month) (Day) (Year)

7-AGE, 69 yrs. 2 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House work
(b) General nature of industry, business, or establishment in which employed (or employer). At Home

9-BIRTHPLACE, (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER. Abraham Collins

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Elizabeth Campbell

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Milton E Hartzell

(Address) 1313 James St

15- Filed JAN 6 - 1917, 191 ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. January 4th, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 18 1916, to January 4 1917, that I saw h in alive on ex 1917, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Old Age

(Duration) yrs. mos. ds.

(Signed) Sheppard Dixon M. D.

Jan 6, 191.. (Address) 1727 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Western Cemetery

DATE OF BURIAL. Jan 7, 1917

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 1055

CERTIFICATE OF DEATH.

152 D 1055

REGISTERED NO. C

1-PLACE OF DEATH Md. Gen. Hosp.

CITY OF BALTIMORE: (No. Linden Ave & Madison ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Foran

(Residence in Baltimore: No. Md Gen' Hosp. St.: ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan (Month) 6 (Day), 1917 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 5 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John G. Foran

11-BIRTHPLACE OF FATHER (State or Country), Conn.

12-MAIDEN NAME OF MOTHER Lillian M. Webb

13-BIRTHPLACE OF MOTHER (State or Country), N. Y.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John G. Foran

(Address) 2018 Aisquith Ave

15-

Filed JAN 6 - 1917, 191 ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6 1917, to Jan 6 1917, that I saw h in alive on Jan 6 1917, and that death occurred, on the date stated above, at 6:0[illegible] m.

The CAUSE OF DEATH* was as follows:

Asphyxia Livida

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elmer Hawkins M. D.

1-6, 191 7. (Address) M.G.H. General Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Rochester N Y

DATE OF BURIAL, Jan 6, 1917.

20-UNDERTAKER Wm Cook

ADDRESS 502 E Natt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Last attendant of deceased is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1056

CERTIFICATE OF DEATH.

92 D 1056

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Randall

(Residence in Baltimore: No. 1932 McCulloh St.; 1 yrs. 2 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, negro

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. (Month) 7 (Day), 1915 (Year)

7-AGE, 1 yrs. 2 mos. 29 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Solomon Randall

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Mary Robins

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Randall

(Address) 1932 McCulloh st.

15-

Filed JAN 6 - 1917, 191

ROBERT R. KRAUTER
BURIAL PERMIT CLERK
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1917, to Jan 5 1917, that I saw h e alive on Jan 5 1917, and that death occurred, on the date stated above, at 10.45 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Jno E Cleaver M. D.

1/6/, 1917. (Address) Liberty

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. 14 mos. ..... ds.

Where was disease contracted, if not at place of death? 1932 McCulloh St

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL, Mt Lebanon Cemetery

DATE OF BURIAL, Jan 7th, 1917

20-UNDERTAKER, Jas. W. Chase - son

ADDRESS 1107 Hoker st

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Care and attention of occupation is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1057

CERTIFICATE OF DEATH.

1720 D 1057

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 N. Mount St. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Keziah Elizabeth McCleary

(Residence in Baltimore: No. 10 N. Mount St.; 60 yrs., 6 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. June (Month) 23rd (Day), 1856 (Year)

7-AGE. 60 yrs. 6 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country) Ft. Mc Md

PARENTS.

10-NAME OF FATHER. Wm J. Dew

11-BIRTHPLACE OF FATHER (State or Country). England.

12-MAIDEN NAME OF MOTHER Kezia Perry

13-BIRTHPLACE OF MOTHER (State or Country). England.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Husband W. L. McCleary

(Address) 10 N. Mount St.

15- Filed JAN 6 - 1917, 191... ROBERT R. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. (Month) 5th (Day), 1917 (Year).

17. I HEREBY CERTIFY, That I attended deceased from May 1916, to Jan 5th 1917, that I saw her alive on Jan 4th 1917, and that death occurred, on the date stated above, at 3 30 m.

The CAUSE OF DEATH* was as follows:

a. Chronic Pneumonia

Nephritis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Senile Weakness

(Duration) yrs. mos. 6 ds.

(Signed) J. Perry McCleary M. D.

Jan 6th, 1917. (Address) 1400 N. Payson St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park.

DATE OF BURIAL. Jan. 7., 1917.

20-UNDERTAKER Geo. L. Schwab & Bro.

ADDRESS 2101 Frederick Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Last attendant of deceased may be important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 1058 — 43 — D 1058

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1916 Frederick Ave ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME, Addie F. Gartside

(Residence in Baltimore: No. 1916 Fred Ave St.; 29 yrs., 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Dec. 8, 1887 (Month) (Day) (Year)

7-AGE, 29 yrs. 0 mos. 28 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Insurance
(b) General nature of industry, business, or establishment in which employed (or employer): Agent.

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Wm Gartside.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Martha H. Taylor

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha H. Taylor.

(Address) 1916 Frederick Ave

15- JAN 6 - 1917 Filed....., 191... ROBERT P. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~Dec. 30~~ Dec. 1916, to Jan 5th 1917, that I saw her alive on Jan 5 1917, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Cancer Breast.
Carcinoma

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pain Abdomen, over breast
(Duration) yrs. mos. ds.

(Signed) F. H. Phillips M. D.

....., 191... (Address) 1701 Hollins St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park. DATE OF BURIAL, Jan. 8., 191 6.

20-UNDERTAKER Geo. L. Schwab & Bro. ADDRESS 2101 Frederick Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Date statement of occupation is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 D 1059

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3034 Dillon ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Griffith W. Thomas

(Residence in Baltimore: No. 3034 Dillon St. St.: 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Sept. (Month) 13 (Day), 1850 (Year)

7-AGE,	If LESS than 1 day,
66 yrs. 3 mos. 22 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grocer Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Wales

PARENTS.

10-NAME OF FATHER, David Thomas

11-BIRTHPLACE OF FATHER (State or Country), Wales

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Anna D. Evans

(Address) 3034 Dillon St.

15- Filed JAN 6 - 1917 191.... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 4 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15th 1916, to Jany 4th 1917, that I saw him alive on Jany 4th 1917, and that death occurred, on the date stated above, at 345 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis (Bright's)

(Duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. mos. 3 ds.

(Signed) D. W. Lower M. D.

Jan. 6., 1917. (Address) 3116 O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Oaklawn Cemetery	Jan. 7., 1917.
20-UNDERTAKER Zirkler & Zirkler	ADDRESS 1739 E. Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Over

D 1060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

132 D 1060

1 PLACE OF DEATH — REGISTERED No. C

CITY OF BALTIMORE (No 1314 W. Lexington St. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Frank Long.

(Residence in Baltimore: No. 1314 W. Lexington St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	single

6 DATE OF BIRTH: Jan (Month) 5 (Day), 1917 (Year)

7 AGE: ..... yrs. ..... mos. ..... ds. | If LESS than 1 day ..... hrs. or 5 min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Frank Long

11 BIRTHPLACE OF FATHER (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Marie Wendenhammer

13 BIRTHPLACE OF MOTHER (State or country): Baltimore

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Long

(Address) 1314 W Lexington St

15. Filed JAN 6 - 1917 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 5 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1917, to Jan 5 1917, that I saw him alive on Jan 5, 1917, and that death occurred, on the date stated above, at 6.35 P m.

The CAUSE OF DEATH* was as follows:

Breech presentation with compression of cord

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) S. H. Sturgeon M. D.

Jan 6, 1917 (Address) 731 E Fort Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Jan 6, 1917

20 UNDERTAKER: Geo Lewis Cook | ADDRESS: 607 N Pa

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1061

CERTIFICATE OF DEATH.

151 D 1061

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 Lemmon ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Prof. Sugarad Geo. Ruby

(Residence in Baltimore: No. 917 Lemmon St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, 1 (Month) 6 (Day) 17 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 2 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Tailor
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER. Geo Ruby

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER. Susanna Hubley

13-BIRTHPLACE OF MOTHER (State or Country), Anna Arundel Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Ruby

(Address) 917 Lemmon

15- ROBERT P. KRAUTER

Filed JAN 6 - 1917 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6th 1917, to Jan 6 1917, that I saw h[illegible] alive on 6 am 1917, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Dunleavy M. D.

1/6, 1917. (Address) 400 N Paca

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former [illegible] usual residence

19-PLACE OF BURIAL OR REMOVAL. Greenmount

DATE OF BURIAL, Jan. 6, 1917.

20-UNDERTAKER John Herman & Son

ADDRESS 701 Dolphin St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1062

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Women's Hospital. 14 152 REGISTERED No. C

CITY OF BALTIMORE: (No. ..... St.; ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Thompson.

(Residence in Baltimore: No. Womens Hospital St.; ..... yrs. ..... mos. 2 hrs 45 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH. Jan 5, 1917
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.
If LESS than 1 day, 2 hrs. or 45 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Women's Hospital

PARENTS.

10-NAME OF FATHER, Stephen Thompson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Sue H. Jones.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. E. Ecker

(Address) Raspburg P.O. Md.

15- JAN 6 - 1917 Filed ....., 191... ROBERT P. KRAUTER Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... 191...,
that I saw him alive on Jan. 5 191 7,
and that death occurred, on the date stated above, at 3.9 a.m.
The CAUSE OF DEATH* was as follows:

Fracture of skull

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Difficult Instrumental Labor

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. L. Warner M. D.

Jan 5, 1917 (Address) Women's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Jan. 6, 1917.

20-UNDERTAKER Jos B Cook ADDRESS 1008 W. Balto.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1063

CERTIFICATE OF DEATH.

175

1. PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. [illegible] ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Jacob Greenbaum

(Residence in Baltimore: No. 2010 Madison ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
male	White	Single

6-DATE OF BIRTH, Aug. (Month) 20 (Day), 1887 (Year)

7-AGE, 57 yrs. 4 mos. 15 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Manf. Cigars

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wolf Greenbaum

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Hannah Bergman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Etta Greenbaum

(Address) 2010 Madison ave

15- Filed JAN 6 1917 ROBERT R. KRAUTER Registrar

Burial permit issued by Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmo-Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exposure by accident

Stuck by Automobile (Duration) yrs. mos. 2 ds.

(Signed) [illegible] M. D. (Coroner.)

Jan. 6, 1917 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 ds. In the State ....yrs. ....mos. 2 ds.

Where was disease contracted, if not at place of death? Eastern Ave & Wolfe St

Former or usual residence 2010 Madison ave

19-PLACE OF BURIAL OR REMOVAL, Ohel Shalom — DATE OF BURIAL, Jan 7, 1917

20-UNDERTAKER Howard Sondheim — ADDRESS 1128 Madison Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Where CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1064

CERTIFICATE OF DEATH.

92 DB 1064

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 Jefferson ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha E Neal

(Residence in Baltimore: No. 1729 Jefferson St.; ... yrs., ... mos. ... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, June 16, 1864.
(Month) (Day) (Year)

7-AGE, 52 yrs. 6 mos. 19 da.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER. James D Chamblin

11-BIRTHPLACE OF FATHER (State or Country), England.

12-MAIDEN NAME OF MOTHER Rebecca Bond

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Neal

(Address) 1729 Jefferson st

15- Filed JAN 6 - 1917, 191... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 4th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26th 191 6, to January 4th 191 7, that I saw h[illegible] alive on January 4th 191 7, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonia Lobar

(Duration) ... yrs. ... mos. 9 da.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... da.

(Signed) J. A. Storm M. D.

January 6th, 191 7 (Address) 650 E Eager st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn Cem. DATE OF BURIAL, January 7..., 191 7.

20-UNDERTAKER Edward L Fuller ADDRESS 221 N Bradley

CAUSE OF DEATH in plain terms. It may be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1065 + gvD 1065

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.: ? WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E. Stubblefield

(Residence in Baltimore: No. Johns Hopkins Hospital St.: ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1..... (Year)

7-AGE, 61 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Pipe fitter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Not Known

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A Smith

(Address) Johns Hopkins Hospital

15-

Filed JAN 6 1917 191.....

ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 3 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 30 1916, to January 3 1917, that I saw h[illegible] alive on January 3 1917, and that death occurred, on the date stated above, at 8 35 p. m.

The CAUSE OF DEATH* was as follows:

Valvular pneumonia

..... (Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia

..... (Duration) ....yrs. ....mos. 11 ds.

(Signed) W B Mayo M. D.

Jan 4, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 627 E. E. St Sparrows Point Md

19-PLACE OF BURIAL OR REMOVAL. Oak Lawn Cemetery DATE OF BURIAL JAN 7 1917

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+40

D 1066

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles W. Schmeleze.

(Residence in Baltimore: No. 22 days. Johns Hopkins Hosp. St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-~~SINGLE,~~ MARRIED, ~~WIDOWED, OR DIVORCED,~~ (~~Write the word.~~) Married

6-DATE OF BIRTH, January 6, 1868 (Month) (Day) (Year)

7-AGE, 49 yrs. — mos. — ds.

If LESS than 1 day, —hrs. or —min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Farmer

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Jacob Schmeleze

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Ann

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Charles Snyder

(Address) Johns Hopkins Hospital

15-JAN 6 - 1917 Filed....., 191.....

ROBERT P. KRAUTER Registrar

Burial Permit Issued

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each Indefinite or Occupation is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 6, 1917 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec. 16 1916, to Jan. 6 1917, that I saw him alive on Jan. 6 1917, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Operation

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Peritonitis

(Duration) yrs. mos. 14 ds.

(Signed) [illegible] M. D.

....., 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 22 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Roaring Branch, Pa

19-PLACE OF BURIAL OR REMOVAL, Roaring Branch Pa — DATE OF BURIAL, Jan. 10, 1917

20-UNDERTAKER Wm. J. Schaeffer Son — ADDRESS 18 Monument St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1067

CERTIFICATE OF DEATH.

X138 D 1067

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth J. Biersling (nee Miller)

(Residence in Baltimore: No. Mercy Hospital St.; yrs., mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July (Month) 17 (Day), 1877 (Year)

7-AGE, 39 yrs. 5 mos. 19 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John W Biersling

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Krebs

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C E Sutes

(Address) Hagerstown

15- Filed JAN 6 - 1917, 191 ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 6 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 12 1916, to Jan 6 1917, that I saw h[illegible] alive on Jan 6 1917, and that death occurred, on the date stated above, at 7 46 a m.

The CAUSE OF DEATH* was as follows:

Acute Hemorrhagic Nephritis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Pregnancy

(Duration) yrs. 8 mos. ds.

(Signed) Emma Emmert M. D.

1/6/, 1917 (Address) Mercy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 24 ds. In the State 39 yrs. mos. ds.

Where was disease contracted, if not at place of death? Hagerstown Md

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Hagerstown DATE OF BURIAL, 1/8, 1917

20-UNDERTAKER Hagerstown Md ADDRESS Hagerstown

CAUSE OF DEATH in plain terms, so that it may be properly classified. Omit statement of OCCUPATION if only important. See instructions on back of certificate.

(Over)

D 1068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 1068

REGISTERED No. C 170

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1709 William St. St. 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wengert.

(Residence in Baltimore: No. 1709 William St. St.; yrs., mos. 6. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	White.	Single.

6-DATE OF BIRTH, December 30th. 1916., / (Month) (Day) (Year)

7-AGE, ..yrs. ..mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER, Michael Wengert.

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md.

12-MAIDEN NAME OF MOTHER Elizabeth C, Higdon.

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Elizabeth Wengert. (Mother)

(Address) 1709 William St.

15- Filed JAN 7 - 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clark

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 5th. 1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
Congenital
(Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary)
(Duration) ..yrs. ..mos. ..ds.

(Signed) Otto W. Reinhardt M. D. (Coroner.)

Jan, 6, 1917. (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cemetery	Jan. 7., 19.17
20-UNDERTAKER	ADDRESS
P. J. M. L. Flynn	1452 Light

N. B.—Every item of information should be carefully supplied. AGE in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 1069

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1222 S.Sharp St. ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine C.Scanlon.

(Residence in Baltimore: No. 1222 S.Sharp St. St.; yrs., 31 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widow.

6-DATE OF BIRTH, May 17th. 1864. (Month) (Day), 1 (Year)

7-AGE, 52 yrs. 7 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Philadelphia Pa,

PARENTS.

10-NAME OF FATHER, Edward Price.

11-BIRTHPLACE OF FATHER (State or Country) Philadelphia, Pa.

12-MAIDEN NAME OF MOTHER Caroline Valentine.

13-BIRTHPLACE OF MOTHER (State or Country), Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Scanlon.(Son)

(Address) 1222 S.Sharp St.

15- Filed JAN 7 - 1917 191... ROBERT R. KRAUTER Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 4th. 1917. (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry. (Inquest, autopsy or inquiry.) found that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of the Heart

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Otto W. Reinhardt M. D.
(Coroner.)

Jan. 8, 1917 191... (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Jan. 8, 1917

20-UNDERTAKER D. & M. J. Flynn ADDRESS 1422 Light St

N. B.—Every item of information should be carefully supplied. Age should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Isaac Levinson

D 1070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79

D 1070

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 123 N. Exeter ST. 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Levinson

(Residence in Baltimore: No. 123 N. Exeter st St.; yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	married

6-DATE OF BIRTH, Unknown (Month) (Day), 1887 (Year)

7-AGE, 30 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Harry Levinson

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Levin

(Address) 1411 E. Balt st

15- Filed JAN 7 - 1917 191.... ROBERT R. KRAUTER Registrar

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Jan 6 death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular heart

Duration (Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary).....

(Duration)....yrs....mos....ds.

(Signed) H. L. Tate (Coroner) M. D.

Jan 6, 1917 (Address) 27 Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Int Carmel

DATE OF BURIAL, Jan 7, 1917

20-UNDERTAKER Jack Levin

ADDRESS 1411 E Balt st

N. B.—Every item of information above must be carefully supplied. ANY ITEM OMITTED OR NOT EXACTLY ATTENDED TO will cause delay. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-13-17 M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1071

CERTIFICATE OF DEATH.

5 151

REGISTERED NO. C

D 1071

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 E Fayette ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Stein

(Residence in Baltimore: No. 1420 E Fayette St.: yrs. mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Jan 5, 1917 (Month) (Day) (Year)

7-AGE. yrs. mos. 1 ds.

If LESS than 1 day. hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country.) Md

PARENTS.

10-NAME OF FATHER. Jacob Stein

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Goldie Stein

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Stein

(Address) 1411 E Baltimore St

15- Filed JAN 7 - 1917 ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan 6, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5, 1917, to Jan 6 1917, that I saw h[illegible] alive on Jan 6 1917, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

a Premature birth

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. H. Baylin M. D.

Jan 6, 1917 (Address) 717 Fairmount

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Hebrew Mt Carmel

DATE OF BURIAL. Jan 7, 1917

20-UNDERTAKER Jack Levin

ADDRESS 1411 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of fact important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1072

CERTIFICATE OF DEATH.

61 D 1072

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 Ogodon St.; 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas Robinson

(Residence in Baltimore: No. 406 Ogodon St.; 20 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) ... (Day); 1864 (Year)

7-AGE, 52 yrs. ... mos. ... ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): ...

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Robinson

(Address) 406 Ogodon St

15- Filed JAN 7 - 1917 191... ROBERT P. KRAUTER Registrar.

BURIAL PERMIT Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 5 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 4 1917, to Jan 5 1917, that I saw h... alive on Jan 5 1917, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) ... yrs. ... mos. ... ds.

(Signed) [illegible] M. D.

Jan. 6., 1917. (Address) 739 W Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn Cemetery

DATE OF BURIAL, Jan 7, 1917

20-UNDERTAKER John H Tordrin

ADDRESS 142 Mill St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bm.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1073

CERTIFICATE OF DEATH.

92 D 1073

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hospital St. 11th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pleasant Wilson

(Residence in Baltimore: No. 416 W. Preston St.: ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Widower

6-DATE OF BIRTH, Unknown ..... (Month) ....., 1 ..... (Day) (Year)

7-AGE,	If LESS than 1 day,
5 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Butler
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Garnett

(Address) 416 W Preston St

15- Filed JAN 7 - 1917, 191..... ROBERT B. KRAUTER Registrar.

BURIAL PERMIT

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 5 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 27 1916, to Jan 5 1917, that I saw him alive on Jan. 4 1917, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar, Left side

..... (Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Pierce Kintzing M. D.

Jan. 6, 1917. (Address) 1321 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 9 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? 416 W. Preston St.

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn DATE OF BURIAL, Jan 7, 1917

20-UNDERTAKER John H. Toadvine ADDRESS 142 W. Pratt St.

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1074

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 1074

CERTIFICATE OF DEATH.

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST.: 24 WARD)

2-FULL NAME John Noll

(Residence in Baltimore: No.) 1432 Hull St ST.: 30 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1884 (Year)

7-AGE, 32 yrs. mos. da.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Railroad Laborer

9-BIRTHPLACE, (State or Country). Austria

PARENTS.

10-NAME OF FATHER, Peter Noll

11-BIRTHPLACE OF FATHER (State or Country). Austria

12-MAIDEN NAME OF MOTHER Jane Lloyd

13-BIRTHPLACE OF MOTHER (State or Country). Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hosp. Record

(Address), Green + Lombard Sts.

15- Filed JAN 7 - 1917, 191... ROBERT R. KRAUTER Registrar

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 18 1916, to Jan 6 1917, that I saw h(im) alive on Jan 6 1917, and that death occurred, on the date stated above, at 12 45 p m.

The CAUSE OF DEATH* was as follows:

Oedema of Lungs

(Duration) ... yrs. ... mos. 1 da.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 17 da.

(Signed) C. A. Reifschneider M. D.

..., 191... (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. 64 da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death? —

Former or usual residence 1432 Hull St.

19-PLACE OF BURIAL OR REMOVAL, Loudon Park & Co DATE OF BURIAL, Jan 8, 1917

20-UNDERTAKER [illegible] ADDRESS 38 Light St

(Over)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Thomas H. Jolley.

D 1075 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1075

CERTIFICATE OF DEATH.

REGISTERED NO. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 413 Moore's Alley ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas H. Jolley

(Residence in Baltimore: No. 413 Moore's Alley St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, September (Month) (Day) 1874 (Year)

7-AGE, 43 yrs. [illegible] mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Huxster
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Martin Jolley

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Rose Brown

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wife

(Address) 505 N. Wolfe

15- JAN 7 - 1917 Filed ....., 191.... ROBERT R. KRAUTH Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 5, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

[illegible] Acute [illegible] of the [illegible] (Duration) hrs. mos. ds.

CONTRIBUTORY (Secondary) [illegible] (Duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner)

Jan 5, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL, Jan 9th, 1917

20-UNDERTAKER Joseph A Ferrell

ADDRESS 1319 Division

N. B.—EVERY item of information should be carefully supplied. Every CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1076

CERTIFICATE OF DEATH.

28 D 1076

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 235 N Collington ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob P Meagher

(Residence in Baltimore: No. 235 N Collington St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July 29 1840; (Month) (Day) (Year)

7-AGE, 76 yrs. 5 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Shipping
(b) General nature of industry, business, or establishment in which employed (or employer) Clerk

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER Philip Meagher

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Sar Potter

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sarah Meagher

(Address) 235 N Collington Ave

15- Filed JAN 7 - 1917, 191.....

ROBERT R. KRAUTER
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 5, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1916, to Jan 5 1917, that I saw h-e alive on Jan 4 1917, and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Laryngeal Tuberculosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. D. Carleton M. D.

1917, 191... (Address) 24 N Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, Jan. 8th 1917

20-UNDERTAKER John A Moran & Co — ADDRESS Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1077

CERTIFICATE OF DEATH.

28

D 1077

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2525 W. Lombard St. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Otto G. Plett

(Residence in Baltimore: No. 2525 W. Lombard St.: 59 yrs. 4 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Aug. 22, 1857
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
59 yrs. 4 mos. 14 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Tanner Hides

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Ludwig Plett

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Marguirite Pistor

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Hennetta Plett
(Address) 2525 W. Lombard St.

15-
Filed JAN 7 - 1917 191.. ROBERT R. KRAUTER
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. 5, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 21 1915, to Jan 5 1917, that I saw h[illegible] alive on Jan 5 1917, and that death occurred on the date stated above, at 5.50P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.
About (Duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Senile debility
(Duration) yrs. mos. ds.

(Signed) Chas. E. Conner M. D.
1-6-, 191.7 (Address) 1101 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Western Cem.	Jan 8th 191.7

20-UNDERTAKER Charles H. Hill ADDRESS 3199 Frederick Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1078

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1078

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED No. C 28

CITY OF BALTIMORE (No. 217 St Paul st ST.: 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Crowell

(Residence in Baltimore: No. 217 St. Paul St. ST.: life yrs. mos. ds.)

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: October. 10, 1880 (Month) (Day) (Year)

7-AGE: 36 yrs. 2 mos. 24 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): Day. laborer

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Unknown.

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Mabel. Mattox

13-BIRTHPLACE OF MOTHER (State or country): Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma. Crowell.

(Address) 217. St. paul. St.

15. Filed JAN 7 - 1917 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 3 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1916, to Jan 3 1917, that I saw h[illegible] alive on Jan 1, 1917 and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Indefinite (Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Chronic Pneumonia

(Duration) 2 yrs. 1 mos. ..... ds.

(Signed) J. Edward Fisher M. D.

Jan 6, 1917 (Address) 1612 E Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Asbury. cemtery. DATE OF BURIAL: Jan. 7. 1917

20-UNDERTAKER: Milton. Davis. ADDRESS: 1605. McElderry St

Spec.—8-24-14—M. & T.—2000 Bks.

D 1079

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1079

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 3012 E. Pratt ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Argie M. Hitchens

(Residence in Baltimore: No. 3012 E. Pratt St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, July 26, 1905
(Month) (Day) (Year)

7-AGE, 11 yrs. 5 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..none..
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Del.

PARENTS.

10-NAME OF FATHER, Gideon W. Hitchens

11-BIRTHPLACE OF FATHER (State or Country), Del.

12-MAIDEN NAME OF MOTHER Jennie M. Palmer

13-BIRTHPLACE OF MOTHER (State or Country), Del

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gideon W. Hitchens

(Address) 3012 E. Pratt

15- JAN 7 - 1917 ROBERT R. KRAUTER
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 6th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 25 1916, to Jan 6th 1917, that I saw her alive on Jan 5th 1917, and that death occurred, on the date stated above, at 12 N. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. Adams M. D.

Jan. 6., 1917 (Address) 439 S. Ellwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lives Del DATE OF BURIAL, Jan. 8..., 1917

20-UNDERTAKER H. Sander & Sons ADDRESS 1710 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1080

CERTIFICATE OF DEATH.

92 D 1080

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 763r Frederick Ave ST.; 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Thomas Turner

(Residence in Baltimore: No. 763r Frederick Ave St.; 70 yrs., 4 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	Wht	Single

6-DATE OF BIRTH, Aug (Month) 27r (Day), 1846 (Year)

7-AGE, 70 yrs. 4 mos. 26 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired Master Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer)..... B&O R.R. Shops

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER. Charles Turner

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Eliza Price

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Florence Thomas

(Address) 763r Frederick Ave

15- Filed JAN 7 - 1917 191..... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 7 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Dec 11 1915, to Jan 7 1917, that I saw him alive on Jan 7 1917, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

.....Arterio Sclerosis.....

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Valvular Pneumonia

..... (Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Asa L Wheeler M. D.

Jan. 7..., 191.7. (Address) 2565 Frederick Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Olivet Cem	Jan. 10, 1917.

20-UNDERTAKER Joseph Block ADDRESS 1003 W Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1081. HEALTH DEPARTMENT—CITY OF BALTIMORE. 109 D 1081

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 Ensor ST.; 9 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Kenney

(Residence in Baltimore: No. 1324 Ensor St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Dec. (Month) 20 (Day), 1842 (Year)

7-AGE, 74 yrs. ..... mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Andrew Ratigan

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Knox

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Kenney

(Address) 1324 Ensor St.

15-

Filed JAN 8 - 1917, 191.... HARRY C. ALLEN Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 4 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3 191 7, to Jan 4 191 7, that I saw h[illegible] alive on Jan 4 191 7, and that death occurred, on the date stated above, at 5 30 P m.

The CAUSE OF DEATH* was as follows:

Strangulated inguinal hernia

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Dr Bernard [illegible] M. D.

1-6, 191 7. (Address) 9 E Biddle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Jan 7, 1917

20-UNDERTAKER W. J. M. L. Lyon

ADDRESS, 1422 Light

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1082

HEALTH DEPARTMENT—CITY OF BALTIMORE

155 D 1082

CERTIFICATE OF DEATH.

REGISTERED No. C

1. PLACE OF DEATH
CITY OF BALTIMORE (No. Saint Josephs Hospital ST.; 9 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Eleanor Shakespeare

(Residence in Baltimore: No. 2617 Boone Street St.; 2 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dont Know (Month), 1 (Day), ... (Year)

7-AGE, 16 yrs. ..... mos. ..... ds.
If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, John of Shakespeare

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Sally Furgerson

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Richard Shakespeare
(Address) 2617 Boone Street

15- JAN 8 - 1917 Filed ....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 7 1917 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Took bichloride with suicidal intent (Duration) ..... yrs. 6 mos. ..... ds.

(Signed) ..... (Coroner.) M. D.

Jan 7 1917, 191... (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. 1 hr. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? 2617 Boone St
Former or usual residence 2617 Boone St

19-PLACE OF BURIAL OR REMOVAL, Woodlane Virginia
DATE OF BURIAL, Jan 8..., 1917

20-UNDERTAKER William Cook
ADDRESS 502 E. North Ave.

Dr Imley 1938 E Baltimore St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 1083 HEALTH DEPARTMENT—CITY OF BALTIMORE 50 D 1083

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 N Lexington St. ST.: 19 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles McCoy

(Residence in Baltimore: No. 1715 N Lexington St. St.: — yrs. — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, March 7, 1887. (Month) (Day) (Year)

7-AGE, 29 yrs. 9 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Electrician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Newark New Jersey

PARENTS.

10-NAME OF FATHER, Joseph McCoy

11-BIRTHPLACE OF FATHER (State or Country), New Jersey

12-MAIDEN NAME OF MOTHER Amelia Hopler

13-BIRTHPLACE OF MOTHER (State or Country), New Jersey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph McCoy

(Address) 1715 N. Lexington St.

15- Filed JAN 8 - 1917 HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 5, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1916, to Jany 5. 1917, that I saw h[illegible] alive on Jany 4 1916, and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carbuncles Neck

(Duration) yrs. 1 mos. ds.

(Signed) [illegible] M. D.

Jany 6, 1917. (Address) 927 N Lanvale

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, Jan. 8, 1917.

20-UNDERTAKER E & B Hale ADDRESS 115 E West St

D 1084

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1084

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital St.: 9 + 17th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michale Varetta

(Residence in Baltimore: No. Turena Italy St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Not Known (Month), (Day), 1 (Year)

7-AGE, 20 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Sailor
(b) General nature of industry, business, or establishment in which employed (or employer). Sailor

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Eugena Varetta

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lilly Zeiler

(Address) 403 S. Wolfe St.

15- Filed JAN 8 - 1917, 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 6 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism. Hit by ship boom

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] (Coroner.) M. D.

Jan 6, 1917 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. 2 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Turena Italy

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart

DATE OF BURIAL, Jan 8, 1917

20-UNDERTAKER Lilly Zeiler

ADDRESS 403 So Wolfe st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-2-14—M. & T.—2000 Blks.

D 1085 HEALTH DEPARTMENT—CITY OF BALTIMORE 89 D 1085

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2408 Buchanan St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Watson

(Residence in Baltimore: No. 2408 Buchanan St.; Lyfes., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Fe	Col	Single

6-DATE OF BIRTH, 9 (Month) 1 (Day) 1916 (Year)

7-AGE, ...yrs. 4 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Samuel Watson

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Pattie Petters

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Watson

(Address) 2408 Buchanan St.

15- Filed JAN 8 - 1917, 191 Harry C. Andrews Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3 1917, to Jan 6 1917, that I saw h[er] alive on Jan 6 1917, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) R. Garnet Arnold M.D.

Jan 9, 1917 (Address) 1534 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn Cemetery DATE OF BURIAL. Jan 9th, 1917.

20-UNDERTAKER Felix B. Pye ADDRESS 102 E. Fayette St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1086

D 1086

91

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virginia B. Arnold

(Residence in Baltimore: No. 1605 W Lexington St St.; yrs. 5 mos. 12 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
female	white	Single

6-DATE OF BIRTH. July (Month) 26 (Day) 1916 (Year)

7-AGE, yrs. 5 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Arch J. Arnold

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Goldie M. Burston

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15- JAN 8 1917

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August 10 1916, to January 7 1917, that I saw her alive on January 7 1917, and that death occurred, on the date stated above, at 11 40 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia, (Duration) ... yrs. ... mos. ... ds.

Otitis Media (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pneumonia Chronic (Duration) ... yrs. ... mos. 3 ds.

(Signed) Hibbs T. Hibbs M. D.

Jan. 7, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 4 mos. 28 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ~

Former or usual residence 605 W. Lexington St

19-PLACE OF BURIAL OR REMOVAL, Havre de Grace

DATE OF BURIAL, Jan. 8, 1917.

20-UNDERTAKER Wm Rowtow

ADDRESS 230 N Green

Spec.—8-24-14—M. & T.—2000 Bks.

D. 1087 HEALTH DEPARTMENT—CITY OF BALTIMORE D. 1087

56

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 646 N Franklin ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank E Murray

(Residence in Baltimore: No. 646 N Franklin St.; 53 yrs., 2 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Oct 30, 1863 (Month) (Day) (Year)

7-AGE, 53 yrs. 2 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... R R

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Hubert Murray

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Anna Buckley

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Kathrine Courtney

(Address) 226 W. Madison St.

15-

Filed JAN 8 - 1917 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 7th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 28th 1916, to Jany 7th 1917, that I saw h alive on Jany 7th 1917, and that death occurred, on the date stated above, at 3.55 Am.

The CAUSE OF DEATH* was as follows:

Acute Gastritis

(Duration) — yrs. — mos. 13 ds.

CONTRIBUTORY (Secondary) Acute Alcoholism

(Duration) — yrs. 1 mos. 3 ds.

(Signed) Gustav Goldmann M. D.

1/7, 1917. (Address) 656 W. Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral

DATE OF BURIAL, Jan. 9, 1917.

20-UNDERTAKER W M Ronton

ADDRESS 230 N Green

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1088

CERTIFICATE OF DEATH.

D 1088

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Mercy Hospital ST.; 4 WARD) REGISTERED NO. C 92

2-FULL NAME Mrs. W. B.) Eliza Jane Creighton

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. Wentworth Apts St.; 30 yrs., mos., da.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Nov 19, 1848 (Month) (Day) (Year)

7-AGE, 68 yrs. 1 mos. 19 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. E. Creighton

(Address) S.E. Cor Cathedral & Mulberry Sts.

15- JAN 8 - 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 8, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 30 1916, to Jan 8 1917, that I saw h er alive on Jan 8 1917, and that death occurred, on the date stated above, at 3 30 a.m.

The CAUSE OF DEATH* was as followa:

Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Asthenia

(Duration) 7 yrs. mos. ds.

(Signed) Erwin F. Wagner M. D.

1/8/, 191.7. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 ds. In this State 60 yrs. mos. ds.

Where was disease contracted, if not at place of death? Wentworth Apts

Former or usual residence Same

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, 1/10, 191.7.

20-UNDERTAKER Henry W. Mansfield

ADDRESS 805 N. Eutaw St.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1089

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1089

CERTIFICATE OF DEATH.

92

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED NO. C

CITY OF BALTIMORE: (No. 1514 Division ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Lee Slingluff

(Residence in Baltimore: No. 1605 St. Paul St.; 5 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, April (Month) 17 (Day), 1895. (Year)

7-AGE, 21 yrs. 8 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Pupil nurse
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Frank Slingluff

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Bell Cross

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Belle A. Slingluff

(Address) 3100 Clifton Ave

15- JAN 8 - 1917 Filed ....., 191.... HARRY C. ANDREWS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 6 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3 1917, to Jan 6 1917, that I saw her alive on Jan 6 1917, and that death occurred, on the date stated above, at 3:30 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. F. Kiefhaber M. D.

Jan. 6., 1916 (Address) 1514 Division St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 3 ds. In the State 21 yrs. — mos. ds.

Where was disease contracted, if not at place of death? Union Protestant Inf.

Former or usual residence 1605 St Paul St.

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemetery

DATE OF BURIAL, 1.8.17., 191...

20-UNDERTAKER Henry W. Meanor & Son

ADDRESS 850 N. Calvert

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-2-16—M.—2000 Bks.

D 1090

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1090

CERTIFICATE OF DEATH.

REGISTERED NO. C 74

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William S. Donovan (Barnes)

(Residence in Baltimore: No. 1014 Hillman St St.; 10 yrs., 5 mos. 15 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, July 23, 1901 (Month) (Day) (Year)

7-AGE, 10 yrs. 5 mos. 15 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Hubert Barnes

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. J. Smith

(Address) Johns Hopkins Hospital

15-

Filed JAN 8 - 1917, 191.

HARRY C. ANDREWS
Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 7, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 5 1917, to January 7 1917, that I saw h[illegible] alive on January 7 1917, and that death occurred, on the date stated above, at 12 45 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) 2 yrs. 2 mos. 21 ds.

CONTRIBUTORY (Secondary) Tumor of Brain

(Duration) yrs. mos. ds.

(Signed) Wm. B. Conrad M. D.

Jan. 7, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1014 Hillman St

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, Jan. 10, 1917

20-UNDERTAKER Denny Horch Son

ADDRESS 1301 E Eager St

Spec.—8-24-14—M. & T.—2000 Bks.

D 1091

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1091

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 Stirling ST.; 10 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward H. Dalton

(Residence in Baltimore: No. 928 Stirling St.; ...yrs.. 4 mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, September 8, 1916
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
...yrs. 4 mos. — ds.	...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. md.

PARENTS.

10-NAME OF FATHER, Edward J. Dalton

11-BIRTHPLACE OF FATHER (State or Country), Balto. md.

12-MAIDEN NAME OF MOTHER Catherine Ostendorf

13-BIRTHPLACE OF MOTHER (State or Country), Balto. md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Edward J. Dalton

(Address) 928 Stirling St.

15-

Filed JAN 3 - 1917, 191... HARRY C. ANDREWS
Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 8th, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7 191 7, to Jan 8 191 7, that I saw h[illegible] alive on Jan 7 191 7, and that death occurred, on the date stated above, at 1-2 a. m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

Pneumonia

(Duration) ...yrs. ...mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) John A. Veal M. D.

Jan 8, 191... (Address) 936 S Monument St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer Cemetery	Jan. 9..., 191 7
20-UNDERTAKER	ADDRESS
Henry Hardesty Son	1301 E Baltimore

over

D 1092

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1092

CERTIFICATE OF DEATH.

79

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 117 Seldner Place. ST.; 33 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James D.Lyle.(col'd)

(Residence in Baltimore: No. 117 Seldner Place. St.; yrs. 27 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, January 6th. 1868 (Month) (Day) (Year)

7-AGE, 49 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer Day
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), St.Marys Co.Md.

PARENTS.

10-NAME OF FATHER, George Lyle.(col'd)

11-BIRTHPLACE OF FATHER (State or Country), St.Marys Co.Md.

12-MAIDEN NAME OF MOTHER Mary.-------- (col'd)

13-BIRTHPLACE OF MOTHER (State or Country), St.Marys Co.Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward A.Lyle.(C)Nephew.

(Address) 1625 Prastman St.

15- Filed JAN 8 1917, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 6th.1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) Otto M. Rentzsch M. D. (Coroner)

Jan,8,1917. 191... (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn ct — DATE OF BURIAL, Jan 8, 191...

20-UNDERTAKER C. L. Brown & Son — ADDRESS 108 N. Monto

Spec.—8-24-14—M. & T.—2000 Bks.

D 1093

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1093

CERTIFICATE OF DEATH.

79

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2149 Homewood Ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jackson Henry Hedrick

(Residence in Baltimore: No. 2149 Homewood Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mal

4-COLOR OR RACE, Wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sngl

6-DATE OF BIRTH, Jan (Month) 29 (Day), 1865. (Year)

7-AGE, 61 yrs. 11 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Chesapeake City Maryland

PARENTS.

10-NAME OF FATHER, William Hedrick

11-BIRTHPLACE OF FATHER (State or Country), St Augustine Florida

12-MAIDEN NAME OF MOTHER Caroline Hutchenk

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary J. Hedrick

(Address) 2149 Homewood Ave

15-

Filed JAN 8 - 1917, 191.....

HARRY C. ANDREWS
Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1914, to Jan 5 1917, that I saw h[illegible] alive on Jan 5 1917, and that death occurred, on the date stated above, at 2.00 a.m.

The CAUSE OF DEATH* was as follows:

Heart Failure
Valvular Heart Disease

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Accompanying Nephritis

(Duration) yrs. mos. ds.

(Signed) Joseph L. Valentine M. D.

Jan 6 1917. (Address) 16 So Broadway.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Jany 9, 191.7

20-UNDERTAKER Ellis Mitchell & Co. — ADDRESS 1211 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1094

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1094

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 John St ST.; 14 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. Boyd Cox

(Residence in Baltimore: No. 1714 John St St.; 3 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct. (Month) 28th (Day), 1875 (Year)

7-AGE, 41 yrs. 10 mos. 8 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Card Mfr

9-BIRTHPLACE, (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, John E. Cox

11-BIRTHPLACE OF FATHER (State or Country), Washington D.C.

12-MAIDEN NAME OF MOTHER, Jennetta Boyd

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Robertson Cox

(Address) 1714 John St.

15- JAN 8 - 1917 Filed....., 191.... HARRY C. ANDREWS Registrar. Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 7th 1916, to Jan 5 1917, that I saw him alive on Jan 5 1917, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) about 2 yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) W. K. Fornash M. D.

Jan. 6..., 191.7 (Address) 417 W. Saratoga St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cem. DATE OF BURIAL, Jan. 8, 1917

20-UNDERTAKER H. M. Gawthrop ADDRESS 1634 Mt Royal Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1095

CERTIFICATE OF DEATH.

D 1095

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1901 Park Ave St.; 13 WARD) REGISTERED NO. C 79

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha E Campbell

(Residence in Baltimore: No. 1901 Park Ave St.; 66 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, May 4th (Month) (Day), 1853 (Year)

7-AGE, 63 yrs. 8 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Portsmouth Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Martha Valerie

13-BIRTHPLACE OF MOTHER (State or Country), Portsmouth Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Raymond E. Jones

(Address) 1901 Park Ave

15- Filed JAN 8 - 1917 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 6 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 31 1916, to Jan 6 1917, that I saw h[illegible] alive on Jan 6 1917, and that death occurred, on the date stated above, at 11 30 m.

The CAUSE OF DEATH* was as follows:

(a) Broncho Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(Duration) 2 yrs. mos. ds.

(Signed) Isaac Ebenstein M. D.

Jan 7, 191 7. (Address) 700 N Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS. TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Jan 9, 1917

20-UNDERTAKER H. McCaulley — ADDRESS 626 W Lanvale

Dr Ebenstein 700 N Eutaw

Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 1096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 79 D 1096

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Braenne

(Residence in Baltimore: No. Ellicott City, Md St.) — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown, 1881.
(Month) (Day) (Year)

7-AGE, 36 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Henry Braenne

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Emma Steen

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Braenne

(Address) Ellicott City Md

15-

Filed JAN 8 - 1917, 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ~~Dec~~ Jan 8 ~~24~~, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 29 1916, to Jan 8 1917, that I saw him alive on Jan 8 1917, and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Bronchitis, Emphysema

(Duration) yrs. mos. 14 ds.

(Signed) W. S. Hamilton Jenkins M. D.

Jan 8, 1917 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 11 ds. In the State unknown yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Ellicott City, Md

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Jan 10, 1917.

20-UNDERTAKER Easton Sons — ADDRESS Ellicott City

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1097

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 D 1097

REGISTERED No. C

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 903 W. Barre 21 St.: Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Magdalene Fallin.

(Residence in Baltimore: No. 903 W. Barre, St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Mar. 5, 1864 (Month) (Day) (Year)

7-AGE: 52 yrs. 10 mos. 1 ds. If LESS than 1 day, ~ hrs. or ~ min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore, Md.

PARENTS

10-NAME OF FATHER: Michael Buehm

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: Christine Wiseman

13-BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Fallin

(Address) 903 W Barre St.

15-

Filed JAN 8 1917 191

HARRY C. ANDREW
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. 6, 1917. (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1916, to Jan. 6, 1917. that I saw her alive on Jan. 6, 1917. and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Aortic and Mitral Regurgitation

(Duration) ~ yrs. 3 mos. ~ ds

Contributory (SECONDARY) Broncho-Pneumonia

(Duration) ~ yrs. ~ mos. 14 ds.

(Signed) Albert J. Chambers, M. D.

Jan. 8, 1917. (Address) 1012 W. Lafayette Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death				In the State			

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: Jan 9. 1917

20-UNDERTAKER: James Dignan & Son

ADDRESS: 1000 S. Paca St.

D 1098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D. 1098

REGISTERED No. C 74

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 217 N. Durham ST. 6 WARD)

2-FULL NAME Ella Bokeman

(Residence in Baltimore: No. 217 N. Durham St.: yrs. 2 mos. ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 19.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female

4-COLOR OR RACE Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Widow

6-DATE OF BIRTH Unknown, 1872
(Month) (Day) (Year)

7-AGE 43 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country) Md.

PARENTS

10-NAME OF FATHER John Bokeman

11-BIRTHPLACE OF FATHER (State or country) Md.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bert Bokeman

(Address) 217 N. Durham St

JAN 8 - 1917

Filed ..... 191 .....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH June 6, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1916, to June 6 1917.

that I saw h[illegible] alive on June 6, 1917.

and that death occurred, on the date stated above, at 4:30 a. m.

The CAUSE OF DEATH* was as follows:

Organic Valvular Disease of Heart (Duration) Unknown yrs. mos. ds.

Contributory (SECONDARY) Ephilepsy (Duration) yrs. mos. ds.

(Signed) Chas A Legg M. D.

1/4, 191 7 (Address) 709 N. Eutaw.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Actury Cem. DATE OF BURIAL: June 7, 1917

20-UNDERTAKER: Harry A Vickery ADDRESS: 1725 Orleans St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1099

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1099

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. The Shirley Apts. ST.; 14 WARD) REGISTERED No. C 120

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ann Rockford

(Residence in Baltimore: No. The Shirley Madison & Mt. Vernon Pl. yrs. 73 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. Aug 5 (Month) (Day), 1843 (Year)

7-AGE. 73 yrs. 5 mos. 1 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Wm Broderick

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Mary Mooney

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John P. Wimandt

(Address) E Leverlis ave NW Washington

15-

Filed....., 191....

HARRY T. ARCHER
JAN 8 - 1917
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. January 6 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 1916, to Jan 6- 1917, that I saw her alive on Jan 17 1917, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Cirrosis Duration

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) D Growth

(Duration) yrs. mos. ds.

(Signed) Chas. H. Nelson M. D.

1-6-17 191... (Address) 1115 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cemetery

DATE OF BURIAL. Jan 9, 191...

20-UNDERTAKER J. C. Rudefeld

ADDRESS 914 Hanover St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1100 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1100

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. University Hospital St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Preston

(Residence in Baltimore: No. 1217 Bayard St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~OR DIVORCED~~, (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, ... Unknown (Month) ....., 1896 (Day) (Year)

7-AGE, 23 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Sewer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Shirt factory

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Geo. Preston

11-BIRTHPLACE OF FATHER (State or Country), ?

12-MAIDEN NAME OF MOTHER Agnes Green

13-BIRTHPLACE OF MOTHER (State or Country), ?

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..University Hospital Record

(Address)..Greene & Lombard Sts.

15- JAN 8 - 1917 Filed....., 191... HARRY C. ANDREWS Registrar.

BURIAL PERMIT ISSUED

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 3rd (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 1916, to Jan 3rd 1917, that I saw h.r alive on Jan 3rd 1917, and that death occurred, on the date stated above, at 9.20 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) Don't know yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. Houston Parham M. D.

Jan 8, 1917. (Address) Health Department

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 26 ds. In the State ( ) yrs. 8 mos. ..... ds.

Where was disease contracted, if not at place of death? Don't know

Former or usual residence 1217 Bayard St.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL. ....., 191...
20-UNDERTAKER	ADDRESS

Commissioner Health.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND JAN 8 1917

Spec.—8-24-14—M. & T.—2000 Bks.

D 110T

HEALTH DEPARTMENT—CITY OF BALTIMORE

152 D 110T

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Women's Hospital. REGISTERED No. C.....

CITY OF BALTIMORE: (No. 6 ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Holzman.

(Residence in Baltimore: No. 437 N. Carlton St. ..... St.; ..... yrs., ... mos. 3 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH. January (Month) 5 (Day), 1917. (Year)

7-AGE. ..... yrs. ..... mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Women's Hospital.

PARENTS.

10-NAME OF FATHER, Samuel Holzman.

11-BIRTHPLACE OF FATHER (State or Country), Russia.

12-MAIDEN NAME OF MOTHER Anna Bernstein

13-BIRTHPLACE OF MOTHER (State or Country), New York.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Holzman

(Address) 1411 E. Baltor

15- Filed JAN 8 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 8 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 5 1917, to Jan 8 1917, that I saw him alive on Jan 8 1917, and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Intracranial hemorrhage
Instrumental labor.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hard Labor.

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas. L. Warner M. D.

Jan. 8, 1917 (Address) Women's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. 3 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 437 N. Carlton St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Workmen circle	1/8, 1917.
20-UNDERTAKER Jack Levy	ADDRESS 1411 E Baltor

Spec.—8-24-14—M. & T.—2000 Bks.

1102

HEALTH DEPARTMENT—CITY OF BALTIMORE

135 D 1102

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elda Troitzmann

(Residence in Baltimore: No. 1630 N Monford Ave; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. July (Month) 26 (Day), 1899 (Year)

7-AGE, 17 yrs. 5 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Valentine Brandow.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Caroline Fiehn

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Caroline Troitzmann

(Address) 1630 N. Monford

15- Filed JAN 8 - 1917, 191..... HARRY C. AMOUTH Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7 1916, to Jan 7 1916, that I saw h.. alive on Jan 7 1916, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Septicaemia

(Duration) ... yrs. ... mos. 9 ds.

CONTRIBUTORY (Secondary) Emphysema, Pneumonia

(Duration) 2 yrs. ... mos. 6 ds.

(Signed) Ernest Hyg Pleiss M. D.

Jan 7, 191 6 (Address) 18 Johns Hopkins

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 1 ds. In the State 17 yrs. 5 mos. 11 ds.

Where was disease contracted, if not at place of death? 1630 N Monford

Former or usual residence 1630 N Monford Ave.

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, Jan 10, 191 7

20-UNDERTAKER E J Fanning — ADDRESS 1931 E Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1103

CERTIFICATE OF DEATH.

102 D 1103

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 W Fayette ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 12.)

2-FULL NAME Gemma Dennis.

(Residence in Baltimore: No. 1032 W Fayette St.: yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH. May 18th (Month) (Day), 1847 (Year)

7-AGE. 73 yrs. 7 mos. 19 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). At Home

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Henry Hueller

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Dorothea Kuster

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James A Dennis

(Address) 218 S Carey St

15- JAN 8 - 1917 Filed, 191.. ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 6 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~ 1910, to Jan 6 1917, that I saw h~ alive on Jan 6 1917, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Illness

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diarrhea history

Exhaustion (Duration) yrs. 7 mos. ds.

(Signed) Standish McAleer M. D.

118, 1916. (Address) 1609 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park DATE OF BURIAL. Jan 9, 1917.

20-UNDERTAKER John A Moran ADDRESS Bank & Ann Sts

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.–Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 1104

CERTIFICATE OF DEATH

103 D 1104

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Confederate Woman's Home 1020 Linden Ave ST.: 11th WARD)

2-FULL NAME Mary V. Weller

(Residence in Baltimore: No. 1020 Linden St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): ~~Widowed~~

6-DATE OF BIRTH: Unknown (Month), 1 (Day), ... (Year)

7-AGE: 67 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto. Md

PARENTS

10-NAME OF FATHER: Samuel Boyd

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Mary Owen

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Ida Sommers

(Address) 2011 W Balto St

15. Filed JAN 8 - 1917, 19.... ROBERT R. KRAUTER
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 7th (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1917, to Jan 7th 1917, that I saw h er alive on Jan 6th, 1917, and that death occurred, on the date stated above, at 10 a.m.
The CAUSE OF DEATH* was as follows:

Acute Indigestion

(Duration) ..... yrs. ..... mos. 2 ds

Contributory (SECONDARY): Heart Failure

(Duration) ..... yrs. ..... mos. 1 ds

(Signed) Vernon E Gahn M. D.

Jan 7th, 1917 (Address) 26 N. Hoffman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death Confederate Women Home 2 yrs. — mos. — ds. In the State 47 yrs. mos. ds.
Where was disease contracted, if not at place of death? 1020 Linden Ave.
Former or usual residence 1020 Linden Ave

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: Jany 9 1917

20-UNDERTAKER: Geo A Gerber

ADDRESS: Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

D 1105 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1105

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bidder & Leffman Sanatorium REGISTERED NO. C

CITY OF BALTIMORE: (No. 2724 N. Charles ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John M. Keller

(Residence in Baltimore: No. 3102 Abell Ave St.; 42 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH March (Month) 17 (Day), 1841 (Year)

7-AGE, 75 yrs. 10 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Gentleman

9-BIRTHPLACE, (State or Country): New London Conn

PARENTS.

10-NAME OF FATHER: John M. Keller

11-BIRTHPLACE OF FATHER (State or Country): Albany

12-MAIDEN NAME OF MOTHER: Mary Bidwell

13-BIRTHPLACE OF MOTHER (State or Country): New London Conn

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John M. Keller

(Address) Custom House Hall Balto

15- JAN 8 - 1917 Filed....., 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 8 1917, to Jan 7 1917, that I saw h[illegible] alive on Jan 7 1917, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) [illegible] yrs. [illegible] mos. ds.

(Signed) D. L. Richardson M. D.

Jan 7, 1917. (Address) 3102 Abell Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 1 mos. ....ds. In the State 42 yrs. mos. ds.

Where was disease contracted, if not at place of death? um

Former or usual residence 3102 Abell ave

19-PLACE OF BURIAL OR REMOVAL, Lorraine — DATE OF BURIAL, Jan 9, 1917

20-UNDERTAKER Graham F. Walker — ADDRESS 723 Cathedral

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 1106

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1154 Bryant ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John B Treffinger

(Residence in Baltimore: No. 1154 Bryant St. 25 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH. March 30, 1850
(Month) (Day) (Year)

7-AGE. 66 yrs. 7 mos. 7 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer): Business

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John W Treffinger

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Charles Treffinger

(Address) 1157 Bryant St.

15- JAN 8 - 1917 Filed, 191. ROBERT B. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 6, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1 1916, to Jan 6 1917, that I saw him alive on Jan 5 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Colon Regurgitation

(Duration) yrs. 4 mos. ds.

(Signed) Charles H. Orr M. D.

Jan 8, 1917. (Address) 7 E Lexington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park Cemetery

DATE OF BURIAL. Jan 9, 1917.

20-UNDERTAKER Robt J Turner

ADDRESS Broadway & Fleet

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Margt Susan

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1107

CERTIFICATE OF DEATH.

92 D 1107

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp St., 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Sussan

(Residence in Baltimore: No. St Josephs Hosp St.; 61 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan 5, (Month) (Day) 1856 (Year)

7-AGE, 61 yrs. 0 mos. 1 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Pantry Work
(b) General nature of industry, business, or establishment in which employed (or employer). St Joseph Hospital

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Peter Sussan

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Margrette Leyphard

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Elizabeth Silverstone

(Address) 216 N. Washington

15- Filed JAN 8 - 1917 191 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany 6, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 2 1917, to Jany 6 1917, that I saw her alive on Jany 6 1917, and that death occurred, on the date stated above, at 11.30 A M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTOR (Secondary) Acute Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

(Signed) William F O'Malley M. D.

Jany 6, 1917. (Address) St Jos Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? dont Know

Former or usual residence St Joe Hospital

19-PLACE OF BURIAL OR REMOVAL. Greenmount Cem. DATE OF BURIAL. Jan 9, 191 7

20-UNDERTAKER Rabbi J Sumer ADDRESS 1742 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1108 — CERTIFICATE OF DEATH. — 120 — D 1108

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp St; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara St John

(Residence in Baltimore: No. 1502 Register St St.; life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.): Single

6-DATE OF BIRTH: Oct 5 (Month) (Day), 1868 (Year)

7-AGE: 48 yrs. 3 mos. 2 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: James St John

11-BIRTHPLACE OF FATHER (State or Country): Balto Md

12-MAIDEN NAME OF MOTHER: Catherine Stewart

13-BIRTHPLACE OF MOTHER (State or Country): Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Howard Knighton

(Address) 1502 N. Register St

15- JAN 8 - 1917 ROBERT B. KRAUTER

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Jany 7 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 30 1916 to Jan 7 1917, that I saw her alive on Jany 7 1917, and that death occurred on the date stated above, at 8 PM.

The CAUSE OF DEATH* was as follows:

Chr Nephritis

Heart Knew

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Oedema

(Duration) yrs. mos. 2 ds.

(Signed) William F Oswald M. D.

Jany 7, 191 7. (Address) St Joseph's

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Heart Knew

Former or usual residence 1502 Register St.

19-PLACE OF BURIAL OR REMOVAL: Lehnardy's Cem

DATE OF BURIAL: Jan 9, 191 7

20-UNDERTAKER: Robb Turner

ADDRESS: Broadway & Eliner

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 1109

CERTIFICATE OF DEATH

120

D 1109

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 15 21 Battery av ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose A McGrath

(Residence in Baltimore: No. 1524 Battery av St.: 24 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX ~~Female~~

4-COLOR OR RACE White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Married

6-DATE OF BIRTH December, 1870
(Month) (Day) (Year)

7-AGE 46 yrs. — mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work housework
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE (State or country) Baltimore Md

PARENTS

10-NAME OF FATHER Wm Conrad

11-BIRTHPLACE OF FATHER (State or country) Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas McGrath

(Address) Battery av

15- JAN 8 - 1917 Filed, 191 ROBERT B. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan 6, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 28, 191 7, to Jan 6 1917.

that I saw her alive on Jan 5 - 1917.

and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Uremia

(Duration) 1 yrs, mos. 7 ds

Contributory (SECONDARY) Chronic interstitial nephritis (Duration) yrs. mos. ds.

(Signed) Wm Lester M. D.

1/8, 1917 (Address) 1319 Eight E

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Pikesville

DATE OF BURIAL June 9, 1917

20-UNDERTAKER Wm J Pfeltz & Sons

ADDRESS 1318 Eight E

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1110

CERTIFICATE OF DEATH.

64

D 1110

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 St. Peter ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth K Will

(Residence in Baltimore: No. 732 St Peter St.; 59 yrs. mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Aug. 30th, 1834 (Month) (Day) (Year)

7-AGE, 82 yrs. 4 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Duties
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gerhard I. Helmers

(Address) 732 St. Peter St

15- Filed JAN 8 - 1917, 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 7th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1916, to Jan. 7, 1917, that I saw h[illegible] alive on Jan. 6, 1917, and that death occurred, on the date stated above, at 4.30 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Senile Atheroma of Arteries

(Duration) yrs. mos. ds.

(Signed) Albert L. Chambers M. D.

Jan. 8, 1917. (Address) 1017 W. Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Jan. 9th, 1917.

20-UNDERTAKER Wm. & Hes John H. Pentz — ADDRESS 1017 W. Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

D 1111

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1111

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED NO. C 32

CITY OF BALTIMORE: (No. 1514 Division ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leo Keller

(Residence in Baltimore: No. 1009 Falls Road, Roland Park St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, December 13., 1894
(Month) (Day) (Year)

7-AGE, 22 yrs. — mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Motorman
(b) General nature of industry, business, or establishment in which employed (or employer) United Railways

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John W. Keller

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Gorsuch

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Keller

(Address) 1009 Falls Road

15- Filed JAN 8 - 1917 191.... ROBERT R. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 8, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1917, to Jan 8 1917, that I saw him alive on Jan 8 1917, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Psoas abscess I.
Staphylococcus pyogenes

(Duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) — yrs. — mos. 3 ds.

(Signed) R. F. Kieffer M. D.

Jan 8, 1917 (Address) 1514 Division St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 3 ds. In the State 22 yrs. mos. ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 1009 Falls Road, Roland Park

19-PLACE OF BURIAL OR REMOVAL, St. Mary's Standfast DATE OF BURIAL, Jan 10, 1917

20-UNDERTAKER A. J. Marshall ADDRESS 539 Talbot Ad

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1112

CERTIFICATE OF DEATH.

64 D 1112

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Rosenthal

(Residence in Baltimore: No. 15-17 W. Baltimore St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Oct 6th, 1856
(Month) (Day) (Year)

7-AGE, 60 yrs. 3 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland Balto

PARENTS.

10-NAME OF FATHER, Levi Rosenthal

11-BIRTHPLACE OF FATHER (State or Country), Prussia

12-MAIDEN NAME OF MOTHER Jeanette Reis

13-BIRTHPLACE OF MOTHER (State or Country), Prussia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Records

(Address)

15- JAN 8 - 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar. BURIAL PERMIT Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 8, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1917, to Jan 8 1917, that I saw him alive on Jan. 8 1917, and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(Duration) 1 yrs. — mos. 3 ds.

(Signed) A M Stein M. D.

1/8, 191 7 (Address) Universal Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 3 ds. In the State life yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 15-17 W. Baltimore St.

19-PLACE OF BURIAL OR REMOVAL. Adath Israel DATE OF BURIAL, Jan. 10, 191 7

20-UNDERTAKER David Sondheim ADDRESS 110 W. Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1113

CERTIFICATE OF DEATH.

92 D 1113

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 6 Lombard ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Joyce

(Residence in Baltimore: No. 910 6 E Lombard St.; ..... yrs. ..... mos. 17 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Dec 4 (Month) (Day) 1856 (Year)

7-AGE. 60 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER. Martin Joyce

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER. Mansfield Garrity

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Sadie Lee

(Address) 910 6 Lombard St.

15- Filed JAN 8 - 1917, 191.... ROBERT B. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 7, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1 8 1917, to 1 7 1917, that I saw h Er alive on 1 7 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

(a) Lobar Pneumonia

.....

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J E Gatchell M. D.

1 7, 1917. (Address) 1822 N Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Jan 9 1917

20-UNDERTAKER Chas H. Coane & Son ADDRESS 1118 N Royal Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1114

CERTIFICATE OF DEATH.

92 D 1114

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 Arlington av ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Feely

(Residence in Baltimore: No. 119 Arlington av St.; Life yrs. mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, ... (Month) Cashman (Day) 1 (Year) .....

7-AGE, 48 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer Genl
(b) General nature of industry, business, or establishment in which employed (or employer): Driver

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, James Feely

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Sarah Tibbets

13-BIRTHPLACE OF MOTHER (State or Country), Cashman

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. Feely

(Address) 119 N. Arlington av

15- JAN 8 - 1917 Filed ....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 4 1916 to Jan 7 1917, that I saw h[illegible] alive on Jan 7 1917, and that death occurred, on the date stated above, at 5.30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

..... (Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Anemia

..... (Duration) ... yrs. ... mos. 1 ds.

(Signed) [illegible] M. D.

1-5, 1917. (Address) 1302 W. Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, St Peters

DATE OF BURIAL, Jan 10 191..

20-UNDERTAKER John F Lowman & Son

ADDRESS 901 Hollins

Spec.—8-24-14—M. & T.—2000 Blks.

D 1115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92D 1115

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 Boyle ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna M Bates

(Residence in Baltimore: No. 911 Boyle st St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH. ..... (Month) Feb ....., 1 ..... (Day) ..... (Year)

7-AGE. 17 yrs. ..... mos. ..... da.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Hand Operation
(b) General nature of industry, business, or establishment in which employed (or employer) Laundress

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Elbridge Bates

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Emma Bender

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H R Hackett M D

(Address) 112 N. Caroline

15- Filed JAN 8 1917, 191.....

ROBERT B. KRAUTER
Registrar
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 8, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6 1917, to Jan 8 1917, that I saw h[er] alive on Jan 8 1917 and that death occurred, on the date stated above, at 2.50 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

..... (Duration) ..... yrs. ..... mos. 2 da.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) H R Hackett M. D.

1/8/17, 191.7 (Address) 112 N Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn — DATE OF BURIAL, Jan 11, 191.7

20-UNDERTAKER, John Heman & Son — ADDRESS 901 Hollins st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1116

CERTIFICATE OF DEATH.

97 D 1116

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 Ryan st ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Percy L Mentzer

(Residence in Baltimore: No. 912 Ryan st St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, ~~WIDOWED~~ OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day), 1 ..... (Year)

7-AGE, 42 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Ground

9-BIRTHPLACE, (State or Country), Williamsport Md

PARENTS.

10-NAME OF FATHER. Christian Mentzer

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Beard

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William Mentzer

(Address) 912 Ryan st

15- Filed JAN 8 - 1917, 191..... ROBERT R. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. (Month) ..... 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26 1916, to Jan 8, 1917, that I saw him alive on Jan 8 1917, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH was as follows:

.....Lobar Pneumonia.....

..... (Duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

1/8, 191.7 (Address) 808 N. Gamber St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Williamsport Md

DATE OF BURIAL, Jan 10, 1917

20-UNDERTAKER, John Herman & Son

ADDRESS 901 Hollins st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1117

CERTIFICATE OF DEATH.

172 D 1117

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 34 S. Arlington Ave. ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Mahoney

(Residence in Baltimore: No. 34 S Arlington Ave ST.; 73 yrs., mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January 5th, 1844
(Month) (Day) (Year)

7-AGE. 73 yrs. mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House
(b) General nature of industry, business, or establishment in which employed (or employer). work

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER. John O'Neille

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Mary O'Sullivan

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marie E. Kelly

(Address) 34 S. Arlington Ave

15- JAN 8 - 1917 Filed ....., 191.... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Jan 8, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 5 1916, to Jan 7 1917, that I saw h[illegible] alive on Jan 7 1917, and that death occurred, on the date stated above, at 8a m.

The CAUSE OF DEATH* was as follows:
Fracture Leg
Followed by Pneumonia
Accidental Fall (Duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Exhaustion
(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
....., 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Peters Cem. DATE OF BURIAL, Jan 10, 191[illegible]

20-UNDERTAKER John J Cowan & Son ADDRESS 901 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1118

CERTIFICATE OF DEATH.

92 D 1118

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 W. Centre St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry E. Shreck

(Residence in Baltimore: No. 209 W. Centre St.; ..... yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov. (Month) 13 (Day), 1867 (Year)

7-AGE, 49 yrs. 1 mos. 20 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Theatrical Scene
(b) General nature of industry, business, or establishment in which employed (or employer): Artist

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jacob. Shreck

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Sophia Saff

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Harry E. Shreck

(Address) 209 W. Centre St.

15- Filed JAN 3 - 1917, 191.... ROBERT E. KRAUTER Burial Permit Clerk... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 7th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3rd 1917, to Jan 7th 1917, that I saw him alive on Jan 7th 1917, and that death occurred, on the date stated above, at 1.30 p.m.

The CAUSE OF DEATH* was as follows:

acute Lobar pneumonia

with Emp.

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) heart dilatation & arteriosclerosis (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R. B. Brampton M. D.

Jan. 8th, 1917. (Address) 1415 Linden Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, Jan 9, 1917

20-UNDERTAKER W. Lean & Jones

ADDRESS 833 Linden Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-1+—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1119

CERTIFICATE OF DEATH.

92 D 1119

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 Cumberland ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph C. Stuck

(Residence in Baltimore: No. 719 Cumberland St.; 45 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	white	Married

6-DATE OF BIRTH, May (Month) 15 (Day), 1841 (Year)

7-AGE, 75 yrs. 7 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: retired Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): B. & O. R.R. Co. Park

9-BIRTHPLACE, (State or Country), Frederick Md

PARENTS.

10-NAME OF FATHER, Joseph Stuck

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER, Elizabeth Houck

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice V. Stuck

(Address) 719 Cumberland St.

15- Filed JAN 3 - 1917, 191.... ROBERT B. KRAUTER Deputy Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 8th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3d 1917, to Jan 8th 1917, that I saw h[illegible] alive on Jan 8th 1917, and that death occurred, on the date stated above, at 5:50 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. G. Shower M. D.

Jan. 8, 1917. (Address) 1224 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park Cem	Jan 10, 1917.

20-UNDERTAKER Harry W. Ehlen ADDRESS 1946 W. North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1120

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 1120

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2606 Md Elderry ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacobena Schwab

(Residence in Baltimore: No. 2606 Md Elderry St.; 49 yrs. — mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, December 12, 1867.
(Month) (Day) (Year)

7-AGE, 49 yrs. — mos. 27 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Frederick Jachens

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lucy Scheffe

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lilly Schwab

(Address) 2606 Md Elderry St

15- Filed JAN 3 - 1917, 191.... ROBERT R. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 8th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 14 1916, to Jan 8th 1917, that I saw her alive on Jan 3d 1917, and that death occurred, on the date stated above, at 12 Noon m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Howard C. Gibbs M. D.

Jan 8, 1917. (Address) 1917 Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery — DATE OF BURIAL, Jan 10, 1917.

20-UNDERTAKER Christian Miller — ADDRESS 23 S Jefferson St

N. B.—Every item of information should be carefully supplied. Age, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1121

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 D 1121

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2200 Athenian Ave St.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Holmes

(Residence in Baltimore: No. 2200 Athenian Ave St.: 34 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

6-DATE OF BIRTH Jan 6, 1863 (Month) (Day) (Year)

7-AGE 54 yrs. 2 mos. ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Home life.
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or country) Ireland.

PARENTS

10-NAME OF FATHER Patrick McDermott

11-BIRTHPLACE OF FATHER (State or country) Ireland.

12-MAIDEN NAME OF MOTHER Bridget —

13-BIRTHPLACE OF MOTHER (State or country) Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Thos. Holmes

(Address) 2200 Athenian Ave

15- JAN 8 - 1917 Filed ....., 191.... ROBERT R KRAUTER Burial Permit Issued REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan 8, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1, 1917, to Jan 8, 1917.

that I saw h[illegible] alive on Jan 1, 1917.

and that death occurred, on the date stated above, at 4 [illegible] m.

The CAUSE OF DEATH* was as follows:

Uremia

12 hrs
(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Renal Suppression

12 hrs
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Lowney Strachan M. D.

Jan 8, 1917 (Address) 2433 Maryland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL Woodlawn

DATE OF BURIAL Jan 10, 1917

20-UNDERTAKER W. M. Faulkner

ADDRESS 1624 Mc Keyser Ave

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1125

HEALTH DEPARTMENT--CITY OF BALTIMORE

1-PLACE OF DEATH

CERTIFICATE OF DEATH

91 D 1122

REGISTERED No. C

CITY OF BALTIMORE (No. Hahnemann General Hospital ST. 19 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pauline Suggo

(Residence in Baltimore: No. 2614 Francis St.- St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Apr. (Month) 22 (Day), 1912 (Year)

7-AGE: 4 yrs. 8 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Infant child
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Nicholas Suggo

11-BIRTHPLACE OF FATHER (State or country): S Carolina

12-MAIDEN NAME OF MOTHER: Viola Lucas

13-BIRTHPLACE OF MOTHER (State or country): S Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nicholas Suggo

(Address) 2745 N Calhoun

15-FILED JAN 8 - 1917 ROBERT B. KRAUTH Registrar

Burial Permit Issued (Over)

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. (Month) 7 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 . 1917 . to. Jan 6 1917 . that I saw her alive on Jan 6 . 1917 . and that death occurred, on the date stated above, at 3 A m.
The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Duration) yrs. Several mos. 1 ds

Contributory (SECONDARY) Measles history (Duration) yrs. mos. ds.

(Signed). M. L. Ingram M. D.

Jan 7 . 1917 (Address) 2439 N Charles St-

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos 1/2 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? 2614 Francis St-
Former or usual residence 2614 Francis St-

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cem. DATE OF BURIAL: Jan 9 .191 7

20-UNDERTAKER: Wm Cook ADDRESS 502 E Fayette

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1123

HEALTH DEPARTMENT—CITY OF BALTIMORE

172

× D 1123

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.: 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Patchmond

(Residence in Baltimore: No. Johns Hopkins Hospital St.: ...yrs., ...mos. ...da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	white	married

6-DATE OF BIRTH, October (Month) 4 (Day), 1875 (Year)

7-AGE, 41 yrs. 3 mos. 3 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Geo W Dietz

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Mehlgarten

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15-

Filed JAN 8 1917, 191... ...Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 7 1916, to January 7 1917, that I saw h[illegible] alive on January 7 1917, and that death occurred, on the date stated above, at 2 00 a. m.

The CAUSE OF DEATH* was as follows:

Complication of Fracture of Femur, left
Cerebral Embolism
Pulmonary Embolism
Accidental Fall on Street.

(Duration) ...yrs. ...mos. 21 ds.

CONTRIBUTORY (Secondary) Senile Changes in Blood Vessels

(Duration) ...yrs. 1 mos. ...ds.

(Signed) ...M. D.

Jan 7, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 21 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence 424 Everham Ave Govans

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem — DATE OF BURIAL, Jan 9, 1917

20-UNDERTAKER Coulbourn — ADDRESS Fort Hill

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1124

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1124

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver ST.; 9 WARD) + 92

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Thompson

(Residence in Baltimore: No. St Josephs Hospital St.; yrs. mos. 8 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) ..... (Day), 1877 (Year)

7-AGE,	If LESS than 1 day,
40 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Steelworks

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm Thumpson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Margaret Linsby

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R. J. Thumpson

(Address) Glendale Md

15- JAN 8 - 1917 Filed ....., 191.... ROBERT R. KRAUTER Registrar.

1917 Burial Permit 31918

77

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 8 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 30 1916, to Jan 8 1916, that I saw him alive on Jan 8 1916, and that death occurred, on the date stated above, at 8 30 m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(Duration) ....yrs. ....mos. 1 ds.

(Signed) L. Henry Mackall M. D.

Jan. 8, 1917. (Address) 8 E 35th St. Balto.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 8 ds. In the State 40 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Dont Know Glendale

Former or usual residence T B Post Office Md

19-PLACE OF BURIAL OR REMOVAL, Glendale Md — DATE OF BURIAL, Jan 10, 1917

20-UNDERTAKER John B Spence — ADDRESS 1325 N. Caroline St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 D 1125

PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 W. Lee ST.: 23 WARD) REGISTERED NO. C

1-FULL NAME Etta Lipnick

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

Residence in Baltimore: No. 14 W. Lee St.: — yrs., — mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Singl

6-DATE OF BIRTH, Dec 26, 1916. (Month) (Day) (Year)

7-AGE, — yrs. — mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore md

PARENTS.

10-NAME OF FATHER, Joe Lipnick

11-BIRTHPLACE OF FATHER (State or Country), Balto md.

12-MAIDEN NAME OF MOTHER Ida Gunspaun

13-BIRTHPLACE OF MOTHER (State or Country), Balto md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joe Lipnick

(Address) 14 W. Lee St.

15- Filed JAN 9 - 1917 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26 1916, to Jan 8 1917, that I saw h— alive on Jan 8 1917, and that death occurred, on the date stated above, at 5.40 P m.

The CAUSE OF DEATH* was as follows:

Result of Difficult Labor

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Collins M. D.

Jan. 9, 1917. (Address) 1.E.L.O.F. Balto St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL Hebrew Washington Rd DATE OF BURIAL, Jan. 9, 1917

20-UNDERTAKER L. Grinspon & Bro ADDRESS 1107 E Balto St

N. B.—Every item of information should be carefully supplied. AGE should be carefully ascertained. OCCUPATION should be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1126

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 D 1126

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital St.: 6 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Estelle Silverman

(Residence in Baltimore: No. 1808 E. Fayette St.: 7 yrs. 8 mos. 25 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: May 13, 1914 (Month) (Day) (Year)

7 AGE: 2 yrs. 7 mos. 25 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Nathan Silverman

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Rachel Snyder

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jack Lewis

(Address) 1411 E Balto St

15. Filed JAN 9 - 1917, 191 MARY C. ANDERS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan. (Month) 8 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1916, to Jan. 8 1917, that I saw her alive on Jan. 8, 1917, and that death occurred, on the date stated above, at 10 45 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction
probably due to gangrenous appendix
(Duration) ..... yrs. ..... mos. 13 ds

Contributory (SECONDARY) Post-Operative shock
(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) Edward S. Jacobson M. D.
Jan. 8, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ..... yrs. ..... mos. 12 ds. In the State 2 yrs. 7 mos. 25 ds.
Where was disease contracted, if not at place of death? At Home
Former or usual residence 1808 E Fayette St

19 PLACE OF BURIAL OR REMOVAL: Mt Carmel B. Workmens Circle — DATE OF BURIAL: 1/9/1917

20 UNDERTAKER: Jack Lewis — ADDRESS: 1411 E. Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 1122

78

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2513 Guilford ave ST: 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mrs Clara Agnes Tall,

(Residence in Baltimore: No. 2513 Guilford ave St.; 3 yrs. 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widowed

6 DATE OF BIRTH October 15, 1858.
(Month) (Day) (Year)

7 AGE 58 yrs. 2 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Dorchester Co., Md.

PARENTS

10 NAME OF FATHER George H. Meekins.

11 BIRTHPLACE OF FATHER (State or country) Md.

12 MAIDEN NAME OF MOTHER Martha A. Pubrum.

13 BIRTHPLACE OF MOTHER (State or country) Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Marie Eileen Tall
(Address) 2513 Guilford Avenue

15. Filed JAN 9 - 1917, 191 HARRY C. ANDREWS, Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 7, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1916, to Jan 7 1917.
that I saw her alive on Jan 6, 1917.
and that death occurred, on the date stated above, at 7:30 A m.
The CAUSE OF DEATH* was as follows:

Cardiac Asthenia
(Duration) yrs. mos. 3 ds

Contributory (SECONDARY) Sub acute endocarditis
(Duration) 2 yrs. 8 mos. 0 ds.

(Signed) John G. O'Neill M. D.
Jan 9, 191 7 (Address) 2008 N. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. In the U. S. yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Cathedral — DATE OF BURIAL Jan 10, 1917

20 UNDERTAKER F. A. Krause — ADDRESS 703 Hanover

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHILE PERMIT, WITH SIGNATURE OF UNDERTAKER, IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1128

CERTIFICATE OF DEATH.

79 D 1128

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1 W. Heath ST.; 23 WARD)
REGISTERED No. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter H. Gumpman

(Residence in Baltimore: No. 1 W. Heath St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Mar.

6-DATE OF BIRTH, July 5, 1851 (Month) (Day) (Year)

7-AGE, 65 yrs. 6 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Policeman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Chas Gumpman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Annie Dierback

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Catherine Gumpman
(Address) 1 W. Heath st

15-
Filed JAN 9 1917 191 HARRY C. ANDREWS Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Date Jan 7th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7 1916, to Jan 7th 1917, that I saw h[illegible] alive on Jan 7th 1917, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Mutual Benefit Assn of Northern Liberties

(Duration) yrs. mos. ds.

(Signed) August Horn M. D.

Jan 8, 1917 (Address) 4 S. E. 25th

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western — DATE OF BURIAL, Wed 1/9 1917

20-UNDERTAKER Fred A Krause — ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PAPER. WITH ONE CARBON. THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1129

REGISTERED No. C 79 D 1129

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 290 N. Charles St. 12 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME G. Bell Sellman

(Residence in Baltimore: No. 2901 N. Charles St.; 6 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): widowed

6-DATE OF BIRTH: July 23, 1845 (Month) (Day) (Year)

7-AGE: 71 yrs. 5 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Not Known

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Mary Miller

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. Arthur Sellman

(Address) 2901 N. Charles St.

15. Filed JAN 9 - 1917, 191 HARRY O. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 7, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 191 7, to, Jan 7, 191 7, that I saw h[illegible] alive on Jan 7, 191 7, and that death occurred, on the date stated above, at 4 p m.

The CAUSE OF DEATH* was as follows:

Congestion of Lungs

Heart disease Typhoid

Valvular [illegible] weak heart

Duration 1 yrs. mos. 10 ds.

Contributory (SECONDARY) Organic Heart Disease

Duration 1 yrs. 1 mos. 2 ds.

(Signed) H. Arthur Sellman M. D.

Jan 8, 191 7. (Address) 2 E. Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Co

DATE OF BURIAL: January 10th, 1917

20-UNDERTAKER: Holofernes & Son Co

ADDRESS: McCulloh & Orchard Sts

Spec.—8-24-14—M. & T.—2000 Bks.

D 1130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120 D 1130

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 N. Carey ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Deichmann

(Residence in Baltimore: No. 311 N. Carey St.; 40 yrs. ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, January 5, 1844 (Month) (Day) (Year)

7-AGE, 73 yrs. ... mos. 2 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): School Teacher

9-BIRTHPLACE, (State or Country). Hessen Cassell Germany

PARENTS.

10-NAME OF FATHER, Edw. Deichmann

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER do not know

13-BIRTHPLACE OF MOTHER (State or Country). do not know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) D. George Deichmann

(Address) Commonwealth Bank

15- Filed JAN 9 - 1917, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 7, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 15 1916, to Jan 7 1917, that I saw him alive on Jan 7 1917, and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

unknown (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Oedema

... (Duration) ... yrs. ... mos. 3 ds.

(Signed) Charles G. S., M. D.

Jan 8th, 1917. (Address) 111 W. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge Cem	1-10..., 1917.
20-UNDERTAKER	ADDRESS
Henry W. Jenkins Sons Co	Mt Pulaski Orchard

Spec.—5-19-13—M. & T.—500 Bks.

D 1131

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1131

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 Gleson ST.; 7 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Armstrong

(Residence in Baltimore: No. 1510 Jefferson St.; Life yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, Unknown, 1874 (Month) (Day) (Year)

7-AGE, 43 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, John Buell

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Susan Giffon

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mable Armstrong

(Address) 1510 Jefferson St

15- Filed JAN 9 1917 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 7, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-7-1917 to ——— 191 , that I saw h[illegible] alive on 1-7-1917 , and that death occurred, on the date stated above, at 2.45 m.

The CAUSE OF DEATH* was as follows: Apoplexy (Chronic)

Cerebral

(Duration) ——— yrs. ——— mos. ——— ds.

CONTRIBUTORY (Secondary) Pulmonary

(Duration) ——— yrs. 1 mos. 1 days

(Signed) Ellen Bey M. D.

1-7-1917 (Address) 1713 N. Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. In the do. State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel

DATE OF BURIAL, Jan 10, 1917

20-UNDERTAKER John W Henderson

ADDRESS 3[illegible] N. Caroline

Spec.—8-24-14—M. & T.—2000 Bks.

D 1132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

30 D 1132

REGISTERED NO. C

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2036 Harford ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Ethelyn M. Vitzthum

(Residence in Baltimore: No. 2036 Harford ave St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (*Write* the word.) Single

6-DATE OF BIRTH, April 7 (Month) (Day), 1914 (Year)

7-AGE, 2 yrs. 9 mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work — None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Vitzthum

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER M. Schuppner.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. M. Schuppner.

(Address) 2036 Harford ave.

15- Filed JAN 9 - 1917, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 7th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 23rd 191 6, to Jan. 7th 191 7, that I saw her alive on Jan. 7th 191 7, and that death occurred, on the date stated above, at 10½ m.

The CAUSE OF DEATH* was as follows:

Disorder of mind following confinement.

(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Gilbert L. Dieffenbach M. D.

1/8, 191 7. (Address) 1613 E. Lombard

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Jan. 9th 191 7

20-UNDERTAKER George J. Ruth

ADDRESS 1735 Harford ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Lonie Hyman

D 1133

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1133

CERTIFICATE OF DEATH.

9108

1-PLACE OF DEATH

CITY OF BALTIMORE, No. St. Joseph's Hospital ST.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Lonie Hyman

(Residence in Baltimore: No. 1915 Hope St

St. Life yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1880
(Month) (Day) (Year)

7-AGE. 36 years. yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. House
(b) General nature of industry, business, or establishment in which employed (or employer). Wife

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, James O Brien

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER H. O Brien

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Hyman

(Address) 1915 N. Hope st.

15-

Filed JAN 9 - 1917, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 7, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 2 191.., to January 7 1917, that I saw her alive on January 2 191.. and that death occurred, on the date stated above, at 5.00 P. m.

The CAUSE OF DEATH* was as follows:

Gastrectomy & Obstruction

Perforation

(Duration) 1 yr. mos. 7 ds.

CONTRIBUTORY (Secondary) Operation for Appendicitis

Abdominal adhesions

(Duration) yrs. mos. ds.

(Signed) W. R. Thuse M. D.

1-7, 191.. (Address) Bayside Home

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 4 ds. In the State 36 yrs. mos. ds.

Where was disease contracted, if not at place of death? ?

Former or usual residence 1915 Hope st

19-PLACE OF BURIAL OR REMOVAL. Mount Olivet Cemetery

DATE OF BURIAL. Jan 10, 191 7.

20-UNDERTAKER George J. Ruth

ADDRESS 735 Harford Ave.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1134

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

12 D 1134

1 PLACE OF DEATH — REGISTERED No. C.....

CITY OF BALTIMORE: (No. 2218 Essex ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johannah Knotty

(Residence in Baltimore: No. 2218 Essex St. Lift yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female — 4-COLOR OR RACE: White — 5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Feb (Month) 15th (Day), 1866 (Year)

7-AGE: 50 yrs. 10 mos. 21 ds. — If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto City Md.

PARENTS

10-NAME OF FATHER: Peter O. Hanson

11-BIRTHPLACE OF FATHER (State or country): Denmark

12-MAIDEN NAME OF MOTHER: Jane Wilson

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Murphy

(Address) 2216 Essex St

15- Filed JAN 9 - 1917, 191 — HARRY C. ANDREWS, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 6 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1916, to Jan 6 1917, that I saw her alive on Dec 31 1916, and that death occurred, on the date stated above, at 6.30 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus, Bladder & Rectum

(Duration) 2 yrs 7 mos. ..... ds.

Contributory (SECONDARY): Carcinoma of Uterus

(Duration) 2 yrs ? mos. ..... ds.

(Signed) R P Carman M. D.

Jan 6 1917 [Address] 1702 E Fayette

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. — In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mount Carmel — DATE OF BURIAL: Jan 9th 1916

20-UNDERTAKER: H. Sander Sons — ADDRESS: 120 Block St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

8 1135 — PLACE OF DEATH

32 D 1135 — REGISTERED No. C

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-CITY OF BALTIMORE (No. 2065 Woodberry Ave St. 13 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beulah Berry

(Residence in Baltimore: No. 2065 Woodberry Ave St.: 18 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female — 4-COLOR OR RACE: White — 5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Febr. (Month) 14, (Day) 1889 (Year)

7-AGE: 27 yrs. 3 mos. 25 ds. — If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Geo. Berry

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Katherine Stauch

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Geo. J. Berry

(Address) 2065 Woodbery Ave

15- JAN 9 - 1917 — HARRY C. ANDREWS, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 8 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 9/1/16, 191 , to 1/8/17 191 , that I saw her alive on 1/8 , 191 7, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Appendiceal abcess.
Psoas abcess. Amyloid Kidney

(Duration) yrs. 4 mos. ds

Contributory (SECONDARY) Acute Urinary Suppression

(Duration) yrs. mos. 3 ds.

(Signed) Geo W. Delk M. D.

1/9 , 1917 (Address) 2020 N. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Ridge — DATE OF BURIAL: Jan. 10, 1917

20-UNDERTAKER: Horace Burgerbee — ADDRESS: 403 Fallsc

Spec.—5-19-13—M. & T.—500 Bks.

D 1136

HEALTH DEPARTMENT—CITY OF BALTIMORE

1920 D 1136

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH 2512 Greenmount Ave

CITY OF BALTIMORE: (No. Skin & Cancer Hospital ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Hazelip Krout

(Residence in Baltimore: No. 2627 Oak St. St.: 20 yrs., 4 mos. 29 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH, August (Month) 11 (Day), 1896 (Year)

7-AGE, 20 yrs. 4 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore City

PARENTS.

10-NAME OF FATHER: Edwin Hazlip

11-BIRTHPLACE OF FATHER (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Margaret Elliott

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Florence Hazlip

(Address) 2627 Oak St

15- Filed JAN 9 - 1917, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 9th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from August. 10 1916, to Jan. 9th 1917, that I saw h[illegible] alive on Jan 9th 1917, and that death occurred, on the date stated above, at 6.20 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Epithelioma of Nose

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis & Exhaustion

(Duration) yrs. mos. ds.

(Signed) Geo. Gilman M. D.

Jan 9th, 1917. (Address) 1 Conn 25th

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 20 yrs. 4 mos. 29 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2627 Oak St

19-PLACE OF BURIAL OR REMOVAL, St Marys Hanover — DATE OF BURIAL, Jan. 11, 1917

20-UNDERTAKER, William Cook — ADDRESS 501 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 1132

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 1132

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3178 Ward St.; 17 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary L. C. Drury

(Residence in Baltimore: No. 3178 Ward St. Hospital (Yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, May 21, 1871
(Month) (Day) (Year)

7-AGE 45 yrs. 7 mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER: Charles B. Drury

11-BIRTHPLACE OF FATHER (State or Country): Baltimore Md

12-MAIDEN NAME OF MOTHER: Cora V. DeLong

13-BIRTHPLACE OF MOTHER (State or Country): Washington DC

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) M. L. C. Drury

(Address) 3178 Ward St

15- Filed JAN 9 - 1917, 191.. HARRY C. ANDREWS Registrar. Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 9, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 3 1917, to Jan 9 1917, that I saw her alive on Jan 8 1917, and that death occurred, on the date stated above, at 12.05 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Pneumonia

History of Illness 20 (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ... yrs. ... mos. 4 ds.

(Signed) M. L. C. Drury M. D.

Jan 9, 191 7 (Address) 3178 Ward St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Woodlawn Cemetery	Jan 11, 1917
20-UNDERTAKER George J. Smith	ADDRESS 1060 W Fayette

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1138

CERTIFICATE OF DEATH.

113 D 1138

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theophilus Ford.

(Residence in Baltimore: No. 1830 Walbrook Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ..., (Month) (Day) 1840 (Year)

7-AGE, 76 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Railroad
(b) General nature of industry, business, or establishment in which employed (or employer): man

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Samuel Ford

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary Walter

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hosp Record

(Address) Green & Lombard Sts

15- JAN 9 - 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 8, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 3 1916, to Jan 8 1917, that I saw h[illegible] alive on Jan 8 1917, and that death occurred, on the date stated above, at 9.45 a m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver with Ascites

(Duration) Unknown

CONTRIBUTORY (Secondary) Aortic Insufficiency

(Duration) Unknown

(Signed) C. A. Reifschneider M. D.

1-8, 1917. (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 6 ds. In the State 6 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? ~~=~~

Former or usual residence 1830 Walbrook Ave.

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Jan 11 19.., 1917.

20-UNDERTAKER George J Smith — ADDRESS 1000 W Fayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1139

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 D 1139

REGISTERED No. C.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 McCulloh St.; WARD) Charles C. Cooper

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME

(Residence in Baltimore: No. 1814 McCulloh St.; 46 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Feb. (Month) 22 (Day) 1846 (Year)

7-AGE: 70 yrs. 10 mos. 15 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Teamster
(b) General nature of industry, business, or establishment in which employed (or employer): own team

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: James Cooper

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Julia Matthews

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Julia L. Cooper

(Address): 1814 McCulloh St

15- Filed JAN 9 1917, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 7 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1917, to, Jan 7 1917, that I saw h[er] alive on Jan 7 1917, and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Cardio-vascular disease

(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY): Uraemia

(Duration) yrs. mos. 1 ds.

(Signed) H. S. McCard M. D.

Jan 8, 1917. [Address] 2005 E. Hill Av

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds. In the State yrs mos ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Dentas Md.

DATE OF BURIAL: Jan 9 1917

20-UNDERTAKER: Geo. H. Heland

ADDRESS: 317 Robert St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1140

Spec. 1-3-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37 D 1140

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Wrest

(Residence in Baltimore: No. 1008 Woodyear St St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 3 (Day), 1885 (Year)

7-AGE. 31 yrs. 6 mos. 5 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Se

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Louis Wrest

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Florence Bowe

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A J Smith

(Address) Johns Hopkins Hospital

15-

Filed JAN 9-1917, 191 HARRY C. ANDREWS Deputy Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 19 1916, to January 8 1917, that I saw her alive on January 6 1917, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Luetic aortitis

2

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial degn

(Duration) yrs. 6 mos. ds.

(Signed) C. G. Marton M. D.

Jan 8, 1917. (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 20 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1008 Woodyear St

19-PLACE OF BURIAL OR REMOVAL. Mt Pleasant Cemetery

DATE OF BURIAL. Jan 11, 1917

20-UNDERTAKER Geo. A. Holland

ADDRESS 672 Robert St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1147

HEALTH DEPARTMENT—CITY OF BALTIMORE

91 D 1147

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C

CITY OF BALTIMORE: (No. ..... St.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Matheus

(Residence in Baltimore: No. 812 Harford Ave St.; 50 yrs.; ~ mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Not Known ....., 1 ..... (Month) (Day) (Year)

7-AGE, 76 yrs. \ mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, James Matheus

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Catherine Gorman

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict .....

(Address) Little Sisters of the Poor .....

15- Filed JAN 9 - 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 8th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 8 1917, to ..... 191, that I saw h[illegible] alive on Jan 7 1917, and that death occurred, on the date stated above, at 6 1/4 a m. The CAUSE OF DEATH* was as follows:

(a) .....
(b) Broncho pneumonia
(c) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Jan 8, 1917. (Address) 1132 Valley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 7 yrs. mos. ds. In the State 50 yrs. mos. ds.

Where was disease contracted if not at place of death? Little Sisters of the Poor

Former or usual residence 812 Harford Ave

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, Jan 11, 191..

20-UNDERTAKER Henry Storck Son — ADDRESS 130 E Eager St

over

Spec.—8-24-14—M. & T.—2000 Bks.

D 1142

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 1142

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 Bloom ST.; 14 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Strange

(Residence in Baltimore: No. 505 Bloom St.; 2 yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Colored	Married

6-DATE OF BIRTH. Sept. 25, 1891. (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
25 yrs. 3 mos. 13 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Essex Co. Va

PARENTS.

10-NAME OF FATHER, John Lewis

11-BIRTHPLACE OF FATHER (State or Country), Essex Co. Va.

12-MAIDEN NAME OF MOTHER Laura Banks

13-BIRTHPLACE OF MOTHER (State or Country), Essex Co. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Stanley

(Address) 505 Bloom St

15- JAN 9 - 1917 Filed, 191. HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 8, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 16 1916, to Jan 8 1917, that I saw her alive on Jan 8 1917, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. N. Wright M. D.

Jan 9, 191. (Address) 1209 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF INTERMENT OR REMOVAL: Loftus Cemetery DATE OF BURIAL: Jan 10, 1917.

20-UNDERTAKER: Barnes & Wright ADDRESS: 1564 Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1143

CERTIFICATE OF DEATH

41 D 1143

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1111 Riverside av St.: 24th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Thomas B. Driscoll

(Residence in Baltimore: No. 1111 Riverside av St.: 50 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Unknown (Month), ... (Day), 1866 (Year)

7 AGE: 50 yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Jas Driscoll

11 BIRTHPLACE OF FATHER (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Hackmann

13 BIRTHPLACE OF MOTHER (State or country): Balto Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ida Driscoll

(Address) 1111 Riverside av

15 JAN 9 - 1917

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 6 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1916, to Jan 6th 1917.

that I saw him alive on Jan 6th, 1917.

and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Cancer of Rectum

(Duration) 2 yrs. ... mos. ... ds

Contributory (SECONDARY) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Thos B Kolb M. D.

Jan 8th, 1917 (Address) 1203 E Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Dec 7, 1917

20 UNDERTAKER: Geo J Talley & Sons

ADDRESS: 121 N Eutaw St

Spec.—6-24-14—M. & T.—2000 Bks.

D1144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89

REGISTERED NO. D1144

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 845 St. Peter ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wesley T. Blockston

(Residence in Baltimore: No. 845 St. Peter St.; Life ...yrs. ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Oct. (Month) 1 (Day), 1916 (Year)

7-AGE,	If LESS than 1 day,
...yrs. 3 mos. 8 ds.	...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Wesley T. Blockston

11-BIRTHPLACE OF FATHER (State or Country), Balto. Co.

12-MAIDEN NAME OF MOTHER Matilda A. Dausha

13-BIRTHPLACE OF MOTHER (State or Country), Hungary

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wesley T. Blockston

(Address) 845 St Peter st

15-

Filed JAN 10 1917 191...

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 9 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 8 1917, to Jan 9 1917, that I saw h... alive on Jan 9 1917, and that death occurred, on the date stated above, at 4 4 m.

The CAUSE OF DEATH* was as follows:

Bronchitis Cont

(Duration) ...yrs. ...mos. 1 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) ...yrs. ...mos. 1 ds.

(Signed) Edw... M. D.

Jan 9, 191.. (Address) 317 Lwon

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Cedar Hill Cemetery	Jan. 12, 1917.
20-UNDERTAKER, James Lippman & Son	ADDRESS 300 E Pratt St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1145

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1145

CERTIFICATE OF DEATH.

54

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3310 Strickland St.; 15 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-USUAL NAME Frances E Wheeler

(Residence in Baltimore: No. 3310 Strickland St.; 75 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widowed

6-DATE OF BIRTH, May 28, 1839 (Month) (Day) (Year)

7-AGE, 57 yrs. 7 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Prince George Co

PARENTS.

10-NAME OF FATHER, Mathai Shaw

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Mary Murray

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Wheeler

(Address) 3310 Strickland

15-

Filed JAN 9 - 1917, 191.

ROBERT R. KRAUTER

Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 8, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 1913. to Jan 8 1917

that I saw h[illegible] alive on Jan 8 1917

and that death occurred, on the date stated above, at 1.30 P m

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia

(Duration) 3 yrs. mos. ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

(Signed) Howard W Jones M. D

Jan 8, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park Cem

DATE OF BURIAL. June 11, 1917.

20-UNDERTAKER Joseph B Cook

ADDRESS No 3 W Balto

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1146

CERTIFICATE OF DEATH.

81

D 1146

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1933 Mosher ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Miss Annie Priscilla Spavin

(Residence in Baltimore: No. 1933 Mosher St. St.; 70 yrs., 11 mos. 27 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January (Month) 16 (Day), 1846 (Year)

7-AGE, 70 yrs. 11 mos. 27 ds.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer): Retail Carpet House

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, William Maxwell Spavin

11-BIRTHPLACE OF FATHER (State or Country), Philadelphia Pa.

12-MAIDEN NAME OF MOTHER Mary Elizabeth Edwards

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David A. Spavin

(Address) 1933 Mosher St.

15. Filed JAN 9 - 1917, 191... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 7 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 7 1916, to January 7 1917, that I saw her alive on January 7 1917; and that death occurred, on the date stated above, at 5.45 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration), 5 yrs. 10 mos. 1 ds.

CONTRIBUTORY (Secondary) Inanition

(Duration) 5 yrs. 6 mos. 10 ds.

(Signed) George E Shannon M. D.

January 7, 191. 7 (Address) 700 Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Jan. 10, 191. 7.

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 N. Bath St.

Spec.—8-24-14—M. & T.—2000 Bks.

James A. Baer.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1147

CERTIFICATE OF DEATH.

D 1147

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 E. Hamburg St. 24 ST.; WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME James A. Baer

(Residence in Baltimore: No. 106 E. Hamburg St. St.; yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	white	Single

6-DATE OF BIRTH, Jan (Month) 1 (Day), 1917 (Year).

7-AGE, yrs. mos. 7 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Joseph H. Baer.

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER. Emma Charlton.

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Joseph H. Baer.

(Address) 106 E. Hamburg St.

15- Filed JAN 9 - 1917, 191. ROBERT R. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 8 (Day), 1917 (Year).

17. I HEREBY CERTIFY, That I attended deceased from Jan 4 1917, to Jan 8 1917, that I saw him alive on Jan 8 1917, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 4 da.

CONTRIBUTORY (Secondary) Hardening Artery

(Duration) yrs. mos. da.

(Signed) F. E. Smith M. D.

Jan 9, 191. (Address) 710 E. Lombard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. First Evangelical Cem

DATE OF BURIAL. Jan 9., 191. 7

20-UNDERTAKER F. A. Krause

ADDRESS 703 Hanover

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

155 D 1148

REGISTERED NO. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Esther Anderson

(Residence in Baltimore: No. 235 Luzerne ave St. 3 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Single

6-DATE OF BIRTH: Jan (Month) 10 (Day) 1900 (Year), 1

7-AGE: 16 yrs. 11 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Sales lady
(b) General nature of industry, business, or establishment in which employed (or employer): store Department

9-BIRTHPLACE, (State or Country): Phola Pa.

PARENTS.

10-NAME OF FATHER: John F Anderson

11-BIRTHPLACE OF FATHER (State or Country): Norway

12-MAIDEN NAME OF MOTHER: Mary Marium

13-BIRTHPLACE OF MOTHER (State or Country): Norway

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Anderson

(Address) 235 Luzerne ave

15- JAN 9 - 1917 Filed....., 191... ROBERT R. KNAUTH Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 8 (Day) 1917 (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquest find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

in Septicemia / Shock / Vic Hort

Suicide by bichloride

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.
(Coroner.)

Jan 9, 1917 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. 7 ds. In the State 3 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 235 N. Luzerne Ave

Former or usual residence 235 N. Luzerne Ave

19-PLACE OF BURIAL OR REMOVAL: Mobile Alabama

DATE OF BURIAL: Jan 9, 1917

20-UNDERTAKER: John Herring & Co

ADDRESS: 2008 Adams

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1149

CERTIFICATE OF DEATH.

91

D 1149

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2812 Clifton ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Jacob Krukrum

(Residence in Baltimore: No. 2812 Clifton ave. St.; ..... yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June (Month) 21 (Day), 1831 (Year)

7-AGE, 85 yrs. 6 mos. 8 ds.

If LESS than 1 day, ... hrs. or .... min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mattress
(b) General nature of industry, business, or establishment in which employed (or employer): Maker

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Roberts

(Address) 2812 Clifton ave

15- JAN 9 - 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1917, to Jan 8 1917, that I saw h im alive on Jan 8 1917, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

1 Broncho-pneumonia

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M Bowman Wood M. D.

Jan. 8, 191 7. (Address) 626 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Mt Olivet Cem

DATE OF BURIAL, Jan 10, 191 7

20-UNDERTAKER A Rinehart Sons

ADDRESS Norman

Dr Bowman Wood

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1150

CERTIFICATE OF DEATH.

9

D 1150

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2654 Dulaney ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabella Pumpkin

(Residence in Baltimore: No. 2654 Dulaney St.; ... yrs., ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, June 2, 1915 (Month) (Day) (Year)

7-AGE, 1 yrs. 7 mos. 7 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Norfolk Va

PARENTS.

10-NAME OF FATHER, Leo Pumpkin

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Lena Pennington

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emelia Pumpkin

(Address) 2654 Dulaney St

15- Filed JAN 9 - 1917 191... ROBERT R. KRAUTER Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 9 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 30 1916, to Jan 9 1917, that I saw her alive on Jan 8 1917, and that death occurred, on the date stated above, at 1.30 a.m.

The CAUSE OF DEATH* was as follows:

1. Pneumonia Influenza

(Duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Contusion

(Duration) ... yrs. ... mos. 5 ds.

(Signed) R. A. Krauter M. D.

Jan 9, 1917. (Address) 2654 Dulaney St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Jan 10th, 1917.

20-UNDERTAKER H. L. Hill & Son ADDRESS 3107 Frederick Ave.

10:30 a.m.

Spec.—8-24-14—M. & T.—2000 Bks.

D 115T

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 115T

CERTIFICATE OF DEATH.

1151

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1332 Stockton ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Barnes

(Residence in Baltimore: No. 1332 Stockton St.; ...yrs., ...mos. ...ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Bl.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sing.

6-DATE OF BIRTH, ...Jan... (Month) 7 (Day), 1917 (Year)

7-AGE, ...yrs. ...mos. 1 ds.

If LESS than 1 day, 2 hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ...None...
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James Barnes.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Davis,

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Barnes

(Address) 1332 Stockton St

15- JAN 9 - 1917 Filed ..., 191... ROBERT B. KRAUTER Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...Jan... (Month) 8 (Day), 191... (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7 191 7, to Jan 8 191 7, that I saw h[illegible] alive on Jan 5 191 7, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

...Prematura...

... (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

... (Duration) ...yrs. ...mos. ...ds.

(Signed) Edward P Smith M. D.

Jan 9, 191 7. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cemetery

DATE OF BURIAL, Jan 10, 191 7

20-UNDERTAKER James H. Dennis

ADDRESS 1303 Pruetman

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1152

CERTIFICATE OF DEATH.

28 D 1152

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 S. Curley ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond C. Bombardt

(Residence in Baltimore: No. 508 S. Curley St. St.; ....yrs., ...mos. ....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, April 27th, 1903
(Month) (Day) (Year)

7-AGE, 13 yrs. 8 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Scholar at
(b) General nature of industry, business, or establishment in which employed (or employer)..... School

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Chas. Bombardt

11-BIRTHPLACE OF FATHER (State or Country), Balto Md.

12-MAIDEN NAME OF MOTHER Carrie Biggerman

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Bombardt

(Address) 508 S. Curley St.

15- JAN 9 - 1917 ...E. KRAUTH...
Filed....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 8th, 1917.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 7 1917, to Jan. 8 1917, that I saw h.. alive on Jan 8 1917, and that death occurred, on the date stated above, at 8.30 p. m.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(Duration) 7 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Thrombosis

(Duration) 2 yrs. ....mos. ....ds.

(Signed) Chas S. Greer M. D.

1/8/17, 191... (Address) 408 Bat Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart

DATE OF BURIAL, Jan 11th, 1917.

20-UNDERTAKER Lilly & Zeiler

ADDRESS 420 S. Wolfe

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1153

CERTIFICATE OF DEATH.

28 D 1153

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 S. Chapel ST.; W WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catharine B. Robl.

(Residence in Baltimore: No. 7 S. Chapel St.; ....yrs., ...mos. ....ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, Dec 19 (Month) (Day), 1896 (Year)

7-AGE, 20 yrs. mos. 21 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Joseph Robl.

11-BIRTHPLACE OF FATHER (State or Country), Austria

12-MAIDEN NAME OF MOTHER Paulina Schramel

13-BIRTHPLACE OF MOTHER (State or Country), Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Paulina Robl.

(Address) 7 S. Chapel St.

15- Filed JAN 9 - 1917, 191.... ROBERT R. KRAUTH Burial Permit Register.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 8th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 15 1916, to June 5 1917, that I saw h[illegible] alive on June 7 1917, and that death occurred, on the date stated above, at 2:45 p. m.

The CAUSE OF DEATH* was as follows:

I
Pulmonary Tuberculosis.

Hemorrhage (Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

....1.... (Duration)....yrs....mos....ds.

(Signed) E. P. Mitter M. D.

Jan. 9, 1917 (Address) 1711 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, Jan. 10, 1917

20-UNDERTAKER Lilly & Zeiler

ADDRESS 403 S. Wolfe

D 1154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

150 D 1154

REGISTERED No. C.

1-PLACE OF DEATH, CITY OF BALTIMORE (No. 931 W. Mulberry St. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Felix De Poula

(Residence in Baltimore: No. 931 W. Mulberry St.: yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January 7, 1917 (Month) (Day) (Year)

7-AGE, 2 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

PARENTS.

9-BIRTHPLACE, (State or Country), Baltimore Md

10-NAME OF FATHER, Nicholas De Poula

11-BIRTHPLACE OF FATHER (State or Country), Penn.

12-MAIDEN NAME OF MOTHER, Annie Manzona

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nicholas De Poula

(Address) 931 W. Mulberry St

15-JAN 9 - 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 9, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Cardiac Malformation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Albert L. Driscoll M. D. (Coroner.)

Jan 9 1917. (Address) 612 N Carroll Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Vincents cemetery

DATE OF BURIAL, Jan 9 1917

20-UNDERTAKER John J Jamerson

ADDRESS 1318 Lightst

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1155 + 78 D 1155

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Johnson

(Residence in Baltimore: No. 3 months 7 days Johns Hopkins Hospt. St.: .....yrs., ...mos. .....ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH. June 18, 1881 (Month) (Day) (Year)

7-AGE. 35 yrs. 6 mos. 22 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), West Virginia

PARENTS.

10-NAME OF FATHER, Nathan McConnell

11-BIRTHPLACE OF FATHER (State or Country), U.S.

12-MAIDEN NAME OF MOTHER Catherine Vincent

13-BIRTHPLACE OF MOTHER (State or Country), W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A Smith

(Address) Johns Hopkins Hospital

15- Filed JAN 9 - 1917 191.... ROBERT R. KRAUTER Registrar of Burial Permits

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 9, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from October 2 1916, to January 9 1917, that I saw her alive on January 9 1917, and that death occurred, on the date stated above, at 11:30 a. m.

The CAUSE OF DEATH* was as follows:

Encephalomyelitis Toxica

Myocarditis

..... (Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Puerperal Sepsis

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. E. Kelly, M. D.

Jan. 9, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 3 yrs. mos. 7 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Shinston W. Va

19-PLACE OF BURIAL OR REMOVAL Shinston W Va | DATE OF BURIAL, Jan. 9, 1917

20-UNDERTAKER Willard E Fuller | ADDRESS 221 N Bunker

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1156

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

x 64 D 1156

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1443 Bayle ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Gewely

(Residence in Baltimore: No. 510 Willow Av. Govans. St.: ...yrs...mos...da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Jan (Month) 10 (Day), 1860 (Year)

7-AGE, 56 yrs. 11 mos. 28 da. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Delaware

PARENTS.

10-NAME OF FATHER, James M Johnson

11-BIRTHPLACE OF FATHER (State or Country), Delaware

12-MAIDEN NAME OF MOTHER Mary Knowles

13-BIRTHPLACE OF MOTHER (State or Country), Delaware

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. John M. MacKenzie

(Address) 510 Willow Ave. Govans

15-

Filed JAN 9 - 1917, 191... ROBERT R. KRAUTER

Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 7 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 6 191 7, to Jan 7 191 7, that I saw her alive on Jan 6 191 7, and that death occurred, on the date stated above, at 4.45 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ...yrs. ...mos. 1 da.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...da.

(Signed) Philip B. Fowler M. D.

1/9/17, 191... (Address) 1432 William St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...da. In the State ...yrs. ...mos. ...da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery DATE OF BURIAL JAN 10 1917

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1157

CERTIFICATE OF DEATH.

28

D 1157

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 1347 Cookson St.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Roach

(Residence in Baltimore: No. 1347 Cookson St.; 55 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Oct 15, 1861
(Month) (Day) (Year)

7-AGE, 55 yrs. 2 mos. 23 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Painter

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Edward McRoach

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary E Lewis

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Roach

(Address) 1347 Cookson St

15- JAN 9 - 1917 ROBERT R. KRAUTER
Filed....., 191.... Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 8, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 7 1916, to Jan 8 1917, that I saw h[illegible] alive on Jan 8 1917, and that death occurred, on the date stated above, at 11 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Indefinite
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Emphysema

(Duration) yrs. mos. ds.

(Signed) R. L. Campbell M. D.

Jan 9, 1917 (Address) 164 E Hamilton St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Jan 11, 1917

20-UNDERTAKER R. F. & M. G. Flynn ADDRESS 1422 Light St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1158

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1158

CERTIFICATE OF DEATH.

28

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1141 Leadenhall St ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry J Lewis

(Residence in Baltimore: No. 1141 Leadenhall St

St.; 43 yrs., 11 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Feb (Month) 8 (Day), 1873 (Year)

7-AGE, 43 yrs. 11 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Steamboat.

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, John J Lewis

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md

12-MAIDEN NAME OF MOTHER Annie O'Leary

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mrs. Wm. Larkins

(Address)..... 212 Hanover St.

15- JAN 9 - 1917 Filed....., 191.. [illegible] R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 8 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Oct 15 1916, to Jan 8 1917, that I saw him alive on Jan 8 1917, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

a Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos. 1 ds.

(Signed) J. V. O'Donnell M. D.

Jan 9, 1917. (Address) 1015 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Jan. 10., 1917

20-UNDERTAKER H. & M. J. Flynn

ADDRESS 1422 Light St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHITE PERMIT, WITH CONTRABAND INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1159

CERTIFICATE OF DEATH.

38 D 1159

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2428 E Monument St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna B Zepp

(Residence in Baltimore: No. 2428 E. Monument St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Nov. (Month) 1 (Day), 1890 (Year)

7-AGE,	If LESS than 1 day,
26 yrs. 2 mos. 6 ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Frank Ebert

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Catherine Fritch

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Maynard Zepp

(Address) 2428 E. Monument St.

15- Filed JAN 9 - 1917, 191.... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1916, to June 6 1917, that I saw h[illegible] alive on June 6 1917, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John T. Avery M. D.

June 8 1917. (Address) 1603 A. St. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer Cem. DATE OF BURIAL. Jan 10., 1917

20-UNDERTAKER. D. F. McDermott Flynn ADDRESS 1422 Light St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1160

CERTIFICATE OF DEATH.

78 D 1160

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 E Heath St.; 24 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Brannan

(Residence in Baltimore: No. 211 E. Heath St.; 35 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH LEAD PENCIL. THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOW(ER), OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: About (Month) (Day) 1865 (Year)

7-AGE: 52 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: Matthew Clancy

11-BIRTHPLACE OF FATHER (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Honora Munn

13-BIRTHPLACE OF MOTHER (State or Country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jas Brennan

(Address) 211 E. Heath St.

15- [illegible] E. KRAUTH

Filed JAN 9 1917, 191.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Jan (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15 1916, to Jan 7 1917, that I saw her alive on Jan 6 1917, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Chronic Cirrhosis

(Duration) yrs. 1 mos. 1 Month

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. 1 mos. ds.

(Signed) J. F. Hawkins M. D.

1-9-1917 (Address) 17 Randall St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Jan. 10 1917

20-UNDERTAKER: P. J. McG. Flynn

ADDRESS 1422 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

D 1161

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

64 D 1161

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 N. Stricker ST.: 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophia Joyce

(Residence in Baltimore: No. 402 N. Stricker St.: 74 yrs., 3 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, September (Month) 11 (Day), 1842 (Year)

7-AGE, 74 yrs. 3 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Charles August Schwatka

11-BIRTHPLACE OF FATHER (State or Country), Baltimore.

12-MAIDEN NAME OF MOTHER Sophia Manley

13-BIRTHPLACE OF MOTHER (State or Country), England.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Minnie J. Montgomery

(Address) 402 N. Stricker St.

15- JAN 10 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 8th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5th 1917, to Jan 8th 1917, that I saw her alive on Jan 8th 1917, and that death occurred, on the date stated above, at 9 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) ....M. D.

Jan 9th, 1917 (Address) 1001 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Stone Chapel, Balto Co. DATE OF BURIAL, Jan. 11, 1917.

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 W. Balto.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1162

CERTIFICATE OF DEATH.

90 D 1162

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 Edmondson Ave. ST.; 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dora Rodekurt.

(Residence in Baltimore: No. 1913 Edmondson. St.; 53 yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widowed

6-DATE OF BIRTH, March 6, 1836 (Month) (Day) (Year)

7-AGE, 80 yrs. 10 mos. 6 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Kiddin Germany.

PARENTS.

10-NAME OF FATHER, William Zahn

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Zittrock

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Dora Rodekurt

(Address) 1913 Edmondson Ave.

15- Filed JAN 10 1917, 191.... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 9, 1916 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1, 1916, to Dec 9, 1916, that I saw her alive on Dec. 6 1916, and that death occurred, on the date stated above, at 5:30a m.

The CAUSE OF DEATH* was as follows:

Chronic Rheumatism

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Colitis

(Duration) yrs. mos. 10 ds.

(Signed) L. W. Wilson M. D.

1-9, 1917 (Address) 1733 Hollins St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Jan. 12, 1917.

20-UNDERTAKER Joseph Cook ADDRESS 103 W. Balto. St

D 1163

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1163

CERTIFICATE OF DEATH.

174

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital St.: 21 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leo E Taylor

(Residence in Baltimore: No. 421 W Cross st St. 1 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word.)
Male	Col	Single

6-DATE OF BIRTH. Jan. 23 1903, (Month) (Day) (Year) 1

7-AGE. 13 yrs. 11 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Sckhool Boy
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Va

PARENTS.

10-NAME OF FATHER. Daniel Raylor

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Bertie Reed

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rachel banks

(Address) 421 Cross st

15- Filed JAN 10 1917, 191 HARRY O. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. 6 1917, (Month) (Day) (Year) 191

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism caught in elevator

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) (Coroner.) M. D.

191 (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 1 yrs. mos. ds.

Where was disease contracted, if not at place of death? Ashland ave & Sterling st

Former or usual residence 421 W Cross St

19-PLACE OF BURIAL OR REMOVAL. Reeds Whf. Northumberland co. Va

DATE OF BURIAL. Jan 11 19 17

20-UNDERTAKER John N Toadvine

ADDRESS 42 W Hill St

D 1164

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 1164

78

REGISTERED NO. C.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 George St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Bowber

(Residence in Baltimore: No. 830 George St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: female

4-COLOR OR RACE: Colerd

5-SINGLE, MARRIED, WIDOWER, OR DIVORCED (Write the word): married

6-DATE OF BIRTH: (Month) Jan (Day) 20 1896 (Year)

7-AGE: 20 yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Domestic at Service
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Geo Bond

11-BIRTHPLACE OF FATHER (State or country): md

12-MAIDEN NAME OF MOTHER: Malinda Moore

13-BIRTHPLACE OF MOTHER (State or country): md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Malinda Bond

(Address) 830 George St

15- Filed JAN 10 1917 191 HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 8 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 2, 1916, to, Jan 8 1917, that I saw h[er] alive on Jan 7 1917, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) yrs 3 mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) H. S. McCard M. D.

1/9, 1917 [Address] 2005 Druid Hill Ave

* State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Aberdeen Md

DATE OF BURIAL: Jan 11, 1916

20-UNDERTAKER: John H Trader

ADDRESS: 142 Mosher

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1165

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

D 1165

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 12 N. Bethel ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Fields

(Residence in Baltimore: No. 12 N Bethel St Upton ..... St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Colored	Married

6-DATE OF BIRTH, Not known ....., 1883.
(Month) (Day) (Year)

7-AGE, 34 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Dentist
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Isaac Fields

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Hattie Field

13-BIRTHPLACE OF MOTHER (State or Country), Miss.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mother Hattie Fields
(Address) 12 N Bethel St

15- JAN 10 1917 HARRY C. ANDREWS
Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 7, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1st 191 7, to Jan 7 191 7,
that I saw h alive on Jan 7, 191 7.,
and that death occurred, on the date stated above, at 7.30 P m.
The CAUSE OF DEATH* was as follows: (4 mos)
Chronic Interstit Nephritis
Uraemia Edema Dr.

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) E. E. Neff M. D.

1917 (Address) 421 N. Arlington Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cemetery — DATE OF BURIAL, Jan 11, 1917.

20-UNDERTAKER Mrs Robert A Elliott — ADDRESS 500 East Fa

Spec.—8-24-14—M. & T.—2000 Bks.

D 1166

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1166

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 Mott ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H. Snowden

(Residence in Baltimore: No. 417 Mott St.; Life time mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown. (Month) (Day), 1867 (Year)

7-AGE, 50 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Liver

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs John Snowden

(Address) 417 Mott St

15-

Filed JAN 10 1917 191

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 30 1916, to Jan 7 1917, that I saw h-m alive on Jan 7, 1917, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Tabes Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Tabor L. Green M. D.

Jan. 8., 1917. (Address) 1201½ August St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laural Cemetary

DATE OF BURIAL, Jan. 11., 1917.

20-UNDERTAKER Mrs R. A Elliott

ADDRESS 500 East St

Spec.—8-24-14—M. & T.—2000 Bks.

D 1167

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1167

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 Druid Hill Ave St.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew J. Brown

(Residence in Baltimore: No. 1516 Druid Hill Avenue St.; 54 yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Married

6-DATE OF BIRTH. April 10, 1862 (Month) (Day) (Year)

7-AGE. 54 yrs. 8 mos. 27 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Undertaker
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). St Marys Co Md

PARENTS.

10-NAME OF FATHER. Richard Brown

11-BIRTHPLACE OF FATHER (State or Country). St Marys Co Md

12-MAIDEN NAME OF MOTHER Rebecca Miller

13-BIRTHPLACE OF MOTHER (State or Country). St Marys Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James A Brown Brother

(Address) 1305 Pennsylvania

15-Filed JAN 10 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. January 7, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from November 6 1916, to January 7 1917, that I saw him alive on January 7 1917, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Uraemia Chronic Nephritis

Contributory Senility

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Contributory

(Duration) yrs. mos. ds.

(Signed) C. E. Campbell M. D.

Jan. 7, 1917. (Address) 1369 N. Carey St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Laurel Cemetery

DATE OF BURIAL. Jan 10, 1917

20-UNDERTAKER Joseph A. Farrell

ADDRESS 2319 Division

D 1168

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1168

CERTIFICATE OF DEATH.

REGISTERED NO. C 19

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1315 Angle ave ST.: WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Brown

(Residence in Baltimore: No. 1315 Angle ave St.: 1 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, Unknown, 185-?
(Month) (Day) (Year)

7-AGE. 63 yrs. Autumn mos. ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. Sandy Brown.

11-BIRTHPLACE OF FATHER (State or Country). Md. Jones

12-MAIDEN NAME OF MOTHER Mary Ross

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Husband

(Address) 1313 Angle

15- JAN 10 1917 MARY [illegible]
Filed....., 191.... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 5, 191(
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease, Contributory Senility

Duration: Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

Duration: Unknown yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

....., 191.. (Address).....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem

DATE OF BURIAL, Jan 12 191(

20-UNDERTAKER Samuel Hemsley

ADDRESS 5 18 Rut 3 dd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 1169

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 934 Argyle Ave. ST. 17 WARD)

2-FULL NAME John H Stevens

(Residence in Baltimore: No. 934 Argyle Ave.)

1320

D 1169

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

Ae.: 54 yrs. 9 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6-DATE OF BIRTH: Apr. (Month) 4 (Day), 1861 (Year)

7-AGE: 54 yrs. 9 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Oyster Shucker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: John H Stevens

11-BIRTHPLACE OF FATHER (State or country): Md—

12-MAIDEN NAME OF MOTHER: Savenia Reilly

13-BIRTHPLACE OF MOTHER (State or country): Md—

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hettie Moon (Sister)

(Address) 520 S Stockton

15. Filed JAN 10 1917, 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 7 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1916 to Jan 7 1917.
that I saw h[illegible]live on Jan 7, 1917.
and that death occurred on the date stated above, at 1:45 A m.
The CAUSE OF DEATH* was as follows:

Brights disease
(Duration) 1 yrs. 0 mos. 10 ds

Contributory (SECONDARY) none —
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) R B Kenyon M. D.
Jan 7, 1916 (Address) 422 N Greene

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: Jan 10 1917

20-UNDERTAKER: Frank Kemsley

ADDRESS: 5 S Stockton

Spec.—8-24-14—M. & T.—2000 Bks.

D 1170

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1170

CERTIFICATE OF DEATH.

151

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Caroline Lay Converse

(Residence in Baltimore: No. Church Home & Infirmary St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	white	Single

6-DATE OF BIRTH. Jan (Month) 6 (Day), 1917 (Year)

7-AGE. ... yrs. ... mos. 4 ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work — None
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Henry Agustus Converse

11-BIRTHPLACE OF FATHER (State or Country), Kentucky

12-MAIDEN NAME OF MOTHER Caroline McCaw Lay

13-BIRTHPLACE OF MOTHER (State or Country), Florida

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Converse

(Address) Richmond Va

15. JAN 10 1917 Filed ..., 191...

HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 10 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 6 1917, to Jan 10 1917, that I saw her alive on Jan 10 1917, and that death occurred, on the date stated above, at 1.50 a.m.

The CAUSE OF DEATH* was as follows:

1. Premature birth

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) C M Harrison M. D.

1-10-17, 191... (Address) Church Home & Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 4 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Richmond Va — DATE OF BURIAL. Jan 12, 191...

20-UNDERTAKER H E Taylor — ADDRESS 17 S Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

1171

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1171

CERTIFICATE OF DEATH.

79

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 S Montford Ave St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. D. Chiveral

(Residence in Baltimore: No. 519 S. Montford Ave St.; 50 yrs., mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widowed

6-DATE OF BIRTH: Oct 20, 1866 (Month) (Day) (Year)

7-AGE: 70 yrs. 2 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Mariner

9-BIRTHPLACE, (State or Country): Va.

PARENTS.

10-NAME OF FATHER: Capt. James Chiveral

11-BIRTHPLACE OF FATHER (State or Country): Va

12-MAIDEN NAME OF MOTHER: not known

13-BIRTHPLACE OF MOTHER (State or Country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Elba Reese

(Address) 519 S. Montford

15- JAN 10 1917, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Jan 1, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 1917, to Jan 7 1917, that I saw h-m alive on Jan 7 1917, and that death occurred, on the date stated above, at 11:30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Senility

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Leo Kaufuss M. D.

1/8, 191 7 (Address) 1116 S. Kenwood Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Bells Cemetery

DATE OF BURIAL: Jan 10, 191 7

20-UNDERTAKER: H. Sander & Sons

ADDRESS 220 E Lee St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1173 D 1173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 175 D 1173

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mercy Hospital St.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rev. B. Gibson

(Residence in Baltimore: No. Mercy Hospital — Length of Residence: yrs. — mos. 9 days.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dont know ....., 1 .....
(Month) (Day) (Year)

7-AGE, 75 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Motorman.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... United R. R. Co.....

9-BIRTHPLACE, (State or Country), North Carolina.

PARENTS.

10-NAME OF FATHER, W. B. Gibson.

11-BIRTHPLACE OF FATHER (State or Country), N.C.

12-MAIDEN NAME OF MOTHER Emma E. Parker

13-BIRTHPLACE OF MOTHER (State or Country), N.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. L. Gibson

(Address) Washington D.C.

15- Filed JAN 10 1917, 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan 9 ....., 1917...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Struck by United Railway
Car — Fract. frnm and other injuries
..... 9 Hrs (Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) ... to remain as
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) M. T. Talty M. D.
(Coroner.)
Jan 9, 1917. (Address) 16 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. 9 mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? Edmondson Park Baltimore Co.
Former or usual residence Washington Balto Co.

19-PLACE OF BURIAL OR REMOVAL Statesville Iredell Co N.C. DATE OF BURIAL, Jan 10, 1917

20-UNDERTAKER Lowe Cook ADDRESS 50 E North Ave

Via Pan RR. To John Gibson

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1173

CERTIFICATE OF DEATH.

186 D 1173

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ralph E. Probst

(Residence in Baltimore: No. 617 N. Calvert St.; yrs., mos. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May (Month), (Day), 1881 (Year)

7-AGE, 31 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Iron Worker
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). North Carolina

PARENTS.

10-NAME OF FATHER, Geo S. Probst

11-BIRTHPLACE OF FATHER (State or Country). N. C.

12-MAIDEN NAME OF MOTHER Dont Know

13-BIRTHPLACE OF MOTHER (State or Country). Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Probst

(Address) 617 N. Calvert

15- Filed JAN 10 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (8) 8th, 1917 (Month), (Day), (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Fr. comp. fracture Thigh

Caused by a blood poisoning from abm.

10 days (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Erysipelas Heart Dis

(Duration) yrs. mos. ds.

(Signed) M. S. Riley M. D. (Coroner.)

Jan 9, 1917. (Address) 1637 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 10 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Riedel N. C. DATE OF BURIAL, Jan. 11, 17

20-UNDERTAKER Wm Cook ADDRESS 502 E. Fayette

Via P. R.R. Co. Martha E. Probst

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1 D 1172

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH Ind. Gen. Hospital

CITY OF BALTIMORE: (No. Linden Ave & Madison St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Minta Mountain

(Residence in Baltimore: No. 1732 Poplar Grove St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 34 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Lexington Kty

PARENTS.

10-NAME OF FATHER, Fred Frost

11-BIRTHPLACE OF FATHER (State or Country), Ohio

12-MAIDEN NAME OF MOTHER Sadie Patterson

13-BIRTHPLACE OF MOTHER (State or Country), Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James L. Mountain

(Address)

15-

Filed JAN 10 1917 191 HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 10 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec-28 — 1916, to Jan 10 1917, that I saw h 22 alive on Jan 10 1917, and that death occurred, on the date stated above, at 7.55 a.m.

The CAUSE OF DEATH* was as follows:

Pyelitis

(Duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Septicaemia

(Duration) yrs. mos. 13 ds.

(Signed) Elmer Newcomer M. D.

1—10, 1917. (Address) 410 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 13 ds. In the State yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1732 Poplar Grove St

19-PLACE OF BURIAL OR REMOVAL, Mansfield Ohio — DATE OF BURIAL, Jan 11, 1917.

20-UNDERTAKER Wm Cook. ADDRESS 522 E. North

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1175

CERTIFICATE OF DEATH.

91 D 1175

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 E North ave ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Hillard Evans

(Residence in Baltimore: No. 1110 E North ave St.; 16 yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, January (Month) 11 (Day), 1913 (Year)

7-AGE, 3 yrs. 11 mos. 25 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Robert L Evans

11-BIRTHPLACE OF FATHER (State or Country) State D Md

12-MAIDEN NAME OF MOTHER Lucy Williams

13-BIRTHPLACE OF MOTHER (State or Country), State D Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) R L Evans

(Address) 1110 E North ave

15- Filed JAN 10 1917, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 191 7, to Jan 8 191 7, that I saw h[illegible] alive on Jan 8 191 7, and that death occurred, on the date stated above, at 3:30 p m.

The CAUSE OF DEATH* was as follows:

Cardiac Colic Nephritis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration) yrs. mos. 8 ds.

(Signed) Arthur W Lyford M. D.

Jan 8, 191 7 (Address) 2031 Eutaw Pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Jan 10, 1917
20-UNDERTAKER	ADDRESS
Wm Leach	3212 North ave

ord

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

126 D 1176 ♦

1176

REGISTERED NO. C

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2—FULL NAME Isaac S. Filbert

(Residence in Baltimore: No. 2200 Mt. Royal Terrace St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX.	4—COLOR OR RACE,	5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6—DATE OF BIRTH, March 1, 1847
(Month) (Day) (Year)

7—AGE, 69 yrs. 10 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8—OCCUPATION:
(a) Trade, profession, or particular kind of work: Army Officer (retired)
(b) General nature of industry, business, or establishment in which employed (or employer):

9—BIRTHPLACE, (State or Country), Pennsylvania

PARENTS.

10—NAME OF FATHER, John F. Filbert

11—BIRTHPLACE OF FATHER (State or Country), Pa.

12—MAIDEN NAME OF MOTHER Esther Spayd

13—BIRTHPLACE OF MOTHER (State or Country), Pa.

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Saml. W. Filbert

(Address) 2200 Mt. Royal Ter

15 JAN 10 1917

Filed ....., 191..

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, January 8, 1917
(Month) (Day) (Year)

17— I HEREBY CERTIFY, That I attended deceased from Nov. 25 1916, to Jan 8 1917, that I saw him alive on Jan 8 1917, and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Cancer, Temporo-parietal region, Metastatic

Chronic Cystitis

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(Duration) yrs. mos. ds.

(Signed) C. C. Hoke M. D.

Jan 8, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 14 ds. In the State 30 yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown.

Former or usual residence 2200 Mt. Royal Terrace

19—PLACE OF BURIAL OR REMOVAL, Lorraine Cemetery DATE OF BURIAL, Jany 11, 1917.

20—UNDERTAKER E. M. Mitchell ADDRESS 1266 Lafayette

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1172

92 D 1174

CERTIFICATE OF DEATH.

REGISTERED NO. C

PLACE OF DEATH Franklin Sq. Hospital.

CITY OF BALTIMORE: (No. Cor Calhoun + Fayette ST.) 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME William H. Purvis

(Residence in Baltimore: No. 331 N Carrollton Ave St.; — yrs., — mos. — ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, July (Month) 31 (Day), 1856 (Year)

7-AGE, 60 yrs. 5 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Clerk
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, James A. Purvis

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Maria L. Harker

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank R. Rutter

(Address) 1142 Belmont Ave. Hastbrook.

15- Filed JAN 10 1917 191.... HARRY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7 1917, to Jan 9 1917, that I saw him alive on Jan 8 1917, and that death occurred, on the date stated above, at 12:30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. L. Mankin M. D.

Jan 9, 1917. (Address) Franklin Sq. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 2 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? In city

Former or usual residence 331 N Carrollton Ave

19-PLACE OF BURIAL OR REMOVAL, Green Mount DATE OF BURIAL, Jan 11 191 7

20-UNDERTAKER E. W. Mitchell Co ADDRESS 120 W. Fayette St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1178

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1178

151

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2402 Francis st ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William George Schaap.

(Residence in Baltimore: No. 2402 Francis st St.; - yrs., - mos. 5½ ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, January (Month) 4 (Day) 1917 (Year).

7-AGE. - yrs. - mos. 5½ ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, Wm. Geo Schaap

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Mary Land

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C W Hoffman

(Address) 2100 W. North ave

15-

Filed JAN 10 1917 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 10 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from January 4 1917, to January 10 1917, that I saw h[im] alive on January 9 1917, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Premature infant - 7 mos gestation

(Duration) ....yrs. ....mos. 5½ ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) C W Hoffman M. D. M. D.

1/10, 1917. (Address) 2100 W North ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Jan 12 1917

20-UNDERTAKER Josiah Sykes — ADDRESS 600 W North ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1179

D 1179

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 Argyle Ave St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Hedgins Boarder

(Residence in Baltimore: No. 1101 Argyle Ave St.: yrs., 6 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, April (Month) 26 (Day), 1889 (Year)

7-AGE, 27 yrs. 8 mos. 11 ds.

If LESS than 1 day, 4 hrs. or 4 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): Wife

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, William H Lee

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Eliz Lee

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eliz Lee Mother

(Address) 1101 Argyle Ave

15- JAN 10 1917 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1916, to Jan 7 1917, that I saw her alive on Jan 7 1917, and that death occurred, on the date stated above, at 8-30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Chronic Tuberculosis of Glands of Neck

(Duration) yrs. mos. ds.

(Signed) Bernard Samuels M. D.

1-9-, 191 7. (Address) 1707 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, January 10 1917

20-UNDERTAKER J & J Hooper

ADDRESS 609 Gilmor Street

Spec.—8-24-14—M. & T.—2000 Bks.

D 1180 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1180

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 Aliceanna (St.; 2 Ward)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Kurylo

(Residence in Baltimore: No. 1720 Aliceanna St.; 6 Hours yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Jan. (Month) 9 (Day) 1917 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 6 hrs. or ..... mts.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) Infant

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Kurylo

11-BIRTHPLACE OF FATHER (State or Country), Russian Poland

12-MAIDEN NAME OF MOTHER Helena Pawviatowicz

13-BIRTHPLACE OF MOTHER (State or Country), Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Kurylo

(Address) 1720 Aliceanna

15- JAN 10 1917 HARRY C. ANDREWS Burial Permit Clerk

....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from — 191, to ..... 191, that I saw h alive on ..... 191, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Convulsions

Birth

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. .....

(Signed) [illegible]

Jan 10, 191.. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary

DATE OF BURIAL, Jan. 10, 191..

20-UNDERTAKER William Fialkowski

ADDRESS 1618 Eastern Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 1131 — PLACE OF DEATH — 154 — REGISTERED No. C D 1181

CITY OF BALTIMORE (No. 141 Front St. 3 WARD) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Teresa Lacagio

(Residence in Baltimore: No. 141 Front St.: yrs. mos. ds.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: March 17, 1828 (Month) (Day) (Year)

7-AGE: 88 yrs. 9 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Home keeper
(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

9-BIRTHPLACE (State or country): Italy

PARENTS

10-NAME OF FATHER: Raffael Lacagio

11-BIRTHPLACE OF FATHER (State or country): Italy

12-MAIDEN NAME OF MOTHER: Mary Tropino

13-BIRTHPLACE OF MOTHER (State or country): Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Conchetta Birch

(Address): 14 S. Front St

15. Filed JAN 10 1917, 191 — HARRY C. ANDREWS, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 9 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1917, to Jan 9 1917, that I saw h[er] alive on Jan 9, 1917, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Senile Debility

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) Nil

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. Valentine M. D.

Jan 9, 191 7 (Address) 165 Bentley

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Jan 12, 1917

20-UNDERTAKER: Wm J. Schaefer & Son — ADDRESS: 1516 Monument St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1182

CERTIFICATE OF DEATH.

1920 D 1182

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 S. Bond ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Centonina Urbanski

(Residence in Baltimore: No. 419 S. Bond St St.; 40 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Sept. (Month) 20 (Day), 1844 (Year)

7-AGE, 75 yrs. 3 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Not Known

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country) Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wladyslaw Urbanski

(Address) 419 S. Bond St

15- JAN 10 1917 ROBERT B. KRAUTER

Filed....., 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 21 st 1916, to Jan. 9 th 1917, that I saw her alive on Jan 8 th 1917, and that death occurred, on the date stated above, at 3A m.

The CAUSE OF DEATH* was as follows:

Coma

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(Duration) 1 yrs. mos. ds.

(Signed) Jacob L. Levinson M. D.

1-10, 1917. (Address) 30 S. Bl'way

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary Cem | DATE OF BURIAL, Jan. 11, 1917

20-UNDERTAKER Stephen J. Falkowski | ADDRESS 1017 Kenwood Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1183

CERTIFICATE OF DEATH.

91 D 1183

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 330 S. Spring ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hester Kramer

(Residence in Baltimore: No. 330 S. Spring St.; 52 yrs., — mos. 14 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	married

6-DATE OF BIRTH, Dec. (Month) 16 (Day) 1864 (Year)

7-AGE, 52 yrs. — mos. 22 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto.

PARENTS.

10-NAME OF FATHER, John Harris

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Elizabeth Hauser

13-BIRTHPLACE OF MOTHER (State or Country), Balto.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Michael Kramer

(Address) 330 S. Spring St.

15- JAN 10 1917 ROBERT R. KRAUTER
Filed....., 191... BURIAL PERMIT Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 8 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Dec. 29 1916, to Jan. 8 1917, that I saw her alive on Jan. 8 1917, and that death occurred, on the date stated above, at 10 A.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) /

(Duration) yrs. mos. ds.

(Signed) John H. Rebberger M. D.

Jan 10, 1917. (Address) 1709 Alisanna

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In this State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Carmel

DATE OF BURIAL, Jan. 11, 1917.

20-UNDERTAKER Wendell Lippel Bro.

ADDRESS 330 S. Bond St.

(Over)

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1184

CERTIFICATE OF DEATH.

×120 D 1184

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp. St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Brown

(Residence in Baltimore: No. 2 mo. 6 days St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, March 1, 1877 (Month) (Day) (Year)

7-AGE, 39 yrs. 10 mos. 3 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Laborer,
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Walter Brown

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Rose Davis

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Theller

(Address) John Hopkins Hosp.

15- JAN 10 1917 Filed....., 191... ROBERT R. KRAUTER. Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 3, 1917 (Month) (Day) (Year)

16. I HEREBY CERTIFY, That I attended deceased from Oct. 28 191 6 to Jan. 3 1917, that I saw h alive on Jan 3 1917, and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 12 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) ....yrs. ....mos. 6 ds.

(Signed) C. P. Bloomfield M. D.

Jan 3, 191 7 (Address) John Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 2 mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Hopewell, Va.

19-PLACE OF BURIAL OR REMOVAL. JOHNS HOPKINS HOSPITAL

DATE OF BURIAL. JAN 10 191... ....., 191...

20-UNDERTAKER Commissioner Health.

ADDRESS

E. M. & W. CO. BALT.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1185

CERTIFICATE OF DEATH.

37 D 1185

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Nursery and Childs St.; Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred Weber

(Residence in Baltimore: No. Nursery and Childs St. Hosp.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, Sept 7, 1914.
(Month) (Day) (Year)

7-AGE, 2 yrs. 4 mos. 0 ds.

If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, not known

11-BIRTHPLACE OF FATHER (State or Country), not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- JAN 10 1917 ROBERT L. KRAUTH
Filed....., 191... Burial Permit Records

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 7, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 15 1916, to Jan 7 1917, that I saw h.. alive on Jan 6 1917, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

.....

Congenital Syphilis

(Duration) ..... yrs. ..... mos. ..... ds.

Chronic Severe Malnutrition

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edgar B Brodmeald M. D.

Jan 7, 1917. (Address) 1616 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 4 mos. 23 ds. In the State not known yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? not known

Former or usual residence not known

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, JAN ..., 191...

20-UNDERTAKER Commissioner Health.

ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1186

CERTIFICATE OF DEATH.

29 D 1186

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Leoring House, 100 N. Frnt ST.: 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Coyne

(Residence in Baltimore: No. Leoring House St. yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Div'd Mass

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, about 5 Years ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Cooker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed JAN 10 1917 191.....

ROBERT B. BRUCE
Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 26, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart

Duration Unknown (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. T. Foley (Coroner.) M. D.

Jan 5, 1917 (Address) 1837 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER Alex Pleasants	ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 1187

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 8 S Bethel st ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Willians

(Residence in Baltimore: No. 8 S Bethel s St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Col	Single

6-DATE OF BIRTH, ..., 1..... (Month) (Day) (Year)

7-AGE, 55 yrs. mos. da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- Filed JAN 10 1917, 191..... ROBERT R. KRAUTER Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...Jan. 2 1917....., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....Lobar Pneumonia.....

..... (Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) .....

..... (Duration) yrs. mos. da.

(Signed) C. Hunt Jarvis M. D. (Coroner)

Jan 3, 191. (Address) 1 E Dels.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 19....
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL JAN 10 1917

Commissioner of Health,

Per Wm. F. SMALL.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1188

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1188

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 2018 Fleet St. W WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Przybyszewska

(Residence in Baltimore: No. 2018 Fleet St.; 24 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 10, 1875 (Month) (Day) (Year)

7-AGE, 41 yrs. 30 mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 0

9-BIRTHPLACE, (State or Country), German Poland

PARENTS.

10-NAME OF FATHER, Peter Janochowski.

11-BIRTHPLACE OF FATHER (State or Country), German Poland

12-MAIDEN NAME OF MOTHER Wapomscina Kojszynska

13-BIRTHPLACE OF MOTHER (State or Country), German Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mathew Przybyszewski

(Address) 2018 Fleet St.

15- Filed JAN 10 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 9, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7 1917, to Jan 9 1917, that I saw h[illegible] alive on Jan 9 1917, and that death occurred, on the date stated above, at 9:50 a. m.

The CAUSE OF DEATH* was as follows:

1st Acute Lobar Pneumonia

2

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. 2 mos. ds.

(Signed) [illegible] M. D.

Jan 10, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary. DATE OF BURIAL, Jan 13, 1917

20-UNDERTAKER M. F. Sadowski. ADDRESS 705 S. Ann

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1189

CERTIFICATE OF DEATH.

170 D 1189

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 2006 Gough St ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret C Miller

(Residence in Baltimore: No. 2006 Gough St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Oct 23rd, 1857 (Month) (Day) (Year)

7-AGE. 59 yrs. 2 mos. 16 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER. John J Sullivan

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Margaret Lynch

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mathew Miller

(Address) 2006 Gough St

15- Filed JAN 10 1917 191.. ROBERT R. KRAUTER Registrar.
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1 - 8 - 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 4-12 191 5, to 1 - 7 191 7, that I saw h[er] alive on 1 - 7, 191 7, and that death occurred, on the date stated above, at 5:20 p m.

The CAUSE OF DEATH* was as follows:

.....

.....

Toxaemia

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Chr Nephritis

..... (Duration) 2 yrs. ..... mos. ..... ds.

(Signed) E Gately M. D.

1 - 9 -, 191 7. (Address) 1 S Bolton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral

DATE OF BURIAL. Jan 11, 191 7.

20-UNDERTAKER John A Logan

ADDRESS Brack & Lanvale St

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1190

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1190

CERTIFICATE OF DEATH.

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2510 Greenmount Ave ST.: 12 WARD)

2-FULL NAME Oswald Pilz

(Residence in Baltimore: No. 2510 Greenmount Ave St.: yrs., mos. 1 ds.)

Sh Cancer Hospital

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	—

6-DATE OF BIRTH, Unknown (Month) (Day) 1 (Year)

7-AGE,	If LESS than 1 day,
65 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fisherman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, "

11-BIRTHPLACE OF FATHER (State or Country), "

12-MAIDEN NAME OF MOTHER "

13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant):

(Address):

15- Filed JAN 10 1917, 191.... ROBERT R. KRAUTER, Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 5 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cancer

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John J. Morrissey (Coroner) M. D.

Jan 5 1917 (Address) 532 Rolland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
To Morgue.	....., 19....
20-UNDERTAKER	ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JOHNS HOPKINS HOSPITAL
Commissioner of Health
Per. Wm. H. Woods

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3

D 1191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 1191

REGISTERED NO. C.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1401 Eastern ave ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Major Coogrove

(Residence in Baltimore: No. Not Known St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, 70 yrs. mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country),

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15-

Filed JAN 10 1917, 191.....

ROBERT R. KRAUTH
Registrar.

Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...Jan. 2 1917....., 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry
(Inquest, autopsy or inquiry.)
find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

.....Cerebral Hemmarhage.....

..... (Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary).....

..... (Duration)..... yrs..... mos..... ds.

(Signed) C. M. Hurt Coogrey M. D.
(Coroner.)

Jan. 3 1917 (Address) U. S. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, ..., 19....

20-UNDERTAKER

ADDRESS

Commissioner Health,

D 1192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 1192

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Fm/Hand Pier 6 Patt St. ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Coleman

(Residence in Baltimore: No. Im Prison St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Unknown

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE, about 60 yrs ..... If LESS than 1 day, ...hrs. or....min.?
.....yrs.....mos.....ds.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

9-BIRTHPLACE, (State or Country), Im Prison

PARENTS.

10-NAME OF FATHER, Im Prison

11-BIRTHPLACE OF FATHER (State or Country), Im Prison

12-MAIDEN NAME OF MOTHER Im Prison

13-BIRTHPLACE OF MOTHER (State or Country), Im Prison

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- ROBERT R. KRAUTH

Filed JAN 10 1917 191..... Burial Permit Clerk.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan 3, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Locomotor Ataxia .....

..... (Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) .....yrs.....mos.....ds.

(Signed) ..... (Coroner) .....M. D.

Jan 8, 191 7 (Address) 1607 Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. State Md all his life yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
JOHNS HOPKINS HOSPITAL	....., 19....
20-UNDERTAKER Geo. Pearce Sons	ADDRESS Per Wm E. WORDALL

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1193

CERTIFICATE OF DEATH.

10 D 1193

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 E. Chase ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie A. Birch

(Residence in Baltimore: No. 1807 E. Chase St.; 28 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Dec. 8, 1854
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
62 yrs. mos. 2 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Jesse Willett.

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Eakman

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs J. Birch

(Address) 1807 E. Chase

15- Filed JAN 10 1917, 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 9, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2" 1917, to Jan 9" 1917, that I saw h or alive on Jan 9" 1917, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Right Pleurisy

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) La Grippe

(Duration) yrs. mos. 7 ds.

(Signed) Helen Leslie Hewton M. D.

Jan 9" 1917. (Address) 2129 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore County — DATE OF BURIAL, Jan 12, 1917.

20-UNDERTAKER Winkler & Winkler — ADDRESS 1739 E. Eager st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1196

CERTIFICATE OF DEATH.

1770 D 1196

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1937 Jefferson St. ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin F. Pritchett

(Residence in Baltimore: No. 1937 Jefferson St. St.; 45 yrs., mos., ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Aug. (Month) 14 (Day), 1848 (Year)

7-AGE.	If LESS than 1 day,
68 yrs. 4 mos. 24 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer): on Boat

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Arthur Pritchett

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Rebecca Travess

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mollie Pritchett

(Address) 1937 Jefferson St.

15- JAN 10 1917 Filed....., 191... ROBERT P. KRAUTH Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 6 1917, to Jan. 9 1917, that I saw h[illegible] alive on Jan. 8 1917, and that death occurred, on the date stated above, at 5.47 m.

The CAUSE OF DEATH* was as follows:

Pneumonia Contra Right
Because of Old Rheumatism
Acute Dilatation of Heart
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Contra
(Duration) yrs. mos. 4 ds.

(Signed) [illegible] M. D.

Jan 9, 191 7. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Mount Carmel Cem.	Jan. 11, 1917

20-UNDERTAKER	ADDRESS
Wm. C. Black,	927 N. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1195 — T 43 D 1195

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary S. Tucker

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs.. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word.)
Female	White	Married

6-DATE OF BIRTH, Nov. 19, 1857
(Month) (Day) (Year)

7-AGE, 59 yrs. 1 mos. 22 ds. — If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), W. Va

PARENTS.

10-NAME OF FATHER, Peter Hausenman

11-BIRTHPLACE OF FATHER (State or Country), W Va

12-MAIDEN NAME OF MOTHER Rebecca Cade

13-BIRTHPLACE OF MOTHER (State or Country), W. Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Calvert St

15- Filed JAN 10 1917, 191.... Robert R. Krauter Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 10, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1917, to Jan 10 1917, that I saw her alive on Jan 10 1917, and that death occurred, on the date stated above, at 4.25 p. m.

The CAUSE OF DEATH* was as follows:

1 Broncho Pneumonia (Ord Operation)

(Duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Carcinoma of Rectum (Ulcerative)

(Duration) 2 yrs. ... mos. ... ds.

(Signed) Edward L. Gill M. D.

Jan 10, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 2 ds. In the State ... yrs. ... mos. 5 ds.

Where was disease contracted, if not at place of death? Parkersburg W Va

Former or usual residence Parkersburg W Va

19-PLACE OF BURIAL OR REMOVAL, Parkersburg W Va — DATE OF BURIAL, Jan 11, 1917.

20-UNDERTAKER Howe Cook & Co — ADDRESS 502 E North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 1196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

137 D 1196

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Audrann Diamond

(Residence in Baltimore: No. 623 S Bethel St St.; 3 yrs., 6 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) [illegible]

6-DATE OF BIRTH, Unknown (Month) 1 (Day) (Year)

7-AGE, 27 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Greece

PARENTS.

10-NAME OF FATHER, George Manus

11-BIRTHPLACE OF FATHER (State or Country), Greece

12-MAIDEN NAME OF MOTHER Mary Manus

13-BIRTHPLACE OF MOTHER (State or Country), Greece

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp.

(Address) Calvert St.

15-

Filed JAN 10 1917, 191.. ROBERT P. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 9 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 1 1916, to Jan 9 1917, that I saw h[illegible] alive on Jan 9 1917, and that death occurred, on the date stated above, at 6.00 A. m.

The CAUSE OF DEATH* was as follows:

Pelvic Abscess following Miscarriage

about (Duration) yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary) Septicaemia

(Duration) yrs. 1 mos. 10 ds.

(Signed) Edward P. Smith M. D.

Jan 9, 1917 (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 8 ds. In the State 3 yrs. 5 mos. 9 ds.

Where was disease contracted, if not at place of death? 623 S. Bethel St

Former or usual residence 623 S. Bethel St

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cem. DATE OF BURIAL, Jan. 11., 1917.

20-UNDERTAKER Peter Nicolaus ADDRESS 2046 Eastern

D 1197 HEALTH DEPARTMENT—CITY OF BALTIMORE 45 D 1197

CERTIFICATE OF DEATH

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE (No. 1109 Barclay ST. 10 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Margaret H. Stewart

(Residence in Baltimore: No. 1109 Barclay St.: 77 yrs. 11 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Write the word): Widow

6 DATE OF BIRTH: February 6, 1839 (Month) (Day) (Year)

7 AGE: 77 yrs. 11 mos. 3 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John E. Stitcher

11 BIRTHPLACE OF FATHER (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Ellen Colgate

13 BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ella P. Walker

(Address) 1109 Barclay St

15 Filed JAN 10 1917 19..

ROBERT B. KRAUTH
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 9, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1916 to Jan 8 1917, that I saw her alive on Jan 8, 1917, and that death occurred, on the date stated above, at 4-0 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Neck.
Clinical Diagnosis

(Duration) 1 yrs. ..... mos. ..... ds

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Whitman F. Zinn M. D.

Jan 9, 1917 (Address) 22 E Preston St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Western — DATE OF BURIAL: Jan 12, 1917

20 UNDERTAKER: Robert S. Little — ADDRESS: 531 A Fremont Ave

D 1198

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

64 D 1198

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1030 S Charles St.; 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Matilda L Barbe

(Residence in Baltimore: No. 1030 S Charles St.; 52 yrs. ... mos. ... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: Nov 26 (Month) (Day) 1861 (Year)

7-AGE: 55 yrs. 1 mos. 13 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Notions

9-BIRTHPLACE (State or country): Virginia

PARENTS

10-NAME OF FATHER: Leonard Habricht

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Catherine Bert

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Columbus Barbe

(Address) 1507 Lexington St.

15- Filed JAN 10 1917 ROBERT B. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan 9 (Month) (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1917, to, Jan 9 1917, that I saw her alive on Jan 8 1917, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) 6 yrs 0 mos. 9 ds.

Contributory (SECONDARY)

(Duration) ... yrs ... mos. ... ds.

(Signed), John H Grabam M. D.

Jan 10, 1917 [Address] 3100 Harford

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cem.

DATE OF BURIAL: Jan 11th 1917

20-UNDERTAKER: C. Schlosser & Son

ADDRESS 1239 Hanover St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1199
1 PLACE OF DEATH

CERTIFICATE OF DEATH

170 D 1199
REGISTERED No. C

CITY OF BALTIMORE (No. 3025 Lafayette Ave ST. 15 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Elizabeth J. Adams

(Residence in Baltimore: No. 3025 Lafayette Ave St.: 24 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	white	Married

6 DATE OF BIRTH: June (Month) 16 (Day), 1840 (Year)

7 AGE: 76 yrs. 6 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): Notary.

9 BIRTHPLACE (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Benj. Clark

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Massey B. Cook

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mr. Jas. M. Adams.
(Address) 3025 Lafayette Ave

15 JAN 10 1917 Filed ....., 191 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 9 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1917, to Jan 9 — 1917, that I saw h[illegible] alive on Jan 9 — 1917, and that death occurred on the date stated above, at 3. P. m.
The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 12 yrs. mos. ds

Contributory (SECONDARY) Chronic Interstitial Nephritis (Duration) 5 yrs. mos. ds.

(Signed) Isaac E. Dickson M. D.
Jan 9, 1917 (Address) 3035 N. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Lorraine Cem. DATE OF BURIAL: Jan 10 — 191 7.

20 UNDERTAKER: A. Schumacher Son ADDRESS 1039 Hanover St

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1200

CERTIFICATE OF DEATH.

167

D 1200

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital St.: 18 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beatrice Johnson

(Residence in Baltimore: No. 236 N Amity St.: yrs. 1 mos. 6 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) January (Day) 1 (Year) .....

7-AGE, 1 yrs. — mos. — da.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... School
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE (State or Country). Balto Maryland

PARENTS.

10-NAME OF FATHER. John A Johnson

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Laura Chambers

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John A Johnson

(Address) 236 N Amity

15-

Filed JAN 10 1917 191.... ROBERT R. KRAUTZ Registrar.

BURIAL PERMIT

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 9 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to RCD death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock following burns about face & Chest, having had her clothes catch afire (accidental) (Duration) since yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (Duration) .... yrs. .... mos. .... ds.

(Signed) Albert L Driscoll M. D. (Coroner.)

Jan 9, 1917 (Address) 512 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... da. In the State .... yrs. .... mos. .... da.

Where was disease contracted, if not at place of death? .....

236 N. Amity St.

Former or usual residence 236 N. Amity St.

19-PLACE OF BURIAL OR REMOVAL, Md DATE OF BURIAL, Interred Jan 11, 1917.

Druid Ridge Cemetery

20-UNDERTAKER Charles B Jones ADDRESS 2357 N Pine St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 120T

CERTIFICATE OF DEATH.

79 D 120T

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 776 Saratoga ST.: W. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Johnson

(Residence in Baltimore: No. 776 Saratoga St.; yrs., mos. da.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 65 yrs. mos. da.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lottie Gross

(Address) 776 W Saratoga

15- Filed JAN 10 1917, 191 ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 7, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) Albert L Driscoll M. D. (Coroner)

Jan 9, 191 7 (Address) 314 W Conway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Jan 11, 19 17

20-UNDERTAKER Charles B. Jones

ADDRESS 2357 Pine St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 D 1202

REGISTERED NO. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 683 W Mulberry ST.: 4 WARD)

2-FULL NAME Charles M Towson

(Residence in Baltimore: No. 683 Mulberry St.: 49 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: [illegible] (Month) (Day), 1867 (Year)

7-AGE: 49 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Teamster
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Geo. Towson

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Annie M. Frisby

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo Towson

(Address) 683 Mulberry St

JAN 10 1917 Filed, 191

ROBERT R. KRAUTER Burial Permit Clerk Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 8 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 4, 1917, to Jan 8, 1917, that I saw h[illegible] alive on Jan 8, 1917, and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

are

(Duration) 9 yrs. [illegible] mos. 5 ds

Contributory (SECONDARY) Chronic Kidney Disease

(Duration) yrs. 1 mos. ds.

(Signed) J. C. Stewart M. D.

Jan 16, 1917 (Address) 1003 N Gay St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: Jan 11, 1917

20-UNDERTAKER: John H. Scadron

ADDRESS: 142 N Nice St

Spec.—8-24-14—M. & T.—2000 Bks.

D 1203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 79 D 1203

1-PLACE OF DEATH: University Hospital

CITY OF BALTIMORE: (No. ..... ST.; 4 WARD)

REGISTERED No. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: John Williams

(Residence in Baltimore: No. University Hospital St.; 20 yrs. .. mos. .. ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widower

6-DATE OF BIRTH, ... (Month) ..... (Day), 1856 (Year)

7-AGE, 61 yrs. .. mos. .. ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: General Delivery
(b) General nature of industry, business, or establishment in which employed (or employer): Driver

9-BIRTHPLACE, (State or Country), N. C.

PARENTS.

10-NAME OF FATHER: Abraham Brown

11-BIRTHPLACE OF FATHER (State or Country), N. C.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country), N. C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jessie Brunt

(Address) Fairfield Md

15- Filed JAN 10 1917, 191.. ROBERT R. KRAUTH Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 7 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 28, 1916, to Jan 7 1917, that I saw him alive on Jan 7, 1917, and that death occurred, on the date stated above, at 6-20 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Insufficiency

..... (Duration) Unknown yrs. .. mos. .. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (Duration) ..... yrs. .. mos. 1 ds.

(Signed) Bernard J. Perry M. D.

1-7, 1917. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. .. mos. 41 ds. In the State 25 yrs. .. mos. .. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Fairfield, Md

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Jan 11, 1917

20-UNDERTAKER John H Toadvine — ADDRESS 143 Wolfe St

D 1204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1617 D 1204

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hahnemann Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsie Kaiserin

(Residence in Baltimore: No. 212 N. Appleton St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Dec 23d, 1893
(Month) (Day) (Year)

7-AGE, 23 yrs. 1 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Typewriter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Adam Kaiserin

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Louise Bruckner

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Louise Kaiserin

(Address) 212 N. Appleton St.

15- JAN 10 1917 ROBERT R. KRAUTER
Filed....., 191.... Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 9, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull
Suicide
(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Jumped from window
(Duration) yrs. mos. ds.

(Signed) M. D.
(Coroner)
Jan 10, 1917 (Address) 814 N. Stricker

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?
Hahnemann Hospital

Former or usual residence 212 N. Appleton St.

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Jan 12, 1917

20-UNDERTAKER Geo Leinberger — ADDRESS 617 W Pratt

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1205

CERTIFICATE OF DEATH.

40 D 1203

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 N Bradford ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Kruber

(Residence in Baltimore: No. 704 N Bradford St.: 11 yrs., mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March (Month) 1 (Day) ..... (Year)

7-AGE, 48 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Martin Pohlicka

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Josefa Rorka

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Kruber

(Address) 704 N Bradford St

15- JAN 10 1917 ROBERT P. KRAUTH

Filed ....., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 29 191 6, to Jan 10 1917, that I saw her alive on Jan 10 1917, and that death occurred, on the date stated above, at 6.50 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach (Clinical, Lab Autopsy and X ray Diagnosis)

(Duration) 1 yr. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency Incid

(Duration) yrs. mos. ds.

(Signed) J. J. Dunglison M. D.

Jan 10, 1917. (Address) 6911 Pattersn Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Oak Hill

DATE OF BURIAL, Jan 13, 1917

20-UNDERTAKER Funk & Crouch & Son

ADDRESS 1906 E Baltimore

D 1206

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1206

CERTIFICATE OF DEATH.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE (No. University Hospital, St. 7W Ward)

REGISTERED No. C

2-FULL NAME. Robert S Jeffords.

(Residence in Baltimore: No. 657 W Conway St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Oct 22, 1864 (Month) (Day) (Year)

7-AGE, 52 yrs. 2 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer). Glass Works

9-BIRTHPLACE, (State or Country), South Carolina

PARENTS.

10-NAME OF FATHER, Robert S Jeffords

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Lydia Kinnon

13-BIRTHPLACE OF MOTHER (State or Country), South Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ida V. Jeffords

(Address) 657 W Conway St

15- Filed JAN 10 1917 191 ROBERT B. KRAUTH Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 8, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and, from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis, following a fracture, Hip Cause by falling at the Glassworks Accidental (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) A. Robert D. Driscoll M. D. (Coroner.)

January 10 1917. (Address) 31 N. Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. 2 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Swindell Bros Glass Works

Former or usual residence 657 W. Conway St.

19-PLACE OF BURIAL OR REMOVAL, Woodlawn Cemetery DATE OF BURIAL, Jan. 11 1917

20-UNDERTAKER Charles E Frank ADDRESS 802 Madison

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1207 D 1207

CERTIFICATE OF DEATH.

120

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2917 Mosher St.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George A. E. Schaut

(Residence in Baltimore: No. 2917 Mosher St.: 6 yrs., ... mos. ..... ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Dec (Month) 25 (Day), 1879 (Year)

7-AGE, 37 yrs. 1 mos. 15 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Inspector
(b) General nature of industry, business, or establishment in which employed (or employer): B. & O. Car Shops

9-BIRTHPLACE, (State or Country) Baltimore Co. Md.

PARENTS.

10-NAME OF FATHER George Schaut

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Co.

12-MAIDEN NAME OF MOTHER Catherine Peters

13-BIRTHPLACE OF MOTHER (State or Country) Balto, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Schaut

(Address) 2917 Mosher

15- Filed JAN 10 1917, 191.... ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 9 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1st 1916, to Jan 9 1917, that I saw him alive on Jan 9 1917, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Right Pneumothorax

Tuberculosis Pulmonalis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) General Tuberculosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John A. Schaut M. D.

Jan 10, 1917. (Address) 1003 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Jan 10, 1917

20-UNDERTAKER Joseph B. Corts ADDRESS 1003 W. Balto St.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1208

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1208

CERTIFICATE OF DEATH.

172

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 743 E. Preston ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Hogan

(Residence in Baltimore: No. 743 E Preston St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
male	white	Widower

6-DATE OF BIRTH, May 16, 1847
(Month) (Day) (Year)

7-AGE, 69 yrs. 7 mos. 23 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, John Hogan

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Bridget Mc. Mahon

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Frank Dingle

(Address) 743 E. Preston st.

15- JAN 11 1917 HARRY C. ARNOLT
Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH January 8, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 6 191 7, to January 8 191 7, that I saw h[illegible]ive on January 8 191 7, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Concussion of Brain
Accidental Fall
down stairs

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Minorities of age

(Duration) yrs. mos. ds.

(Signed) Howard Edwards M. D.

January 11 1917. (Address) 520 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral	Jan 11. 1917.
20-UNDERTAKER F. A. Krause	ADDRESS 703 Hanover

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1209

1 PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2141 Walbrook ave ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Jackson Tweedale

(Residence in Baltimore: No. 2141 Walbrook ave St.; 10 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE ~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Single.

6-DATE OF BIRTH: May (Month) 15, (Day) 1861 (Year)

7-AGE: 55 yrs. 5 mos. 5 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Va.

PARENTS

10-NAME OF FATHER: Wm Tweedale

11-BIRTHPLACE OF FATHER (State or country): England

12-MAIDEN NAME OF MOTHER: Sarah Ward

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah Tweedale

(Address) 2141 Walbrook av

15- Filed JAN 11 1917, 191..... HARRY O. ...WD Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 10 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July, 1916, to, Jan 1917, that I saw h.. alive on Jan 9 1917, and that death occurred, on the date stated above, at 3.25 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis,
Interstitial
nephritis

(Duration) 3½ yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Chronic Myocarditis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. H. C. Helm M. D.

Jan 10, 1917 [Address] 2757 W Mor... av

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cedar Hill — DATE OF BURIAL: Jan 12, 1917

20-UNDERTAKER: F. A. Krause — ADDRESS: 703 Hanover

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1210

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1210

CERTIFICATE OF DEATH.

175

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) John Hopkins Hospital ST.: 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME C Edward Burges Jr

(Residence in Baltimore: No. 1040 McDonough st St.; 5 yrs., 5 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Boy

6-DATE OF BIRTH, July 15 1911, 1

7-AGE, 5 yrs. 5 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Boy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF ~~FATHER~~ (maiden) Mother Bessie Jackson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-~~MAIDEN~~ NAME OF ~~MOTHER~~ Father C Edward Burges

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C E Burges Sr

(Address) 1040 Mc Donough st

15- Filed JAN 11 1917, 191..... HARRY C. ANDERSON Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 8 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Raumatism Hit by automobile

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) J. Wurst Chesney (Coroner.) M. D.

Jan 9 17. 191... (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos. 1 ds. In the State 5 yrs. 5 mos. 23 ds.

Where was disease contracted, if not at place of death?.....

Monument & Bdway Mc Donough St

Former or usual residence 1040 Mc Donough St

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, Jan 11, 19 17

20-UNDERTAKER Geo L Schwab & Bro

ADDRESS 2101 Frederick Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1212 — 104 — D 1212

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 S. Ann ST.; 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stephania Baginska

(Residence in Baltimore: No. 801 S. Ann St.; yrs., 6 mos. 7 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH: July (Month) 3 (Day), 1910 (Year)

7-AGE: yrs. 6 mos. 7 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Alexander Baginski

11-BIRTHPLACE OF FATHER (State or Country): Poland

12-MAIDEN NAME OF MOTHER: Alexandra Jorgorski

13-BIRTHPLACE OF MOTHER (State or Country): Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alexander Baginski

(Address) 801 S. Ann St

15-JAN 11 1917

Filed ....., 191.... HARRY ....., Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 31 1916, to January 10 1917, that I saw h[er] alive on January 10 1917, and that death occurred, on the date stated above, at 3 30 p.m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Convulsions

(Duration) yrs. mos. 1 ds.

(Signed) A. Leonard Ri M. D.

January 11, 1917. (Address) 722 S. Ann St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Rosary — DATE OF BURIAL, Jan 14, 1917

20-UNDERTAKER Williams Fiaskowski — ADDRESS 1104 E. Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 1212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 1212

REGISTERED No. C.....

1-PLACE OF DEATH
OF BALTIMORE: (No. 1215 S Carey ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Phillip Burns.

(Residence in Baltimore: No. 1215 S Carey St. St.; ..yrs.. 8 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, April 22, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 8 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Robt Burns

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Ruth Stevens

13-BIRTHPLACE OF MOTHER (State or Country), Calvert Co. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt Burns

(Address) 1215 S. Carey St.

15- JAN 11 1917 HARRY C. ANDERSON

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 9th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 5 1917, to January 9 1917, that I saw h..... alive on ..... 191....., and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

.....Pneumonia.....

.....

..... (Duration) ...yrs. ...mos. 3 ...ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ...yrs. ...mos. 4 ...ds.

(Signed) ..... M. D.

....., 191.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Balto Cemetary — DATE OF BURIAL, January ..., 191...

20-UNDERTAKER Wm. L. Ecker & Sons — ADDRESS 1428 E. Baltimore St.

N. B.—Every item of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1213

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1213

CERTIFICATE OF DEATH.

91

REGISTERED No. C.

1. PLACE OF DEATH,
CITY OF BALTIMORE, No. John Hopkins Hospital ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Caesar Bova

(Residence in Baltimore: No. 905 E Madison st St. yrs., 8 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Baby

6-DATE OF BIRTH.
May 10 1917, 1
(Month) (Day) (Year)

7-AGE, ...yrs. 8 mos. ...ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Peter Bova.

11-BIRTHPLACE OF FATHER (State or Country), Italy.

12-MAIDEN NAME OF MOTHER Esabella Messina

13-BIRTHPLACE OF MOTHER (State or Country), Italy.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Peter Bova
(Address) 905 E. Madison st

15- JAN 11 1917 Filed ..., 191... HARRY C. ANDERSON Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 8 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
(No other history)
(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) ...
(Duration) ...yrs. ...mos. ...ds.

(Signed) ... M. D.
(Coroner.)
Jan 11, 1917. (Address) N. Ev Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. ...mos. 1 ds. In the State ...yrs. ...mos. ...ds.
Where was disease contracted, if not at place of death? 905 E Madison St
Former or usual residence 905 E Madison St

19-PLACE OF BURIAL OR REMOVAL, Mount Carmel Cemetery. DATE OF BURIAL, Jan 11th 1917.

20-UNDERTAKER George J. Ruth ADDRESS 1735 Harford Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1214 D 1214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1 PLACE OF DEATH
CITY OF BALTIMORE (No.) 812 E Pratt St ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James W Allison

(Residence in Baltimore: No. 812 E Pratt St

St.; yrs., 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, June 7, 1913
(Month) (Day) (Year)

7-AGE, 4 yrs. 5 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Washington D C

PARENTS.

10-NAME OF FATHER, James W Allison

11-BIRTHPLACE OF FATHER (State or Country) Alexandria Va

12-MAIDEN NAME OF MOTHER Anna V Smith

13-BIRTHPLACE OF MOTHER (State or Country). Alexandria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Ernest L Allison
(Address) 1905 E Oliver St

15-
Filed JAN 11 1917, 191.....
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 9, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest autopsy
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) H. C. Landay M. D.
(Coroner.)
Jan 9, 191.. (Address) 1610 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Alexandria Va	January 11 1917
20-UNDERTAKER	ADDRESS
Robt W Simpson	1424 Park Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Va-Address,

HEALTH DEPARTMENT—CITY OF BALTIMORE

0 1215

CERTIFICATE OF DEATH.

Clemon Falls. Va.

1-PLACE OF DEATH Hospital for the Insane of Md

CITY OF BALTIMORE: (No. Infirmary Ave & Jno Hopkins St; 14 WARD)

REGISTERED NO. C 1215

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace J. Carroll

(Residence in Baltimore: No. No permanent Address St.: 21 yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Dec. 15, 1872 (Month) (Day) (Year)

7-AGE, 44 yrs. 25 mos. ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Trained Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Little Rock. Arkansas —

PARENTS.

10-NAME OF FATHER, Chas. A. Carroll

11-BIRTHPLACE OF FATHER (State or Country), Ill

12-MAIDEN NAME OF MOTHER Susan Casey Carroll

13-BIRTHPLACE OF MOTHER (State or Country), Kentucky

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lt. Compton

(Address) Women's Hospital

15- Filed JAN 11 1917, 191 HARRY C. [illegible] Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 10, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1 1917, to Jan. 10 1917, that I saw her alive on Jan. 10 1917, and that death occurred, on the date stated above, at 4.00 a.m.

The CAUSE OF DEATH* was as follows:

Mesenteric Thrombosis

Probably Sarcoma of Ovary Unknown

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

Removal of Ovary & Sigmoid

(Duration) yrs. mos. 7 ds.

(Signed) Chas. L. Warner M. D.

Jan. 10, 1917. (Address) Women's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 10 ds. In the State 2 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Little Rock Arkansas

DATE OF BURIAL, June 12th, 1916

20-UNDERTAKER Henry H. Jenkins & Sons Co

Greenmount & Orchard Sts.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1216 — 28 — D 1216

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 N Spring St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Short

(Residence in Baltimore: No. 1702 N Spring St. St.; Life yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Unknown (Month) (Day), 1875 (Year)

7-AGE, 42 yrs. mos. ds.

If LESS than 1 day, hrs. or mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer (Public)
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. Henry Short

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Mary Baden

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Shorts

(Address) 1702 N. Spring St.

15-

Filed JAN 11 1917 191 HARRY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 9, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1917, to Jan 9 1917, that I saw h[illegible] alive on Jan 7 1917, and that death occurred, on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia, Lobar

(Duration) 7 days.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. ds.

(Signed) J. Walter W. M. Lester M. D.

Jan 11, 1917 (Address) 1101 Bloom

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cemetery

DATE OF BURIAL. Jan 12, 1917.

20-UNDERTAKER Chas. B. Jones

ADDRESS 255 N. Paca St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

J 1217

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1217

CERTIFICATE OF DEATH. 51

1-PLACE OF DEATH St. Vincents Infant Asylum

CITY OF BALTIMORE: (No. St. Vincents Infant Asylum St. 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Vincent Howard

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; yrs. 2 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
female	wht	Single

6-DATE OF BIRTH, Oct ? 1916
(Month) (Day) (Year)

7-AGE, ~~at 2 yrs. 0 mos. 0 ds.~~ at 2 yrs. 2 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Foundling found in Howard County

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St Vincents

(Address) 1401 Division St

15- JAN 11 1917 Filed....., 191.....

HARRY C. [illegible]
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 10, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 25 1916, to Jan 7 1917, that I saw her alive on Jan 6 1917, and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) premature child

(Duration) yrs. 2 mos. 11 ds.

(Signed) Charles O'Donovan M. D.

Jan 10, 1917. (Address) 5. E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 11 ds. In the State yrs. 2 mos. 11 ds.

Where was disease contracted, if not at place of death? -

Former or usual residence St Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL, Cathedral

DATE OF BURIAL. Jan 11, 1917

20-UNDERTAKER A. Fahey & Sons

ADDRESS 106 Lafayette Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1218 D 1218

CERTIFICATE OF DEATH.

108

REGISTERED NO. C

1-PLACE OF DEATH
(CITY OF BALTIMORE: (No. Hahnemann Gen. Hospital ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E. Gallagher

(Residence in Baltimore: No. 1813 Oakley St. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.)
male	white	Single

6-DATE OF BIRTH, Unknown, 1881
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
36 yrs. ... mos. ... ds.	... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boilermaker Helper
(b) General nature of industry, business, or establishment in which employed (or employer): Plant

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John E Gallagher

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. M. Gallagher

(Address) 924 N. Gilmor St.

15- JAN 11 1917 HARRY C. ANDREW
Filed ..., 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 10, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 1 1916, to Jan 10 1917, that I saw h inalive on 1 — 10 1917, and that death occurred, on the date stated above, at 10 A.m.

The CAUSE OF DEATH* was as follows:
Chronic Valvular Heart Disease.
Mitral Stenosis.
(Duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) (Appendicitis (Ruptured. Simple Draining
Date of Appendicitis) (Duration) yrs. — mos. 3 ds.

(Signed) Edmund Lee Kemp M. D.
Jan 10..., 191.7 (Address) 812 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death — yrs. — mos. 29 ds. In the State 36 yrs. — mos. ds.
Where was disease contracted, if not at place of death? During his work
Former or usual residence 1813 Oakley St

19-PLACE OF BURIAL OR REMOVAL, Cathedral — DATE OF BURIAL, Jan 12..., 1917.

20-UNDERTAKER, J. F. Fahey & Son — ADDRESS 636 Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1219

HEALTH DEPARTMENT---CITY OF BALTIMORE.

CERTIFICATE OF DEATH

97

D 1219

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2131 Pennsylvania Ave St. 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Schmeltz

(Residence in Baltimore: No. 2131 Pennsylvania Ave St.; — yrs. — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: March (Month) 3 (Day) 1852 (Year)

7-AGE: 64 yrs. 9 mos. 6 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Md.

PARENTS

10-NAME OF FATHER: Richard Billups

11-BIRTHPLACE OF FATHER (State or country): Va.

12-MAIDEN NAME OF MOTHER: Cecilia Gale

13-BIRTHPLACE OF MOTHER (State or country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry C. Schmeltz

(Address) 2131 Pennsylvania Ave

15-

Filed JAN 11 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 9 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1917, to, Jan 9 1917, that I saw h.r alive on Jan 8 1917, and that death occurred, on the date stated above, at 12 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs ..... mos. 8 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos. ..... ds.

(Signed) Stanley Hoag M. D.

Jan 11, 1917 [Address] 729 Linden Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: LOUDON PARK. DATE OF BURIAL: JAN 12 1917

20-UNDERTAKER: ARMSTRONG-DENNY CO. ADDRESS: 715 Eutaw St

Spec.—3-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 1220

REGISTERED No. 10 4

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 27 N. Carey ST.; Robert Harriet Hospital WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Dunsing

(Residence in Baltimore: No. 761 N. Fayette St; St.; 1 yrs., — mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~, (Write the word.) Single

6-DATE OF BIRTH, Dec. 31st, 1915
(Month) (Day) (Year)

7-AGE, 1 yrs. 11 mos. 11 ds.

If LESS than 1 day, 4 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Geo H. Dunsing

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md.

12-MAIDEN NAME OF MOTHER Julia May Crowley

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George H Dunsing

(Address) 761 N. Fayette St

15-
Filed JAN 11 1917, 191.....
HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 11th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5, 191 7, to Jan 11 191 7, that I saw him alive on Jan 10, 191 7, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) acute Colitis

(Duration) ..... yrs. ..... mos. 6 ds.

(Signed) E. H. Hemmeter M. D.

....., 191.. (Address) 720 Hollins St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 761 N Fayette St

19-PLACE OF BURIAL OR REMOVAL, Loudon Pk. DATE OF BURIAL, Jan 11, 1917

20-UNDERTAKER John J. Howard ADDRESS 720 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 1221

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1221

CERTIFICATE OF DEATH.

113

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2949 Frederick ave ST.: 70 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry McDonald.
(Residence in Baltimore: No. 2949 Fred ave St.: 65 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	White	Married

6-DATE OF BIRTH. January (Month) 8 (Day), 1852 (Year)

7-AGE. 65 yrs. — mos. — ds.
If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Hotel Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): House Keeper

9-BIRTHPLACE. (State or Country). Maryland.

PARENTS.

10-NAME OF FATHER. John McDonald
11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md.
12-MAIDEN NAME OF MOTHER. Unknown
13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Roletta McDonald
(Address) 2949 Fred Ave

15-
Filed JAN 11 1917, 191
HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan (Month) 8 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 6th 1917, to Jan 8th 1917, that I saw h... alive on Jan 8th 1917, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Uremic Coma. (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cirrhosis of Liver (Duration) 4 yrs. mos. ds.

(Signed) T. H. Phillips M. D.
Jan 9th, 1917. (Address) 1701 Hollins st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Louden Park
DATE OF BURIAL. Jan 12..., 1917

20-UNDERTAKER. John Herman & Son
ADDRESS 901 Hollins st

No. 6. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1222

D 1222

CERTIFICATE OF DEATH.

64

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 957 Harford ave ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Dumpley

(Residence in Baltimore: No. 957 Harford ave St.; 34 yrs. \ mos. \ ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... not known ....., 1 .....
(Month) (Day) (Year)

7-AGE, ... 57 ..... yrs. ..... \ ..... mos. ..... \ ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Rigger for .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Shipyard Marble Mason .....

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, Patrick Dumpley

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country), not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Mary Dumpley .....

(Address) 957 Harford Ave .....

15- JAN 11 1917 HARRY C. ANDREWS

Filed ....., 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... January ..... 9 ....., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ..... Jan 9 1917, to Jan 9 1917, that I saw him alive on Jan 9 1917, and that death occurred, on the date stated above, at 10 45 P m.

The CAUSE OF DEATH* was as follows:

..... Apoplexy .....

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Hypostatic

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Wastaman E. Dunn M. D.

Jan. 10, 191 7. (Address) 222 E. Preston.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery

DATE OF BURIAL, Jan 12, 191 7.

20-UNDERTAKER Henry Horak Son

ADDRESS 1301 E Eager St

Spec.—8-23-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 B 1223

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1907 E North Ave St.; 8 Ward)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John C. Finke

(Residence in Baltimore: No. 1907 E North ave St.; Life yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Married.

6-DATE OF BIRTH, Dec. (Month) 15 (Day), 1879 (Year)

7-AGE, 37 yrs. 1 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Traveling salesman
(b) General nature of industry, business, or establishment in which employed (or employer)..... Fr. Wm. Koch imp. Co.

9-BIRTHPLACE, (State or Country), Balt. Md.

PARENTS.

10-NAME OF FATHER, Frank G. Finke

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mr Anna Fraunholz

13-BIRTHPLACE OF MOTHER (State or Country), Balt. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Josephine Finke

(Address) 1907 E. North Ave

15- JAN 11 1917 HARRY C. ANDREWS

Filed....., 191..... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 9 1917, to January 10 1917, that I saw him alive on January 10 1917, and that death occurred, on the date stated above, at 6 15 p.m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration)..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Uraemia Coma

Paralysis Agitans

(Duration)..... yrs. ..... mos. ..... ds.

(Signed) H. L. Gibney M. D.

1/11/17, 191... (Address) 6 W. Mt. Vernon Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL.
Holy Redeemer Cemetery	Jan. 13, 1917
20-UNDERTAKER Henry Koch & Son	ADDRESS 1301 E. Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 122

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2636 Bernard St.; 12 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna Gilettie Smith

(Residence in Baltimore: No. 2636 Bernard St. St.; 1 yrs., - mos. 12 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, Dec. (Month) 30 (Day), 1915 (Year)

7-AGE, 1 yrs. 12 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Baltimore City

PARENTS.

10-NAME OF FATHER, Thomas F Smith

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Sarah E Brown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas F Smith

(Address) 2636 Bernard st

15- Filed JAN 11 1917, 191.... HARRY C. ANDREW Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 11 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 7 1917, to Jan 11 1917, that I saw h-r alive on Jan 11 1917, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(Duration) ... yrs. Few hours mos. ... ds.

CONTRIBUTORY (Secondary) Bronchs-Pneumonia

Mastoiditis (Duration) ... yrs. ... mos. 5 ds.

(Signed) A. L. Richardson M. D.

Jan 11, 1917 (Address) 112 W. 25 St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Mary's Hampden — DATE OF BURIAL. Jan 13, 1917

20-UNDERTAKER Brownell & Son — ADDRESS 3617 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1225

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1225

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1717 Braddish Ave. 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie T Bryan

(Residence in Baltimore: No. 1717 Braddish Ave St.; 73 yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, July (Month) 13 (Day), 1843 (Year)

7-AGE, 67 yrs. 5 mos. 24 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country) Queens Anne Co Md

PARENTS.

10-NAME OF FATHER, Benjamin C Tolson

11-BIRTHPLACE OF FATHER (State or Country) Queens Anne Co Md

12-MAIDEN NAME OF MOTHER Henrietta Emerey

13-BIRTHPLACE OF MOTHER (State or Country), State of Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs J. N. Howard

(Address) Steel Yard Md

15- JAN 11 1917

Filed....., 191.....

HARRY C. ANDREWS
Registrar
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 3- 1917, to Jan. 10- 1917, that I saw h[illegible] alive on Jan. 9- 1917, and that death occurred, on the date stated above, at 10-30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ...yrs. ...mos. 11 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) Chas L. McCarthy M. D.

Jan. 11-, 191 7. (Address) 606 N Stricker St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL. Jan. 12-, 191 7.

20-UNDERTAKER Tom Leach

ADDRESS 307 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 5

D 1226

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) St Josephs Hospital ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Shultz

(Residence in Baltimore: No. 1718 Lansing st St.; yrs., — mos. — ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOW, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: Aug 21 1896, 1 (Month) (Day) (Year)

7-AGE: 20 yrs. 4 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Anto Kulenek

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Eva Auhn

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Shultz

(Address) 1718 Lansing st

15- Filed JAN 11 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Jan 8, 1917, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide Bichloride

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] (Coroner.) M. D.

Jan 9, 1917 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos...1...ds. In the State...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1718 Lansing St

19-PLACE OF BURIAL OR REMOVAL: Cath Hill Cem

DATE OF BURIAL: Jan 13, 1917

20-UNDERTAKER: H m. Cook

ADDRESS 502 E Pratt

Spec.—8-24-14—M. & T.—2000 Bks.

D 1227

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1227

CERTIFICATE OF DEATH.

79

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 Columbia Ave St., 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James F. Culbertson

(Residence in Baltimore: No. 607 Columbia ave St.; If less than 1 day, ...hrs., ...mos., ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH, Aug 12, 1838 (Month) (Day) (Year)

7-AGE, 78 yrs. 5 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Joseph Culbertson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Boat Knox

13-BIRTHPLACE OF MOTHER (State or Country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Annie Eberhardt

(Address) 607 Columbia

15- Filed JAN 11 1917, 191.... HARRY C. ANDREAE, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 10th 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 10 1915, to Jan 10 1917, that I saw h m alive on January 9 1917, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(Duration) 5 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chr. Endocarditis

(Duration) ....yrs. 2 mos. ....ds.

(Signed) J. M. Deberadt M. D.

Jan 11, 1917 (Address) 621 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Emmittsburg Md. DATE OF BURIAL, Jan 13, 1917.

20-UNDERTAKER Wm Cook ADDRESS 502 E Hoffman

c/o Hinton & Eberhardt Via W M R R

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1228

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 1228

CERTIFICATE OF DEATH

28

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 603 St Ann Ave St. 9 WARD)

2-FULL NAME Mary E. Pellens

(Residence in Baltimore: No. 603 St Ann Ave St. Lifetime yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	married

6-DATE OF BIRTH April 20, 1860 (Month) (Day) (Year)

7-AGE 56 yrs. 8 mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Baltimore Md

PARENTS

10-NAME OF FATHER Patrick Cary

11-BIRTHPLACE OF FATHER (State or country) Ireland

12-MAIDEN NAME OF MOTHER Alice Fitzgerald

13-BIRTHPLACE OF MOTHER (State or country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Florence Pellens

(Address) 603 St Ann Ave

15 JAN 11 1917 Filed ....., 191.... MARY C ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH January 8, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 2, 1917, to January 8 1917, that I saw h[illegible] alive on January 8, 1917, and that death occurred, on the date stated above, at 1120 P. m. The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary

(Duration) ..... yrs. 6 mos. ..... ds

Contributory (SECONDARY) Grippe

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed), Thos. A. Millinan M. D.

Jan 10, 1917 (Address) 2449 Greenmount Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL New Cathedral

DATE OF BURIAL Jan 12, 1917

20-UNDERTAKER C. A. Nicholas Jr

ADDRESS Greenmount Ave

8

D 1229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

174 D 1229

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Near East Columbus Pk's Jail ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William D. Anderson

(Residence in Baltimore: No. 1733 Orleans St St. 1 yrs., — mos. — ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1882
(Month) (Day) (Year)

7-AGE, 34 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Dredger
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, David Anderson

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Mary Anderson

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rose Anderson

(Address) 1733 Orleans St

15- Filed JAN 11 1917, 191... HARRY C. ANDREWS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 7, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

Cement venture

Accident Fell off Tug into river

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Bruises leading of

neck by fall of iron

(Duration) ... yrs. ... mos. ... ds.

(Signed) [illegible] M. D.
(Coroner.)

Jan 10, 1917. (Address) 610 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Dead's Island Md. DATE OF BURIAL, Jan. 11th 1917

20-UNDERTAKER Harry A. Vodery ADDRESS 1720 Orleans St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1230 — CERTIFICATE OF DEATH. — 10 — D 1230

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 S Calhoun ST.; 19 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabelle Pettie

(Residence in Baltimore: No. 403 S. Calhoun st St.; 10 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. Jan 20, 1853 (Month) (Day) (Year)

7-AGE. 63 yrs. 11 mos. 20 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country) Culpeper Va

PARENTS.

10-NAME OF FATHER. Landon Hill

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Pettie

(Address) 403 S. Calhoun St

15- ROBERT E. KRAUTER

Filed JAN 11 1917 191 Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan 9, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6 1917, to Jan 9 1917, that I saw h er alive on Jan 6 1917, and that death occurred, on the date stated above, at 1 PM.

The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward L. Morgan M. D.

1-10, 1917. (Address) 1500 W Lex

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Mary's Cemetery — DATE OF BURIAL. Jan 12, 1917

20-UNDERTAKER. John J Fields — ADDRESS Fondaville

Spec.—8-24-14—M. & T.—2000 Bks.

D 1231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

104 D 1231

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis H. Cox

(Residence in Baltimore: No. 1110 E. Fort Ave St.; 30 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Jan 3, 1862 (Month) (Day) (Year)

7-AGE. 55 yrs. 0 mos. 6 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Day

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Henry Cox

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Martha Clark

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Recorder Mercy Hosp

(Address) Calvert St

15- Filed JAN 11 1917, 191.... ROBERT B. KRAUTZ Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 9, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6 1917, to Jan 9 1917, that I saw h[illegible] alive on Jan 9 1917, and that death occurred, on the date stated above, at 1:00 p.m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction and Peritonitis (Volvulus)

(Duration) 1 yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Peritonitis

(Duration) 0 yrs. 3 mos. 3 ds.

(Signed) Edward E. Duvall M. D.

Jan 9, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 3 ds. In the State 30 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 1110 E. Fort Ave

Former or usual residence 1110 E. Fort Ave

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill — DATE OF BURIAL, Jan 12, 191.

20-UNDERTAKER E J Canning — ADDRESS 1146 E Fort Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 1232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 126 D 1232

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Hanlich

(Residence in Baltimore: No. 37 days. (Johns Hopkin Hosp.) St.; .....yrs.,.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. April (Month) 15 (Day), 1844 (Year)

7-AGE. 72 yrs. 9 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Ireland.

PARENTS.

10-NAME OF FATHER. John Hanlich

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Susan Barnett

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. O. Fuller

(Address) Johns Hopkins Hosp

15- Filed JAN 11 1917, 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 11 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1916, to Jan 11 1917, that I saw h[illegible] alive on Jan 11 1917, and that death occurred, on the date stated above, at 8 30 a. m.

The CAUSE OF DEATH* was as follows:
Streptococcus sepsis. Post operative.
(Meningoencephalitis. Streptococcus.)
(Duration).....yrs.....mos.5.....ds.

CONTRIBUTORY (Secondary) Prostatic hypertrophy
(Duration) 10 yrs. 0 mos. ds.

(Signed) H. Maynard C. Cecil, M. D.
Jan 11, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos. 37 ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death? ~
Former or usual residence 2041 Mass. Ave. Washington D.C.

19-PLACE OF BURIAL OR REMOVAL. Washington D C — DATE OF BURIAL. Jan 13., 1917

20-UNDERTAKER Allen & Fuller — ADDRESS 221 N Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1238 — 170 — D 1238

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1533 Orleans ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Rafferdd.

(Residence in Baltimore: No. 1533 Orleans. St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, June 18, 1855 (Month) (Day) (Year)

7-AGE, 61 yrs. 6 mos. 22 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). Self

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER. Henry C. Schafer

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Elizabeth Rentzel

13-BIRTHPLACE OF MOTHER (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amos J. Rafferdd.

(Address) 1533 Orleans St.

15- Filed JAN 11 1917 ROBERT R. KRAUTER, Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 9, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1 1917, to Jan. 7 1917, that I saw her alive on Jan. 9 1917, and that death occurred, on the date stated above, at 7.33 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac dilitation and Exhaustion

(Duration) About 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

(Signed) Benj. D. Hayden M. D.

Jan. 10, 1917. (Address) 1216 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Matthews Cem. DATE OF BURIAL, Jan. 12, 1917

20-UNDERTAKER Albert E. Fuller ADDRESS 221 N Bond

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1234

CERTIFICATE OF DEATH.

91

REGISTERED No. C [illegible] D 1234

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 N. Castle ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan F. Moore

(Residence in Baltimore: No. 510 N. Castle St.; yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 76 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country): Ireland.

PARENTS.

10-NAME OF FATHER: James Campbell

11-BIRTHPLACE OF FATHER (State or Country): England.

12-MAIDEN NAME OF MOTHER: Mary Yancy

13-BIRTHPLACE OF MOTHER (State or Country): Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. Moore

(Address) 510 N. Castle St.

15- [illegible]

Filed JAN 11 1917 101 [illegible] Registrar.

ROBERT R. KRAUTER
Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 9, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 24 1916, to Jan 9 1917, that I saw h[illegible] alive on Jan 9 1917, and that death occurred, on the date stated above, at 9:20 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ..yrs. 5 mos. 16 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..yrs. ..mos. ..ds.

(Signed) Wm. F. Holt M. D.

Dated ..., 191... (Address) 936 Monument E

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cemy — DATE OF BURIAL, Jan. 12, 1917

20-UNDERTAKER Elliott & Fuller — ADDRESS 221 N Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

D 1235

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1235

CERTIFICATE OF DEATH.

15

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 N. Castle ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Fink

(Residence in Baltimore: No. 609 N Castle St.; 58 yrs., ... mos. ..... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Nov. 11, 1838 (Month) (Day) (Year)

7-AGE, 78 yrs. 1 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Bonhagen

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mollmann

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Fink

(Address) 609 N. Castle St.

15-JAN 11 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 9, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1916, to Jan 9 1917, that I saw her alive on Jan 2 1917, and that death occurred, on the date stated above, at 9.40 p m.

The CAUSE OF DEATH* was as follows:

Old age

General

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. Hugo Anders M. D.

1/10/17, 191... (Address) 321 E 20

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Jan. 12 191 6

20-UNDERTAKER Geo M. Fink — ADDRESS 811 N Wolfe

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1236

CERTIFICATE OF DEATH.

79 D 1236

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 Prague Court, ST.; 6 WARD)

2-FULL NAME Mrs H. Thomas

(Residence in Baltimore: No. 125 Prague Court, St.; 18 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Col	Married

6-DATE OF BIRTH, Unknown (Month), 1 (Day), (Year)

7-AGE, 43 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Excavating wagon

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bertha Thomas Wife

(Address) 125 Prague Ct

15- Filed JAN 11 1917, 191... ROBERT R. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 10 (Day), 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 8 1917, to Jan 10 1917, that I saw h alive on Jan 9 1917, and that death occurred, on the date stated above, at 1. a. m.

The CAUSE OF DEATH* was as follows:

Valvular Mitral Dis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. C. Burns M. D.

Jan 10, 191. (Address) 1218 Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, Jan 11 1917

20-UNDERTAKER Harry A. Vodery ADDRESS 1235 Bank St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9N D 1237

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 Oxford St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Henderson

(Residence in Baltimore: No. 528 Oxford St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) Unknown ....., ... (Day) 1 ..... (Year)

7-AGE, 29 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION: (a) Trade, profession, or particular kind of work ..... General

(b) General nature of industry, business, or establishment in which employed (or employer) ..... Laborer

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, John E Henderson

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Mary Scott

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John E Henderson

(Address) 31 N Caroline St

15- Filed JAN 11 1917 ROBERT P. KRAUTH, 191.. Deputy Health Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Jan ..... (Day) 10 ....., ... (Year) 1917

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1917, to Jan 10 1917, that I saw him alive on Jan 9th 1917, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Loughman M. D.

Jan 10, 191.7 (Address) 1019 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem DATE OF BURIAL, Jan 13 1917

20-UNDERTAKER Harry A. Vodery ADDRESS 1725 Eden St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1238 D 1238

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor 81 REGISTERED NO. C

CITY OF BALTIMORE: (No. ..... ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Ganley

(Residence in Baltimore: No. Little Sisters of the Poor St.; 50 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Nov (Month) (Day) 1857 (Year)

7-AGE 65 yrs. 2 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Thomas Ganley

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Farrell

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- JAN 11 1917 ROBERT B. KRAUTER Registrar.

Filed....., 191.... Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 11th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from No Record 191, to 191, that I saw h[im] alive on Jany 10 1917, and that death occurred, on the date stated above, at 9 a., m.

The CAUSE OF DEATH* was as follows:

1. Cerebral Softening
2. Influenza (Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Chronic Cystitis
3. Influenza (Duration) yrs. mos. ds.

(Signed) F. A. Watson M. D.

Jan 11, 1917. (Address) 1133 Valley St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 11 yrs. mos. ds. In the State 50 yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL, St Peters Cemetery

DATE OF BURIAL, Jan 11, 191.

20-UNDERTAKER F. C. Hudefeld

ADDRESS 917 Fremont Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1239 — 170 — D 1239

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1908 E Madison St. ; WARD) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Harrison Goldsmith

(Residence in Baltimore: No. 1908 E Madison St St.; 50 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct (Month) 10 (Day), 1840 (Year)

7-AGE, 76 yrs. 3 mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Harrison Goldsmith

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lost Knew

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs E. Goldsmith

(Address) 1914 McElderry St

15- Filed JAN 12 1917, 191..... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 9 1917, to Jan 11 1917, that I saw him alive on Jan 11 1917, and that death occurred, on the date stated above, at 7.0 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY. (Secondary) Arteriosclerosis

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) James J. Owens M. D.

....., 191... (Address) 1603 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Hebrew Friendship — DATE OF BURIAL. Jan 14, 1917

20-UNDERTAKER J Ahrens & Co — ADDRESS 1611 Mad ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1240

HEALTH DEPARTMENT—CITY OF BALTIMORE

109 D 1220

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Penitentiary, ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Green alias Robert Bruce

(Residence in Baltimore: No. 800 Block Sterling ST.: — yrs., — mos.— ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black	Single

6-DATE OF BIRTH. February — 20, 1880 (Month) (Day) (Year)

7-AGE. 36 yrs. 10 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: General
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

9-BIRTHPLACE, (State or Country), Virginia.

PARENTS.

10-NAME OF FATHER, John Green

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Jane Trainor

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible]

(Address) Md. Penitentiary

15- Filed JAN 12 1917, 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. January — 8..., 1917.. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January - 4 1917, to January - 8 1917, that I saw him alive on January - 7 1917, and that death occurred, on the date stated above, at 8.50 a. m.

The CAUSE OF DEATH* was as follows:

.....

.....

Cardiac Failure.

..... (Duration) ...yrs. ...mos. 1/2 ds.

CONTRIBUTORY (Secondary) Acute Intestinal Ob- struction (Overeating) (Duration) ...yrs. ...mos. 3 ds.

(Signed) William F. Schwartz M. D.

Jan - 8..., 191.7. (Address) Md. Penitentiary.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 9 mos. 1 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? Maryland Penitentiary

Former or usual residence 800 Block Sterling St

19-PLACE OF BURIAL OR REMOVAL. Laurel Cem. DATE OF BURIAL. JAN 12, 191...

20-UNDERTAKER Charles B Jones ADDRESS 235 N Pine St

THE MORGUE.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1241 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1242

CERTIFICATE OF DEATH.

92

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1407 Ward St. 21 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earl H Adams

(Residence in Baltimore: No. 1407 Ward St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Sept. (Month) 9 (Day), 1916 (Year).

7-AGE,	If LESS than 1 day,
yrs. 4 mos. 1 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Adams

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Cora Smith

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Cora Adams
(Address) 1407 Ward St

15-
Filed JAN 12 1917, 191... HARRY ... Registrar.
Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 10. (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy of inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
(Duration) yrs. mos. 7 ds.
CONTRIBUTORY (Secondary) Septic Intoxication
(Duration) yrs. mos. 2 ds.

(Signed) James H Benton M. D.
(Coroner.)
Dec 16, 1917. (Address) 700 E. Chase St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery
DATE OF BURIAL, Jan 12th, 1917

20-UNDERTAKER Joseph A Farrell
ADDRESS 2319 Division

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1242 45 D 1242

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH Franklin Sq. Hospital

CITY OF BALTIMORE: (No. Car. Calhoun + Fayette ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Nora Singleton

(Residence in Baltimore: No. 1201 Ridgley St. St.; Life yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Apr 20, 1874
(Month) (Day) (Year)

7-AGE, 42 yrs. 8 mos. 22 da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Singleton

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Mary Kelly

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Nellie Wallace

(Address) 1201 Ridgely St.

15- Filed JAN 12 1917, 191.... MARY F. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 11, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 6 1917, to Jan. 11 1917, that I saw her alive on Jan 11 1917, and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of lungs

(Duration) ....yrs. ....mos. 1 da.

CONTRIBUTORY (Secondary) Carcinoma of Kidney

(Duration) ....yrs. ....mos. ....da.

(Signed) W. L. Marray M. D.

Jan. 11, 1917. (Address) Franklin Sq. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ....yrs. ....mos. 5 da. In the State Life yrs. mos. da.

Where was disease contracted, if not at place of death? at Home

Former or usual residence 1201 Ridgley St.

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Mon 1/15 1916.

20-UNDERTAKER Fred A Krause ADDRESS 743 Hanover St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1243

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1243

CERTIFICATE OF DEATH

79

1 PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 5 W. Montgomery St. 22 ST.; 22 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Philip Rossbach.

(Residence in Baltimore: No. 5 W. Montgomery St. St.; 52 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male.	White.	Widower.

6 DATE OF BIRTH: April 22nd. 1835. (Month) (Day) , 1 (Year)

7 AGE: 81 yrs. 8 mos. 18 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Musician.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Germany.

PARENTS

10 NAME OF FATHER: George Rossbach.

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Sophia Albach.

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry C. Rossbach. (Son)

(Address) 819 S. Sharp St.

15 Filed JAN 12 1917 191 HARRY C. ANDREWS Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January 9th. 1917. (Month) (Day) , 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March . 191 5. to Jany, 9th. 191 7, that I saw him alive on January 9th. . 191 7, and that death occurred, on the date stated above, at 3.45 P m.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart and Kidneys.

(Duration) 2 yrs. mos. ds

Contributory (SECONDARY) Hypostatic congestion of the Lungs (Duration) 2 yrs. mos. ds.

(Signed) Otto M Reinhardt M. D.

Jan, 10, 1917 (Address) 1017 S. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Jan 12, 191 7

20 UNDERTAKER: F. R. Krause — ADDRESS: 793 Fawn

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1244

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1244

CERTIFICATE OF DEATH.

REGISTERED No. C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1312 N. Milton Av ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Lillian L. Rein

(Residence in Baltimore: No. 1312 N. Milton Av St.: 15 yrs. 3 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, Sept. 15th, 1901 (Month) (Day) (Year)

7-AGE, 15 yrs. 3 mos. 26 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Wm F. Rein

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Hester L. Crowley

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hester L. Rein

(Address) 1312 N. Milton ave

15-

JAN 12 1917

Filed....., 191.... HARRY C. ANDERSON
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 9th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 5th 1917, to June 9th 1917, that I saw h[illegible] alive on June 9th 1917, and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Robert T. Livingwood M. D.

1/11/, 191.7 (Address) 1613 Eutaw Pl.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 4 mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Balto Cemetery

DATE OF BURIAL. Jan. 12th, 191.7

20-UNDERTAKER C. M. Underwood

ADDRESS 113 E. Bond

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1245 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1245

CERTIFICATE OF DEATH.

175

REGISTERED NO. C

PLACE OF DEATH

CITY OF BALTIMORE (No. Hudson & near Eastwood ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Geo. Decembell

(Residence in Baltimore: No. 701 S Eastwood St.; yrs., 12 mos. 10 ds. 4)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, Dec 25, 1904
(Month) (Day) (Year)

7-AGE, 12 yrs. 10 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE. (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, August December

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Martha Krysska

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) August December

(Address) 701 S Eastwood Ave

15- JAN 12 1917 HARRY O. ANDREWS

Filed....., 191.... Burial Permit Issued

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 9, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) viewed find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental: Struck by a car of the Northern Railway Co.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.
(Coroner.)

Jan 12, 1917 (Address) 1610 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Stanislaus. DATE OF BURIAL, Jan 13, 1917.

20-UNDERTAKER M. F. Sadowski ADDRESS 705 S. Ann St

Spec.—8-24-14—M. & T.—2000 Bks.

D 1246 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1246

CERTIFICATE OF DEATH. x 38

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 Ward)
2-FULL NAME Myrtle Shaver
(Residence in Baltimore: No. Mercy Hospital St.; — yrs., — mos. 20 da.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female
4-COLOR OR RACE. Black
5-SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word.) Single

6-DATE OF BIRTH, Aug 1 (Month) 1897 (Day) (Year)

7-AGE, 19 yrs. 5 mos. 9 ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Maid
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), Va

PARENTS.
10-NAME OF FATHER, Thos. Haney
11-BIRTHPLACE OF FATHER (State or Country), Va
12-MAIDEN NAME OF MOTHER Louis Haney
13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mercy Hosp
(Address) Calvert St.

15- Filed JAN 12 1917, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 10 (Month) (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 21 191 6, to Jan 10 191 7, that I saw h[e]r alive on Jan 10 191 7, and that death occurred, on the date stated above, at 7.00 p. m.

The CAUSE OF DEATH* was as follows:
Pulmonitis and Pleurisy Abscess
Pulmonary
(Duration) Days
CONTRIBUTORY (Secondary) Secondary Hemorrhage
(Duration) yrs. mos. ds.
(Signed) Edward T. Smith M. D.
Jan 10, 191 7 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).
At place of death yrs. mos. 20 ds. In the State yrs. mos. 20 ds.
Where was disease contracted, if not at place of death? Farmham Va.
Former or usual residence Farmham Va.

19-PLACE OF BURIAL OR REMOVAL, Shady Grove Va — DATE OF BURIAL, Jan 14, 1917.
20-UNDERTAKER H. M. Caulfield — ADDRESS 624 Mt Royal Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 D 1247

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1517 W. Lombard ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isabella Adaline Kalling

(Residence in Baltimore: No. 1517 W. Lombard St.; 80 yrs. 2 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) married

6-DATE OF BIRTH. October (Month) 19 (Day), 1835 (Year)

7-AGE. 81 yrs. 2 mos. 22 ds.

If LESS than 1 day, ... hrs. or 30 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Hebbville, Balto. Co, Maryland

PARENTS.

10-NAME OF FATHER. John Ewings

11-BIRTHPLACE OF FATHER (State or Country). Balto. Co. Md

12-MAIDEN NAME OF MOTHER. Hannah Zimmerman

13-BIRTHPLACE OF MOTHER (State or Country). Balto Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. M. Kalling

(Address) 1517 W. Lombard St

15- Filed JAN 12 1917, 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jany (Month) 10 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 7 1917, to Jany 10 1917, that I saw her alive on Jany 10 1917, and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Prof W Lemmon M. D.

Jan 11, 1917. (Address) 1327 W Lombard St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park

DATE OF BURIAL. Jan 13, 1917.

20-UNDERTAKER W. M. Caulbert

ADDRESS 1624 W Lexington St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1248

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 1248

CERTIFICATE OF DEATH.

REGISTERED No. C.

PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital St.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME William F Gritzan

(Residence in Baltimore: No. 249 N Luzerne ave St.: 41 yrs., mos. 20 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Dec. 21 1875, 1 (Month) (Day) (Year)

7-AGE, 41 yrs. mos. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Taylor
(b) General nature of industry, business, or establishment in which employed (or employer): Gritzan Tayloring Co.

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Adam Gritzan

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Schuchman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Minnie Gretzan
(Informant)
(Address) 249 N. Luzerne ave

15- JAN 12 1917
Filed ....., 191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 10 1917, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Mark Cushing (Coroner.) M. D.

Jan 11 1917 (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death? —
Former or usual residence 249 N. Luzerne Ave

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery
DATE OF BURIAL, Jan 14th, 1917.

20-UNDERTAKER George Schilling & Sons
ADDRESS 1126 E Monument St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1249

HEALTH DEPARTMENT—CITY OF BALTIMORE

172 D 1249

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md General Hosp St.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Moore

(Residence in Baltimore: No. 1416 W. Lexington St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (*Write* the word.)
Female	White	Widowed

6-DATE OF BIRTH, January 8, 1847
(Month) (Day) (Year)

7-AGE. 70 yrs. 3 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, Garrett Sterling

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Anna Summers

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Helen A. Smith

(Address) 638 N. Franklin St.

15- JAN 12 1917 Filed....., 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 11, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6 1917, to Jan 11 1917, that I saw her alive on Jan 11 1917, and that death occurred, on the date stated above, at 9:30 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
General Debility
(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Accidental Fall down Step at home
(Duration) yrs. mos. ds.

(Signed) Elmer J. Summers M. D.

1-11, 191.7 (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1416 W. Lexington

19-PLACE OF BURIAL OR REMOVAL, Cremated Md DATE OF BURIAL, Jany 13, 191.7

20-UNDERTAKER E. J. Mitchell & Co ADDRESS 1501 N. Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 1250

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 940 N Chappel st St.: 1 WARD) 79

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Zak

(Residence in Baltimore: No. 940 N Chappel st St.: yrs., 11 mos. dys.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Married

6-DATE OF BIRTH: Not Known (Month), 1 (Day), ... (Year)

7-AGE: 78 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Russia

PARENTS.

10-NAME OF FATHER: Joseph Raska

11-BIRTHPLACE OF FATHER (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or Country): Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Zak

(Address) 940 N. Chappel St

15- JAN 12 1917 Filed....., 191.... HARRY C. ANDREWS Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Jan 11 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Senility

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Organic Heart disease

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner.) M. D.

Jan 11, 1917 (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State 11 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Jan 13, 1917

20-UNDERTAKER: Frank Cracker Sons

ADDRESS: 1904 E. Monument

D 1251

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1251

CERTIFICATE OF DEATH.

175

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE (No. St Josephs Hospital ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T Davis

(Residence in Baltimore: No. Loney Lane & Federal st St.; yrs., 44 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, 1/14/ (Month) (Day) 1872/ (Year)

7-AGE, 44 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer Day
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, NotKnown

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Dougherity

(Address) Loney Lane & Federal st

15- JAN 12 1917 Filed....., 191.... HARRY C. AHRENS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 11 1917 (Month) (Day) , 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism Hit by street car

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) H. Hunt Dunlap (Coroner.) M. D.

Jan 12 1917 (Address) N. E. Dist.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 44 yrs. mos. ds.

Where was disease contracted, if not at place of death? Federal & Loney lane

Former or usual residence Loney Lane & Federal St.

19-PLACE OF BURIAL OR REMOVAL, St Mary's Hampden

DATE OF BURIAL, Jan 14..., 1917.

20-UNDERTAKER Chronwethson

ADDRESS 36 E Chestnut

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1252

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1252

CERTIFICATE OF DEATH.

REGISTERED NO. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 125 Parkin ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Annie Mary Holland

(Residence in Baltimore: No. 125 D. Parkin St.) Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, June 12, 1851
(Month) (Day) (Year)

7-AGE, 65 yrs. 6 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Home
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Jacob Brumm

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Pezzell

(Address) 125 D Parkin

15-

Filed JAN 12 1917 191.. Burial Permit Clerk.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 10, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Paralysis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. ds.

(Signed) H. D. Lonsdale M. D.
(Coroner.)

Jan 12, 191.. (Address) 312 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Jan 12, 1917

20-UNDERTAKER W J Tinkerson — ADDRESS Walbrook

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1253

CERTIFICATE OF DEATH.

17 D 1253

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME William Davis

(Residence in Baltimore: No. 1037 South Howard St.; 15 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) single

6-DATE OF BIRTH, March 15, 1852 (Month) (Day) (Year)

7-AGE, 35 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Butcher
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER. Wm Davis

11-BIRTHPLACE OF FATHER (State or Country). Va.

12-MAIDEN NAME OF MOTHER Susan Gordon

13-BIRTHPLACE OF MOTHER (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital Nurse

(Address) Lombard & Greene sts.

15-

Filed JAN 12 1917, 191.... HARRY O. ANDREWS Registrar.

Burial Permit issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 10, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12/7 1916, to 1/10 1917, that I saw him alive on 1/10 1917, and that death occurred, on the date stated above, at 2:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
Chronic Valvular Heart Disease
Chronic Thrombus Nephritis

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Ordinary Dropsy

(Duration) yrs. mos. ds.

(Signed) John R. Brown M. D.

Jan. 11, 1917. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 8 mos. 2 ds. In the State 15 yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1037 S Howard st

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn

DATE OF BURIAL, ..., 191...

20-UNDERTAKER L. L. Bourgeois

ADDRESS 118 W Monroe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1254 92 D 1254

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 537 W. Conn st ST.) 21 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ann M. Howard.

(Residence in Baltimore: No. ~~9yrs~~ 537 W Conn St.; —9 yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, May (Month) ..... (Day), 1848. (Year)

7-AGE, 69 yrs. 7 mos. 5 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Peter Wallace.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Betty Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Taylor daughter

(Address) 537 W Conn St

15-

JAN 12 1917

Filed ....., 191.... HARRY O. ANDREAE Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 5, 1916, to Jan 9, 1917, that I saw h er alive on Jan 9 1917, and that death occurred, on the date stated above, at 12.30 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia Labar

Immediate Exhaustion

(Duration) yrs. 2 mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 2 mos. 4 ds.

(Signed) J. H. Latane M. D.

1/10, 1917. (Address) 506 Hanover st.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Browns Asylum Cemetery

DATE OF BURIAL, Jan 13..., 1917.

20-UNDERTAKER J L Broun[illegible] Sons

ADDRESS 1[illegible] Monroe St

W[illegible] & Governeur Runs Cemetery

D 1255

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1255

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED No. C 479

CITY OF BALTIMORE (No. Fred. Ger. Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick S. Herbert

(Residence in Baltimore: No. Hayward & Florence Ave. If Clifton St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 34 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grocery Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Geo Herbert

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary Foreman

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank R. Herbert

(Address) 1042 Eden

15-

Filed JAN 12 1917, 191 EARLY O. BRUCE Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 11, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of Heart

Pneumonia

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Probably Influenza

(Duration) yrs. mos. ds.

(Signed) C. M. Reese M. D.
(Coroner.)

January 11, 191 7 (Address) 1042 Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF ~~BURIAL~~, OR REMOVAL,	DATE OF BURIAL,
New Cathedral	January 15 1917
20-UNDERTAKER	ADDRESS
Wendell Ruppert	3781 Fr

NOTE.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28

D 1256

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 616 N. Brune ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Klein

(Residence in Baltimore: No. 616 N. Brune St.) 63 yrs. 9 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, March 22, 1843
(Month) (Day) (Year)

7-AGE, 63 yrs. 9 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Candy Maker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia Klein

(Address) 616 N. Brune St

15-

Filed JAN 12 1917, 191.....

HARRY G. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 9, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26 1916, to Jan 9 1917, that I saw h[illegible] alive on [illegible] 1917, and that death occurred, on the date stated above, at 4[illegible] m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

Jan 11, 191[illegible] (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cemetery	Jan 12, 191[illegible]
20-UNDERTAKER	ADDRESS
Christian Miller	2334 [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blm.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1257

102

D 1257

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED No. C.....

CITY OF BALTIMORE: (No. 315 S Spring ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Norris

(Residence in Baltimore: No. 315 S Spring St St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Unknown (Month) 1 (Day) (Year)

7-AGE, 22 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Charles Norris

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City

12-MAIDEN NAME OF MOTHER Celia Parker

13-BIRTHPLACE OF MOTHER (State or Country), North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Celia Norris

(Address) 318 S Spring st

15-

Filed JAN 12 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 12, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 9 1917, to Jan 12 1917, that I saw h— alive on Jan 9 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J Henderson M. D.

Jan 12, 1917. (Address) 16 S Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Asbury

DATE OF BURIAL, Jan 14, 1917.

20-UNDERTAKER John W Henderson

ADDRESS 31 N Caroline

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1258

HEALTH DEPARTMENT—CITY OF BALTIMORE

157 D 1258

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital St.: 9 (Sibrie) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benedict Sibrie

(Residence in Baltimore: No. St Josephs Hospital St.: yrs., 7 mos. 1 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Dec. (Month) 27 (Day), 1886 (Year)

7-AGE, 30 yrs. 1 mos. 23 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Elevator
(b) General nature of industry, business, or establishment in which employed (or employer)..... Operator at St Joseph Hospital

9-BIRTHPLACE, (State or Country), Pa.

PARENTS.

10-NAME OF FATHER, Cornelius Sibrie

11-BIRTHPLACE OF FATHER (State or Country), Pa.

12-MAIDEN NAME OF MOTHER Sarah Englebert

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Dennis Sibrie

(Address) New Baltd. Somerset Co. Pa.

15- HARRY C. ARNOLD

Filed JAN 12 1917, 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 10 (Day) 1917 (Year), 191...

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide hung himself on end of bed with piece of gause

(Duration) ...yrs. ...mos. ...da.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...da.

(Signed) C. P. Asst. Coroner. M. D.

Jan 12, 1917. (Address) 29 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. 7 mos. 1 da. In the State 9 yrs. 7 mos. 1 da.

Where was disease contracted, if not at place of death? St Josephs Hospital

Former or usual residence St Josephs Hospital

19-PLACE OF BURIAL OR REMOVAL, Manns Choice. Bedford Co. Pa. DATE OF BURIAL, Jan. 12 1917

20-UNDERTAKER Henry Storck Son ADDRESS 1304 E Eager St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1259 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1259

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital 4 St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. Fagan

(Residence in Baltimore: No. Mercy Hospital St.; yrs. 2 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, January 23, 1873 (Month) (Day) (Year)

7-AGE, 43 yrs. 11 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Watchman
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. John Fagan

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Anna Burke

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Record Mercy Hosp

(Address) Calvert St.

15-

Filed JAN 12 1917 191.... HARRY C. ...BERG
Burial Permit ...
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 12, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 21 1916, to Jan 12 1917, that I saw h[illegible] alive on Jan 12 1917, and that death occurred, on the date stated above, at 1230 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) two days yrs. ... mos. ... ds.

(Signed) Edward P. Smith M. D.

Jan 12, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 2 mos. 22 ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Curtis Bay Md

Former or usual residence Curtis Bay Md

19-PLACE OF BURIAL OR REMOVAL, Holy Cross 4469 — DATE OF BURIAL, Jan. 14, 1917.

20-UNDERTAKER Anthony Angeo — ADDRESS 717 Fallsway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1260

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1260

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Farrell

(Residence in Baltimore: No. 1319 N. Caroline St St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Don't know, 1 (Month) (Day) (Year)

7-AGE, 71 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Maid
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Simon Sullivan

(Address) 1319 N. Caroline St.

15- Filed JAN 12 1917, 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 11, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 30 1916, to January 11 1917, that I saw h[illegible] alive on January 11 1917, and that death occurred, on the date stated above, at 1-8a' m.

The CAUSE OF DEATH* was as follows:-

(a) Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Carcinoma of Breast

(Duration) yrs. 5 mos. ds.

(Signed) M. K. Johnson M. D.

1-11-, 191... (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 12 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 1319 Caroline St

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery

DATE OF BURIAL, Jan 13, 191...

20-UNDERTAKER, Chas F Cairns & Son

ADDRESS 118 N. Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1261

CERTIFICATE OF DEATH.

10

D 1261

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1828 Bank St. ; St.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret C. Hand.

(Residence in Baltimore: No. 1828 Bank St St.; ..... yrs.. ..... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 22nd 1836
(Month) (Day) (Year)

7-AGE, 80 yrs. 20 mos. 20 da.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Home
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Dont know,

11-BIRTHPLACE OF FATHER, (State or Country), Italy.

12-MAIDEN NAME OF MOTHER Dont know,

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Hand.

(Address) 1828 Bank St

15- JAN 13 1917 ROBERT R. KRAUTER,
Filed ....., 191.... Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 11, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 5 1917, to Jan 11 1917, that I saw her alive on January 10 1917, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Influenza (La Grippe)

Duration ..... da.

CONTRIBUTORY (Secondary) .....

Duration ..... yrs. ..... mos. ..... da.

(Signed) R. L. Hardy M. D.

Jan 12 1917 (Address) 1202 Bank St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Baltimore County — DATE OF BURIAL, Jan 14, 191.7

20-UNDERTAKER John A Inman & Son — ADDRESS Bank St 15

CAUSE OF DEATH to be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 28 D 1262

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Cemetery St. 4 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME R Wesley Webb

(Residence in Baltimore: No. Caroline Co Md St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widower

6-DATE OF BIRTH, ..., 1 .....
(Month) (Day) (Year)

7-AGE. About 75 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Coal (
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Caroline County Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Captain Eliza H Dean

(Address) Pocomoke City

15-

Filed JAN 13 1917, 191.... ROBERT P. KNAUTH, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. June 12, 1916.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to 2 death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis 2 yrs

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thomas Symington Ford Coroner M. D.

June 12, 1916. (Address) 16 10 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Choptank Md DATE OF BURIAL. June 13 1916

20-UNDERTAKER Christian Miller ADDRESS 2334 Jefferson St.

I.C.S. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1263

CERTIFICATE OF DEATH.

28 D 1263

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1341 E. East St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Ritter

(Residence in Baltimore: No. 1341 E. East ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, June 22, 1863 (Month) (Day) (Year)

7-AGE, 53 yrs. 6 mos. 20 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Carpenter (b) General nature of industry, business, or establishment in which employed (or employer): House

9-BIRTHPLACE, (State or Country), Ind.

PARENTS.

10-NAME OF FATHER, Chas P. Ritter

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Ritter

(Address) 1341 E. East ave

15- Filed JAN 13 1917, 191 ROBERT B. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 11, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1- 1916, to Jan 11 1917, that I saw h[illegible] alive on Jan 10- 1916, and that death occurred, on the date stated above, at 1301 pm.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) G. Paralysis

(Duration) yr. mos. ds.

(Signed) Geo C Curtis M.D.

1/12/1917 (Address) 143 N. Bl'way

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer; DATE OF BURIAL, Jan 13 1917

20-UNDERTAKER John A Moran; ADDRESS Bank & Arnold

CAUSE OF DEATH must be plainly written, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1264 — CERTIFICATE OF DEATH. — 9v D 1264

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 N Arlington ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza M Elliott

(Residence in Baltimore: No. 819 N. Arlington ave St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Sept 30th, 1833 (Month) (Day) (Year)

7-AGE 83 yrs. 3 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Penna

PARENTS.

10-NAME OF FATHER, Jas Heagy

11-BIRTHPLACE OF FATHER (State or Country), Penna.

12-MAIDEN NAME OF MOTHER Susan Hartzell

13-BIRTHPLACE OF MOTHER (State or Country), Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E. N. Wolfe

(Address) 819 N. Arlington Ave

15-

Filed ..... 191.....

JAN 5 1917 ROBERT P. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 1st, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1 1917, to Jany 1st 1917, that I saw h alive on Jany 1st 1917, and that death occurred, on the date stated above, at 1030 P m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

Four Days (Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Cold

(Duration) ....yrs....mos....ds.

(Signed) Edwd E R Brand, M. D.

Jany 1st, 191... (Address) 622 West Lexington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Cem. DATE OF BURIAL, Jan 13, 191..7

20-UNDERTAKER F. W. Wolfe & Son ADDRESS 773 W Lex

CAUSE OF DEATH must be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1265

CERTIFICATE OF DEATH.

× 137 D 1265

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace Kelly

(Residence in Baltimore: No. 226 Cold Spring Lane St.; Govans, Md yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, unknown (Month) (Day), 1884 (Year)

7-AGE, 35 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Scotland

PARENTS.

10-NAME OF FATHER, James Trotter

11-BIRTHPLACE OF FATHER (State or Country), Scotland

12-MAIDEN NAME OF MOTHER Kathryn Lone

13-BIRTHPLACE OF MOTHER (State or Country), Scotland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm. L. Kelly

(Address) 226 Cold Spring Lane

15- ROBERT P. KRAUTER

Filed JAN 13 1917 191 VITAL STATISTICS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 8, 1917, to Jan. 11, 1917, that I saw her alive on Jan 11, 1917, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(Duration) yrs. mos. D ds.

CONTRIBUTORY (Secondary) Probably Endocarditis

(Duration) yrs. mos. ds.

(Signed) Bernard J. Berry M. D.

1/11, 1917. (Address) Univ. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 3 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Govans, Md.

19-PLACE OF BURIAL OR REMOVAL, St. Mary's, Hampden — DATE OF BURIAL, Jan 15, 1917

20-UNDERTAKER W. Leaw Jones — ADDRESS 833 Linden Ave

(Over)

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1266 — 119 — D 1266

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1811 Light ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James W. Keenan

(Residence in Baltimore: No. 1811 Light St.; 35 yrs. 11 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Jan. (Month) 31 (Day), 1881 (Year)

7-AGE, 35 yrs. 11 mos. 10 ds. — If LESS than 1 day, ...hrs. or....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Solvay Chemical Works

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER, Preston P. Keenan

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md.

12-MAIDEN NAME OF MOTHER Sarah E. Fulton

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. James W. Keenan

(Address) 1811 Light St.

15- Filed JAN 13 1917, 191.... ROBERT P. BRUTER Registrar. Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7 1917, to Jan 10 1917, that I saw h[illegible] alive on Jan 10 1917, and that death occurred, on the date stated above, at [illegible] m., The CAUSE OF DEATH* was as follows: Uremic Convulsion

(Duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) ....yrs. ....mos. 10 ds.

(Signed) J. F. Kaufmann M. D.

Jan 12, 191.. (Address) 1 E. Saratoga St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem.	Jan. 13, 1917
20-UNDERTAKER	ADDRESS
W. J. McDermott Sons	422 N. Howard St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1267. 150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 1267

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 15 Poultney St. ST.: 23 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Hammel.

(Residence in Baltimore: No. 15 Poultney St. St.: - yrs. 2 mos. 17 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male.

4-COLOR OR RACE: White.

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single.

6-DATE OF BIRTH: October 25th. 1916./ (Month) (Day) (Year)

7-AGE: ..... yrs. 2 mos. 17 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Adam Hammel.

11-BIRTHPLACE OF FATHER (State or country): Baltimore Md.

12-MAIDEN NAME OF MOTHER: Annie M. Schickner.

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Adam Hammel (father)

(Address) 15 Poultney St.

15-Filed JAN 13 1917, 191 ROBERT B. KRAUTER, Burial Permit (REGISTRAR)

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 11th. 1917., 191 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan, 10th. 1917, 191 . to. Jan, 11th. 1917, that I saw him alive on Jan, 11th. 1917, and that death occurred, on the date stated above, at 8.P m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.

Congenital.

(Duration) ..... yrs. 2 mos. ..... ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M. Eisenhardt M. D.

Jan 12, 1917 (Address) 1017 E Chase St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cemetery. DATE OF BURIAL: Jan. 13, 1917

20-UNDERTAKER: D. F. McKellops ADDRESS: 1422 Light St

D 1268

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 1268

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1727 N Carey ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha A Earp

(Residence in Baltimore: No. 1727 N Carey St St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: ..... (Month) ..... (Day), 1859 (Year)

7-AGE: 58 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer): House-wife

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: James B Marsden

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Martha A Davis

13-BIRTHPLACE OF MOTHER (State or country): Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lillian L Marsden

(Address) 1727 N Carey St

15- Filed JAN 13 1917 191 ROBERT P. KRAUTH Registrar

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 10 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany. 3 1917, to, Jany 10 1917, that I saw h er alive on Jany. 9 1917, and that death occurred, on the date stated above, at 5A m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) — yrs. — mos. 7 ds.

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed), Louis W. Knight M. D.

Jany. 11 1917 [Address] 414 N. Grane St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Western Cem DATE OF BURIAL: Jan 13, 1917

20-UNDERTAKER: W Fahey & Son ADDRESS 16 Lafayette Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1269 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1269

CERTIFICATE OF DEATH.

REGISTERED No. C 120

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Carlyle Pl 1712 ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Mary Thomas

(Residence in Baltimore: No. 1712 Carlyle Pl St.: yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	Col	Married

6-DATE OF BIRTH, ... 1858 (Month), / (Day) ..... (Year)

7-AGE,	If LESS than 1 day,
49 yrs. ..... mos. ..... ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... HW

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Hamilton

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Tilda Simms

13-BIRTHPLACE OF MOTHER (State or Country), Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Grace Jennings

(Address) 1712 Carlyle pl

15- JAN 13 1917 ROBERT B. BRAUTE
Filed ....., 191.... BURIAL PERMIT
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan 11 1917 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interatitial Nephritis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.
(Coroner.)

Jan 11 1917 (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cemetery	Jan 13 1917
20-UNDERTAKER	ADDRESS
Wadsworth Cook	302 E Nalla

D 1270 HEALTH DEPARTMENT--CITY OF BALTIMORE 170 D 1270

CERTIFICATE OF DEATH

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 600 Forrest St.: 5 WARD) REGISTERED No. C .....
(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME William O. Davis

(Residence in Baltimore: No. 600 Forest st St.: 40 yrs. ..... mos. ..... ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: July (Month) 30 (Day), 1840 (Year)

7-AGE: 76 yrs. 5 mos. 11 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: House carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Harford Co Md.

PARENTS

10-NAME OF FATHER: David Davis

11-BIRTHPLACE OF FATHER (State or country): Harford Co md

12-MAIDEN NAME OF MOTHER: Elizabeth Amos

13-BIRTHPLACE OF MOTHER (State or country): Harford Co md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Mary Wetherill
(Address) 1047 W. Lanvale St.

15-Filed JAN 13 1917, 191 ROBERT R. KRAUTH Burial Permit Issued REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 11 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1916, to Jan 11 1917.
that I saw h[im] alive on Jan 11 1917.
and that death occurred, on the date stated above, at 4P m.
The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 1 yrs. 0a mos. 1 ds

Contributory (SECONDARY) Heart Block

(Duration) ..... yrs. ..... mos. 12 ds.

(Signed), ... M. D.
Jan 11, 1917 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cem
DATE OF BURIAL: Jan. 13, 1917

20-UNDERTAKER: Wm. Cook
ADDRESS: 502 E North Ave.

Spec.—8-24-14—M. & T.—3000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1271

CERTIFICATE OF DEATH.

170 D 1271

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE—(No. 825 Eliamncey Ave. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George P. Erbnise.

(Residence in Baltimore: No. 825 Eliamncey Ave. St.; 70 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, ... December ....., 18 47
(Month) (Day) (Year)

7-AGE, 70 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Business

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), U.S.

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country), U.S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard P. O. Loane

(Address) 825 Eliamncey Ave.

15- JAN 13 1917 ROBERT P. KRAUTH
Filed ....., 191.....
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 11th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 25 1916, to January 11 1917, that I saw h im alive on January 11 1917, and that death occurred, on the date stated above, at 10 10 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Not known

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Right Hemiplegia

(Duration) ..... yrs. 1 mos. 17 ds.

(Signed) C. W. Hoffman M. D.

1/12, 191.7 (Address) 2100 W North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Greenmount Cem

DATE OF BURIAL, Jan 13th, 1917.

20-UNDERTAKER Lilly - Zeiler

ADDRESS 1033 N. Wolfe

Cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1272 (10-21) 1272

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hosp REGISTERED NO. C

CITY OF BALTIMORE: (No. 8 Lombard & Greene ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Hadaway

(Residence in Baltimore: No. 1010 W Cross St.; 45 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Divorced

6-DATE OF BIRTH, Feb. 3rd, 1871
(Month) (Day) (Year)

7-AGE, 44 yrs. 11 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Tinner
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Wash. D C

PARENTS.

10-NAME OF FATHER, John Hadaway

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Deceased

(Address) None

15-JAN 13 1917 Filed....., 191.... ROBERT E. KRAUTH Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 11, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-19 1917, to 1-11, 1917, that I saw h[illegible] alive on 1-11- 1917, and that death occurred, on the date stated above, at 7.30 p.m.

The CAUSE OF DEATH* was as follows:

General Peritonitis

(Duration) ....yrs. ....mos. 21 ds.

CONTRIBUTORY (Secondary) Gastric Ulcer

(Duration) 1 yrs. ....mos. ....ds.

(Signed) M. Kraus Jr. M. D.

1-11-, 191.7. (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 20 ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Balt Md

Former or usual residence 1010 W Cross St.

19-PLACE OF BURIAL OR REMOVAL, Washington D. C. DATE OF BURIAL, Jan 13th, 1917.

20-UNDERTAKER E. Schlosnagle & Son ADDRESS 1039 Hanover St

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

D 1273 — 1917 — D 1273

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Henriette Weinhold

(Residence in Baltimore: No. 412 E. Fort Ave. St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, Sept. 16, 1840. (Month) (Day) (Year)

7-AGE, 76 yrs. 3 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: HW
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Friedrich Scheibel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Louis Krafft

(Address) 412 E. Fort Ave.

15- JAN 13 1917 Filed....., 191.... ROBERT E. KRAUSE. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 11, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 5 1916, to Jan. 11, 1917, that I saw h[illegible] alive on Jan 11, 1917, and that death occurred, on the date stated above, at 5.55 p. m.

The CAUSE OF DEATH* was as follows:

1 Fracture of left femur

(Accidental)

(Duration) yrs. 2 mos. 6 ds.

CONTRIBUTORY (Secondary) General tuberculosis and senility (Duration) yrs. 2 mos. 6 ds.

(Signed) [illegible] M. D.

1-11, 1917. (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 2 mos. 6 ds. In the State 50 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 412 E. Fort Ave.

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Jan 14, 1917.

20-UNDERTAKER E. Schumacher Son ADDRESS 1039 Hanover St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 1274

28

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 303 S Payson St. WARD 20)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Lettetia Murphy

(Residence in Baltimore: No. 303 S Payson St. 12 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: September 16, 1869 (Month) (Day) (Year)

7-AGE: 47 yrs. 3 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Maryland

PARENTS

10-NAME OF FATHER: Joseph Columbus Pickerton

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Hannah E. Davis

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James A. Murphy

(Address) 303 S. Payson St

15-JAN 13 1917 Filed ....., 191.... ROBERT R. KRAUTH Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 10, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July, 1916 to January 9 1917. that I saw her alive on January 9, 1917. and that death occurred on the date stated above, at 2.50 p. m.

The CAUSE OF DEATH* was as follows:

Phthysis Pulmonalis

Phthysis (Duration) 4 yrs. 7 mos. ds

Contributory (SECONDARY) Phthysis Pulmonalis

(Duration) yrs. mos. ds.

(Signed) Wm Robinson M. D.

Jan 10, 1917. (Address) 2010 Wilkens Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Bryantown Md.

DATE OF BURIAL: Jan 13, 1917

20-UNDERTAKER: Geo. A. Gerby

ADDRESS: Balto & Payson 1325

Spec.—8-24-14—M. & T.—2000 Bks.

D 1275

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1275

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3517 Edmondson ave ST.; 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah E Keller

(Residence in Baltimore: No. 3517 Edmondson ave St.; 7 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, June (Month) 22 (Day), 1846 (Year)

7-AGE, 70 yrs. 4 mos. 21 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Howard Co Md

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country) Don't Know

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Oscar Keller

(Address) 3517 Edmondson Ave

15- JAN 13 1917 HARRY C. ANDREE

Filed....., 191.... Burial Permit..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ....1912, to Jan 11 1917, that I saw her alive on Jan 11 1917, and that death occurred, on the date stated above, at 4 20 p.m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) 5 yrs. mos. da.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. 3 mos. da.

(Signed) Geo A Evans Jr M. D.

Jan 12, 1917. (Address) 1535 W North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill — DATE OF BURIAL, Jan 13, 1917

20-UNDERTAKER Poe & Leach — ADDRESS 502 E North Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1276 — 15-2 — D 1276

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2509 Barclay ST.; 17 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Bailey

(Residence in Baltimore: No. 2509 Barclay St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, ...Jan.... (Month) ....17.... (Day), 1917. (Year)

7-AGE,	If LESS than 1 day,
....yrs....mos. 4 hrs.	4 hrs. and 20 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Edwin Amos Bailey

11-BIRTHPLACE OF FATHER (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER Irene Howard

13-BIRTHPLACE OF MOTHER (State or Country), Balto. County. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C.C. Bailey

(Address) 2509 Barclay St

15- JAN 13 1917

Filed....., 191.... Registrar.

HARRY C. [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...January.... (Month) ....17.... (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 12 1917, to January 12 1917, that I saw him alive on January 12 1917, and that death occurred, on the date stated above, at 6 30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Congestion & Aedema

4 hrs

(Duration) ....yrs. ....mos. ....da.

CONTRIBUTORY (Secondary) Difficult Labor Version

(Duration) ....yrs. ....mos. ....da.

(Signed) J. McDilevett M. D.

January 17, 1917. (Address) 621 Columbia ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore Cemetery	Jan. 17., 1917.
20-UNDERTAKER William Cook	ADDRESS 502 E. North ave.

Burial Permit Clerk

Cause of death to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1277 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1277

CERTIFICATE OF DEATH.

REGISTERED No. C 29

1-PLACE OF DEATH
(a) OF BALTIMORE (No. Provident Hosp & Training ST.: 4 WARD)
(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)
2-FULL NAME Elizabeth Gilling
(Residence in Baltimore: No. 590 Wrenche St ST.) (49 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female
4-COLOR OR RACE, Colored
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married
6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)
7-AGE, 49 yrs. mos. ds. If LESS than 1 day, hrs. or min.
8-OCCUPATION: (a) Trade, profession, or particular kind of work. House Wife (b) General nature of industry, business, or establishment in which employed (or employer).
9-BIRTHPLACE, (State or Country), Va.

PARENTS.
10-NAME OF FATHER, Wyd James
11-BIRTHPLACE OF FATHER (State or Country), Va.
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) E. Gilling
(Address) 590 Wrenche St

15- HARRY C. ANDREWS
Filed JAN 13 1917, 191. Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 10, 1917 (Month) (Day) (Year)
17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:
Uraemia
History of tumor of breast, one year
(Duration) yrs. 1 mos. ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.
(Signed) A. Bruce (Coroner.) M. D.
Jan 14, 1917. (Address) 107 E. Lex

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. da. In the State yrs. mos. da.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn DATE OF BURIAL, Jan 13, 19 17
20-UNDERTAKER John H. Toadvine ADDRESS 143 Mill St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1278

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1278

CERTIFICATE OF DEATH.

x 108

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital ST.; 9 WARD)

2-FULL NAME Edward J. Sinclair

Residence in ~~Baltimore~~: No. St Joseph's Hospital St.; ....yrs.,.... mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
male	White	Single

6-DATE OF BIRTH ..Sept..26..., 1897.
(Month) (Day) (Year)

7-AGE, ..19..yrs..3..mos..16..ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..School.....
(b) General nature of industry, business, or establishment in which employed (or employer) ..Student.....

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Edw. J. Sinclair

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Lavina Meakin Sinclair

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edw. J. Sinclair

(Address) Melvale, Md.

15-

Filed JAN 13 1917, 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..Jan..12..., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 30 1916, to Jan 12 1917.

that I saw him alive on Jan 12 1917,

and that death occurred, on the date stated above, at 10 5/8 a. m.

The CAUSE OF DEATH* was as follows:

Gangrene Left foot diabetes

Peritonitis

..... (Duration) ...yrs. 15 mos. ...ds.

CONTRIBUTORY (Secondary) Double Lobar Pneumonia

..... (Duration) ...yrs. ...mos. ...ds.

(Signed) ..... M. D.

1-12-, 1917. (Address) St Joseph's Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ...yrs. ...mos. 14 ds. In the State Life yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence Melvale Md

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Jan 14, 1917

20-UNDERTAKER A S Marshall — ADDRESS 3589 Fall Md

This CERTIFICATE must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1279

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1279

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Vincents Infant Asylum REGISTERED NO. C.....

CITY OF BALTIMORE: (No. St. Vincents Infant Asylum St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Kelly

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; 1 yrs., 8 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, wht.

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) sgle

6-DATE OF BIRTH, April (Month) 13 (Day), 1915 (Year)

7-AGE, 1 yrs. 8 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....mins.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) St. Vincents Infant Asylum

(Address) H.I. Division

15-

Filed JAN 13 1917, 191.....

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7 1917, to Jan 11 1917, that I saw h er alive on Jan 11 1917, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Anemia

Chronic Interstitial Nephritis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardio-Renal disease

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) Edward J. Dwyer, M. D.

Jan. 12 1917. (Address) 5 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 1 yrs. 8 mos. 29 ds. In the State 1 yrs. 8 mos. 29 ds.

Where was disease contracted, if not at place of death?

Former or usual residence St. Vincents Infant Asylum

19-PLACE OF BURIAL OR REMOVAL. St. Patricks

DATE OF BURIAL. Jan. 13, 1917

20-UNDERTAKER Martin Emerson

ADDRESS 1116 Fayette

important. See instructions on back of certificate.

D 1280 HEALTH DEPARTMENT--CITY OF BALTIMORE D 1280

CERTIFICATE OF DEATH

151

REGISTERED NO. C

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1814 Penna. ave St.: 14 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Joseph Rezin Crooks

(Residence in Baltimore: No. 1814 Penna Ave St.; yrs. mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word)
Male	w	Single

6. DATE OF BIRTH Jan. 2, 1917 (Month) (Day) (Year)

7. AGE 0 yrs. 0 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country) Maryland

PARENTS

10. NAME OF FATHER Rezin Crooks

11. BIRTHPLACE OF FATHER (State or country) Maryland

12. MAIDEN NAME OF MOTHER Corine Schultz

13. BIRTHPLACE OF MOTHER (State or country) Maryland

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rezin W. Crooks

(Address) 1814 Penn. Ave.

15. Filed JAN 13 1917, 191 HARRY C. ANDREWS Burial Permit Clerk. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 12, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1917. to. Jan 12 1917. that I saw h[illegible] alive on Jan 11th, 1917. and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Congenital Debility

(Duration) yrs. 2 mos. 10 ds

Contributory (SECONDARY) Premature Birth

(Duration) yrs. mos. ds.

(Signed) Harris Goldman M. D.

Jan 12, 1917. (Address) 1816 W. North Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Loudon Park DATE OF BURIAL Jan 13, 1917

20. UNDERTAKER Daniel Easterman ADDRESS 916 Penna ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 128T

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 128T

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 E. Eager St.; 21 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Koellner

(Residence in Baltimore: No. 1318 E. Eager St. St.; 25 yrs., 9 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May 19, 1870 (Month) (Day) (Year)

7-AGE, 46 yrs. 7 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Baker
(b) General nature of industry, business, or establishment in which employed (or employer)... Worked at Wheeler Bakery

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Carl Kbellner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Catherine Muth

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Koellner

(Address) 1318 E. Eager St.

15-

JAN 13 1917

Filed....., 191.... HARRY C. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 11, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1916, to January 11 1917, that I saw h... alive on ... 191..., and that death occurred, on the date stated above, at 1:35 p. m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Dropsy

(Duration) yrs. 1 mos. ds.

(Signed) Lukas Boas M. D.

....., 191... (Address) 127 Columbia

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemy — DATE OF BURIAL, Jan. 14, 1917

20-UNDERTAKER Jos Jourdens Jr — ADDRESS 2171 E. Eager

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1282

CERTIFICATE OF DEATH.

138 D 1282

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospt ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maude Minor

(Residence in Baltimore: No. 314 N Mount St.: ..... yrs., 6 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Black	Single

6-DATE OF BIRTH, April (Month) 26 (Day), 1898 (Year)

7-AGE, 17 yrs. 8 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Worke
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, John B. Minor

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary Beal

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Beal

(Address) 314 N mount St

15-

Filed JAN 13 1917 HARRY O. ANDERS BUREAU Registrar. CLERK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 4 1917, to Jan 12 1917, that I saw her alive on Jan 12 1917, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Eclampsia (Puerperal)

.....

.....

..... (Duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) J. J. Watt M. D.

Jan. 13., 1917. (Address) University Hospt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 8 ds. In the State ..... yrs. 6 mos. ..... ds.

Where was disease contracted, if not at place of death? 314 N Mount St

Former or usual residence 314 N mount St.

19-PLACE OF BURIAL OR REMOVAL, Boxley Burying Ground — DATE OF BURIAL, Jan 14 1917

20-UNDERTAKER Alfred J Freeland — ADDRESS 114 N Schroeder

CAUSE OF DEATH must be entered in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 1283

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 S. Paca ST.; W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Elizabeth Hartman

(Residence in Baltimore: No. 817 S. Paca St.; 2 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, Unknown (Month) (Day), 18[illegible] (Year)

7-AGE, 37 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Cumberland Md.

PARENTS.

10-NAME OF FATHER, John Smith

11-BIRTHPLACE OF FATHER (State or Country), Cumberland Md.

12-MAIDEN NAME OF MOTHER Martha Bell

13-BIRTHPLACE OF MOTHER (State or Country), Cumberland Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jerome B. Hartman

(Address) 708 McHenry St

15- Filed JAN 13 1917, 191... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 1917, to Jan 12 1917, that I saw h[illegible] alive on Jan 12 1917, and that death occurred, on the date stated above, at 10 C. m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Morley Hood M. D.

Jan 12, 1917. (Address) 5 E Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Bath Cemetery

DATE OF BURIAL, Jan. 14..., 1917.

20-UNDERTAKER John J. Brown & Co

ADDRESS 901 Hollins Ave

Notice of death is given in order that it may be properly entered. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-24-14—M. & P.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1284 D 1284

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2405 E Fayette ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Gambrell

(Residence in Baltimore: No. 2405 E. Fayette St.; 56 yrs. 2 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: October (Month) 15 (Day), 1860 (Year)

7-AGE: 56 yrs. 2 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home work
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: J. W. North

11-BIRTHPLACE OF FATHER (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Julia E. Margerum

13-BIRTHPLACE OF MOTHER (State or Country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Albert Gambrell

(Address): 2405 E. Fayette St

15-

Filed JAN 13 1917 191.... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1913, to Jany 10 1917, that I saw h Ex alive on Jany 10 1917, and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:

1 Cardiac Asthma

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Pneumonia

(Duration) 4 yrs. mos. 2 ds.

(Signed) J. R. Schaeffer M. D.

Jany 11, 1917 (Address) 1329 W Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL, Jan 13, 1917

20-UNDERTAKER: Christian Miller

ADDRESS 2334 Jefferson St

important. See instructions on back of certificate.

D 1285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170 D 1285

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 3418 E. Monument St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank A. Anderson

Residence in Baltimore: No. 2418 E Monument St.; 40 yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb 4, 1867
(Month) (Day) (Year)

7-AGE, 49 yrs. 11 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Boat Capt
(b) General nature of industry, business, or establishment in which employed (or employer): Chief Rigger

9-BIRTHPLACE, (State or Country), Sweden

PARENTS.

10-NAME OF FATHER, Anders Hall

11-BIRTHPLACE OF FATHER (State or Country), Sweden

12-MAIDEN NAME OF MOTHER Julia Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Sweden

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Maggie Anderson

(Address) 2418 E. Monument St

15-

Filed JAN 13 1917, 191.... HARRY C. ANDREWS
Vital Record Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 11, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 24 1916, to Jan 11 1917, that I saw h[illegible] alive on Jan 11 1917, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) ... yrs. ... mos. ... ds.

(Signed) Alvin B Lennon M. D.

Jan 12, 1917. (Address) 718 N Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Jan 14, 1917.

20-UNDERTAKER Christian Miller

ADDRESS 2334 Jefferson

CAUSE OF DEATH must be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 1286

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 207 W. Hoffman ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary R. Jackson

(Residence in Baltimore: No. 207 W. Hoffman St.; Life yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Unknown (Month) 1 (Day) (Year)

7-AGE, 50 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Washington Barnes

11-BIRTHPLACE OF FATHER (State or Country), Pa

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Roberts

(Address) 210 S. W. Hoffman

15- JAN 13 1917 HARRY [illegible]

Filed....., 191.. Burial Permit Clerk..

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 10th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 22 1916, to Jan. 10 1917, that I saw her alive on Jan. 10 1917, and that death occurred, on the date stated above, at 9.10 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(Duration) yrs. 2 mos. 7 ds.

CONTRIBUTORY (Secondary) Old age

(Duration) yrs. mos. ds.

(Signed) Edw. J. Rhoston M. D.

Jan. 12, 1917 (Address) 1230 S. Hull St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, Jan. 14, 1917.

20-UNDERTAKER Samuel Hamsley ADDRESS 3 Fort Ave.

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 1287

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 George ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David George Hudson

(Residence in Baltimore: No. 627 George St.; 43 yrs. .... mos. .... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) ....., 1 (Day) ..... (Year)

7-AGE, 41 yrs. .... mos. .... da.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter - Cook
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Mary Gee

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Brown

(Address) 627 Isolen St

15-

Filed JAN 13 1917, 191.... HARRY C. ANDERSON Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1916, to Jan 11 1917, that I saw h.... alive on Jan 11 1917, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

..... (Duration) .... yrs. .... mos. 1 da.

CONTRIBUTORY (Secondary) Organic Heart

..... (Duration) .... yrs. .... mos. .... da.

(Signed) ..... M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... da. In the State .... yrs. .... mos. .... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Jan 14 1917

20-UNDERTAKER Samuel H. Howard ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

109

D 1288

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST.; 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthony J. Tabeling

(Residence in Baltimore: No. 601 E Clement St. St.; Lifetime yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH: March 23, 1 (Month) (Day) (Year)

7-AGE, 49 yrs. 9 mos. 19 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Proprietor of Saloon
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto Md.

PARENTS.

10-NAME OF FATHER, Gerhardt Tabeling

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Margaret Decker

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Julia M. Tabeling

(Address) 601 E. Clement St

15-

Filed JAN 13 1917, 191.... Registrar. BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. January (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 1917, to Jan 12 1917, that I saw h[illegible] alive on Jan 12 1917, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

done (Duration) about 1 hour yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) yrs. mos. ds.

(Signed) W E Richards M. D.

Jan 13, 1917 (Address) St Joseph Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? At residence

Former or usual residence 601 E Clement St

19-PLACE OF BURIAL OR REMOVAL. Holy Redeemer Cemetery

DATE OF BURIAL. Jan 16, 1917

20-UNDERTAKER Henry Hoeck & Son

ADDRESS 1301 E Eager St

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1289

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1033 Somerset ST.; 10 WARD)

2-FULL NAME Josephine Stallman

(Residence in Baltimore: No. 1033 Somerset St.; 61 yrs. \ mos. \ ds.)

CERTIFICATE OF DEATH.

105 D 1289

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Apr. (Month) 10 (Day), 1833 (Year)

7-AGE, 83 yrs. 9 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Frank Hillis

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Anna Stallman

(Address) 1033 Somerset St.

15- Filed JAN 16 1917 191.... HARRY C. HANDLEY'S Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 12. (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1 1916, to Jan. 12, 1917, that I saw her alive on Jan. 12, 1917, and that death occurred, on the date stated above, at 9 30 m.

The CAUSE OF DEATH* was as follows:

Uremia of Nephritis
Chronic Interstitial

(Duration) — yrs. 5 mos. — ds.

CONTRIBUTORY (Secondary) Senile Debility

(Duration) — yrs. 6 mos. — ds.

(Signed) E. J. Zebold M. D.

Jan. 12., 1917. (Address) 1001 Arguith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Jan. 15, 1917

20-UNDERTAKER Henry Hoeck Sons — ADDRESS 1301 E. Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 1290

Registered No. C 79

N.B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

City of BALTIMORE (No. 1538 Mc Elderry St.: 7 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Lama Johnson

(Residence in Baltimore: No. 1538 Mc Elderry St.: — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6. DATE OF BIRTH: Unknown, 1867 (Month) (Day) (Year)

7. AGE: 50 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): at Service

9. BIRTHPLACE (State or country): Md

PARENTS

10. NAME OF FATHER: Thomas Anderson

11. BIRTHPLACE OF FATHER (State or country): Md.

12. MAIDEN NAME OF MOTHER: Mary Anderson

13. BIRTHPLACE OF MOTHER (State or country): Md.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mollie Crawley

(Address) 1508 Madison St.

15. Rec'd JAN 13 1917 HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: January (Month) 10th (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Unknown, 1916, to January 10th, 1917, that I saw h[illegible] alive on January 10th, 1917, and that death occurred on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Geo. Stone M. D.

January 11th 1917 (Address) 504 E. Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Laurel Country — DATE OF BURIAL: Jan 14, 1917

20. UNDERTAKER: Chas E Bailey — ADDRESS: 1737 E Fayette St

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 1291

CERTIFICATE OF DEATH

92

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 Penny St. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 16.)

2-FULL NAME Eliza Payne.

(Residence in Baltimore: No. 410 Penny St.; 10 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Unknown (Month) (Day) 1 (Year)

7-AGE: 56 yrs. mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country): Howard Co Md

PARENTS

10-NAME OF FATHER: Robt Stuart

11-BIRTHPLACE OF FATHER (State or country): Howard Co Md

12-MAIDEN NAME OF MOTHER: Harriett Wells

13-BIRTHPLACE OF MOTHER (State or country): Howard Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Maggie Willis

(Address) 539 W Dolphin St

15- Filed JAN 13 1917, 191.....

HARRY O. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 12 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 4, 1917, to, Jan 12 1917, that I saw her alive on Jan 12 1917, and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) yrs mos 4 ds

Contributory (SECONDARY) O. Pneumonia

(Duration) yrs mos 4 ds

(Signed) C. B. Flowers M. D.

Jan 12, 1917. [Address] 712 S. Thames

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Jan 14, 1916

20-UNDERTAKER: Geo H Hooper

ADDRESS: 607 Lit Raco

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

D 1292

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1292

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1411 Mosher, St.; 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosa Thomas

(Residence in Baltimore: No. 1411 Mosher St St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH Sept 20, 1893 (Month) (Day) (Year)

7-AGE, 23 yrs. 3 mos. 23 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

9-BIRTHPLACE, (State or Country) St Marys md

PARENTS.

10-NAME OF FATHER William Stewart

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Elmarde Thomas

13-BIRTHPLACE OF MOTHER (State or Country), md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo Thomas

(Address) 1411 Mosher St

15- Filed JAN 13 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 30 1916, to Jan 12 1917, that I saw h— alive on Jan 12 1917, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John S Rinehart M. D.

Jan 14, 1917. (Address) 5281 Pamlico Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mechanicsville Va DATE OF BURIAL, Jan 15, 1917

20-UNDERTAKER Hammond ADDRESS 1364 Mary

CAUSE OF DEATH must be plainly written, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1293

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1293

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 Calvert ST.; 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizabeth Barber (Barber)

(Residence in Baltimore: No. 619 Calvert St.; 1 yrs., 2 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word)
Female	Colored	Infant

6-DATE OF BIRTH, Oct (Month) 25 (Day), 1916 (Year)

7-AGE, 1 yrs. 2 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Thomas Barber

11-BIRTHPLACE OF FATHER (State or Country), Mt Mary Co Md

12-MAIDEN NAME OF MOTHER Anna Wood

13-BIRTHPLACE OF MOTHER (State or Country), Mt Mary's Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence E Wright

(Address) 1364 N Carey St

15-Jan 13 1917

Filed ..... 1917 16-E. HARRIS ANGELL Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 4 1917, to Jan 11 1917, that I saw her alive on Jan 1 1917, and that death occurred, on the date stated above, at 12.15 m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) (No other history)

(Duration) ....yrs. ....mos. ....ds.

(Signed) W. H. Wray M. D.

Jan 12, 1917 (Address) 1204 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Pleasant DATE OF BURIAL, Jan 14 1917

20-UNDERTAKER Clarence Wright ADDRESS 614 N Carey

CAUSE OF DEATH to plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 1294

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3628 Maple Ave St.: 13 WARD)

2-FULL NAME Annie R Schaffer

(Residence in Baltimore: No. 3628 Maple Ave St.: 50 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH. ..Unknown.., 1 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
61 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elijah Schaffer

(Address) 3628 Maple Ave

15- JAN 13 1917 Filed....., 191... HARRY C. ANDREWS Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..Jan.. (Month) 13.., (Day) 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1917, to Jan 12 1917, that I saw her alive on Jan 12 1917, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

(Signed) Frank L. Jewett M. D.

Jan. 13., 191.7 (Address) 2516 Penna

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Marys Cemetery

DATE OF BURIAL. Jan 15, 191.7

20-UNDERTAKER Ellensworth & Son

ADDRESS Edmondson Ave

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec.—24-14—M. & T.—2000 Bks.

D 1295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 1295

REGISTERED NO. C

PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 S. Dallas ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Hayes

(Residence in Baltimore: No. 409 S. Dallas St.; Five mos. 7 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Infant

6-DATE OF BIRTH, Dec 14th, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. ....mos. 27 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Ollie Hayes

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Lucile Banks

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucile Hayes

(Address) 409 S. Dallas St

15-

Filed JAN 17 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 11th, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1917, to Jan 10 1917, that I saw h[illegible] alive on " " 1917, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) ....yrs. ....mos. 36 ds.

CONTRIBUTORY (Secondary) Cancer

(Duration) ....yrs. ....mos. ....ds.

(Signed) Jacob L. Ulmer M. D.

1-13 191 7 (Address) 3 O. St. W. Way

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem

DATE OF BURIAL, ..., 191...

20-UNDERTAKER Harry S. Vodery

ADDRESS 1125 Orleans St

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1296

CERTIFICATE OF DEATH.

6 170 D 1296

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 226 N Montford ave ST.: 6 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Bell

(Residence in Baltimore: No. 226 N Montford Ave St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED (*Write* the word.)
Male	Col	Widower

6-DATE OF BIRTH, Sept 25 I828 (Month), / (Day) (Year)

7-AGE, 88 yrs. 3 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Bell

11-BIRTHPLACE OF FATHER (State or Country), MD

12-MAIDEN NAME OF MOTHER Lucinda Howard

13-BIRTHPLACE OF MOTHER (State or Country), MD

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Emma Bell
(Address) 226 N Montford ave

15- HARRY C. ANDREWS
Filed JAN 1 1917 191.... Burial Permit Clark
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan II I9I7 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) 9 yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

Jan II I9I7 (Address) N. E. Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. da. In the State 89 yrs. mos. da.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Laurel Cem.	Jan 13 19 17
20-UNDERTAKER	ADDRESS
Harry A Noden	125 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1293

CERTIFICATE OF DEATH.

109

D 1293

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 230 Harrison ST.; 4 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ester Blum

(Residence in Baltimore: No. 230 Harrison St.; 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day) 1 (Year)

7-AGE, 67 yrs. 7 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis

(Address) 1411 E Balto St

15- Filed JAN 14 1917, 191.. HARRY C. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 13., (Day) 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 11 1917, to Jan 12 1917, that I saw h[illegible] alive on Jan 12 1917, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Inguinal hernia and Strangulation

Duration (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal obstruction and toxemia (Duration) yrs. mos. 2 ds.

(Signed) Benjamin Kaden M. D.

1-13, 1917. (Address) 252 N. Payson St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Herman Rm

DATE OF BURIAL, Jan 14, 1917.

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Balto St

Blanks of DEATH in plain terms, so that it may be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 D 1298

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1325 N. Wolf St. ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Rachael Leah Goldman

(Residence in Baltimore: No. 1325 N. Wolf St. St.; 1 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. Unknown (Month) (Day), 1855 (Year)

7-AGE. 62 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Goldman

(Address) 1325 N. Wolf St

15- Filed JAN 14 1917, 191.. HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. January 11 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10-11 1917, to Jan 11 1917, that I saw her alive on Jan 11 1917, and that death occurred, on the date stated above, at 11 30 m.

The CAUSE OF DEATH* was as follows: Carcinoma of Stomach

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Nathan Helfgott M. D.

Jan 13, 1917. (Address) 2111 E. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Hebrew Int. Carmel — DATE OF BURIAL. Jan 14, 1917.

20-UNDERTAKER Jack Levis — ADDRESS 1411 E. Balto

CAUSE OF DEATH must be plainly stated. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1299 93 D 1299

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 Riggs Ave ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Beach

(Residence in Baltimore: No. 1623 Riggs Ave St.; 35 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col'd

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (*Write* the word.) Married

6-DATE OF BIRTH, Sep (Month) 11 (Day), 1881 (Year)

7-AGE, 35 yrs. 4 mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Laborer
(b) General nature of industry, business, or establishment in which employed (or employer), General

9-BIRTHPLACE, (State or Country), Accomac Co. Va.

PARENTS.

10-NAME OF FATHER, Custis Beach

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Virginia Parker

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph a Farrell

(Address) 2319 Division St

15- Filed JAN 14 1917, 191.... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 12th 1917, to Jany 11th 1917, that I saw h[illegible] alive on Jany 10th 1917, and that death occurred, on the date stated above, at 9-15 p. m.

The CAUSE OF DEATH* was as follows:

Bronchitis & Pleurisy

(Duration) yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary) Pleurisy

(Duration) yrs. 1 mos. — ds.

(Signed) G. E. Barker M. D.

Jany 12th, 1917 (Address) 1403 W. Lanvale St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, not authorized county — DATE OF BURIAL, Jan 14, 1917

20-UNDERTAKER Joseph a Farrell — ADDRESS, 2319 Division

CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1300

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 1300

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 876 ST Johns Court St.: 10 WARD)

Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pearl Miller

(Residence in Baltimore: No. 876 St Johns Ct St.; yrs., mos. da.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, Dec. 25 1893, 1 (Month) (Day) (Year)

7-AGE, 23 yrs. mos. 18 da.

If LESS than 1 day old, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Georgia

PARENTS.

10-NAME OF FATHER: Not Known

11-BIRTHPLACE OF FATHER (State or Country): Not Known

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or Country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): John Miller

(Address): 876 St Johns Ct

15- Filed JAN 14 1917, 191... HARRY C. ANDREWS Registrar. Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 12 1917, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

lobar Pneumonia

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) 1 yrs. 2 mos. da.

(Signed) C. L. Mitchell M. D. (Coroner.)

Jan 12 1917 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laural Cemetary

DATE OF BURIAL, Jan 14 1917

20-UNDERTAKER Mrs Robert A Elliott

ADDRESS 506 East 24

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 130[illegible] 80 D 1302

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 N Washington St.; 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Magdalene G. Claudius

(Residence in Baltimore: No. 2003 N Washington St.; 76 yrs., 5 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, July 28, 1840 (Month) (Day) (Year)

7-AGE, [redacted] 76 yrs. 5 mos. 14 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country) Baltimore City

PARENTS.

10-NAME OF FATHER John F. Fisman

11-BIRTHPLACE OF FATHER (State or Country), N. Y.

12-MAIDEN NAME OF MOTHER Susan L

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank L. Claudius

(Address) 2003 N. Washington St.

15- Filed JAN 14 1917, 191.., ... o'clock... HARRY C. ANDREWS Registrar.

JAN 14 1917

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 11, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1916, to July 11, 1917, that I saw h[illegible] alive on July 10, 1917, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(Duration) 9 yrs. 1 mos. 10 ds.

(Signed) Geo. L. Shoemaker M. D.

July 11, 1917. (Address) 1121 N Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Jan. 14, 1917.

20-UNDERTAKER Albert E. Fuller — ADDRESS 221 N Broadway

CAUSE OF DEATH must be plainly written, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Hartman

Spec.—8-24-14—M. & T.—2000 Bks.

D 1302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 1302

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 N. Schroeder St.; 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Armstrong

(Residence in Baltimore: No. 119 N. Schroeder St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	col	Married

6-DATE OF BIRTH, Aug 4, 1883 (Month) (Day) (Year)

7-AGE, 33 yrs. 5 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Grocery Wagon

9-BIRTHPLACE, (State or Country), md

PARENTS.

10-NAME OF FATHER, John armstrong

11-BIRTHPLACE OF FATHER (State or Country), md

12-MAIDEN NAME OF MOTHER Eliza Martin

13-BIRTHPLACE OF MOTHER (State or Country), md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Armstrong

(Address) 119 N. Schroeder St

15- JAN 14 1917 HARRY O. ANDREWS

Filed....., 191.....Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 10., 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1917, to Jan 10 1917, that I saw h[illegible] alive on Jan 10 1917, and that death occurred, on the date stated above, at 7.20 P. m.

The CAUSE OF DEATH* was as follows: Bronchitis D. B.

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Cardiac Lesion

(Duration) yrs. mos. 8 ds.

(Signed) C. D. Fisher M. D.

Jan 11., 191.7 (Address) 714 S. Stricker

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Jan 14 1917

20-UNDERTAKER Alfred J. Friedel ADDRESS 119 N Schroeder

Cause of death to be written in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1303

CERTIFICATE OF DEATH.

D 1303

REGISTERED NO. C 64

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 700 W. Fayette St.; 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Reynolds

(Residence in Baltimore: No. 700 W. Fayette St.: 69 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, January (Month) 1st (Day) 1844 (Year)

7-AGE. 76 yrs. mos. 11 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Baker
(b) General nature of industry, business, or establishment in which employed (or employer). Merchant

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER. Martin Reynolds

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary C. Reynolds

(Address) 700 W. Fayette St.

15-

Filed JAN 14 1917, 191.

HARRY C. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 12 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from 191 2, to Jan 12 1917, that I saw him alive on Jan 12 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Tumor Hyper

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(Duration) 4 yrs. mos. ds.

(Signed) Harry Adler M. D.

Jan 12th, 1917. (Address) 1716 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cem

DATE OF BURIAL. Jan. 13, 191.7

20-UNDERTAKER Chas. F. Evans & Son

ADDRESS 118 W. Mt. Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1304

CERTIFICATE OF DEATH.

92 D 1304

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 Bruck ST.; 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Miller

(Residence in Baltimore: No. 1817 Bruck St.; 7 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Widow

6-DATE OF BIRTH: February 20, 1849 (Month) (Day) (Year)

7-AGE: 67 yrs. 10 mos. 23 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Francis Belt

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Don't Know

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Catherine Dilzell

(Address) 2102 Walbrook Ave

15- JAN 14 1917 Filed ..... 191.... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 13, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 14 1916, to Jan 13 1917, that I saw her alive on Jan 11 1917, and that death occurred, on the date stated above, at 2:15 A m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. mos. 3 ds.

(Signed) Paul Brown M. D.

Jan 13, 1917 (Address) 1837 Kenwood Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Jan 15 1917

20-UNDERTAKER: William Cook — ADDRESS: 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1305

CERTIFICATE OF DEATH.

17 D 1305

1-PLACE OF DEATH Franklin Sq Hospital REGISTERED NO. C

CITY OF BALTIMORE: (No. Corner Calhoun & Fayette ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr Jas H. Hardesty

(Residence in Baltimore: No. 813 Fulton ave. St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Sept. 25, 1834 (Month) (Day) (Year)

7-AGE. 82 yrs. 3 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired
(b) General nature of industry, business, or establishment in which employed (or employer). Salesman

9-BIRTHPLACE, (State or Country). Maryland.

PARENTS.

10-NAME OF FATHER. Richard C. Hardesty

11-BIRTHPLACE OF FATHER (State or Country). Maryland.

12-MAIDEN NAME OF MOTHER Matilda Holland

13-BIRTHPLACE OF MOTHER (State or Country). Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Helen Schumacken

(Address) 813 N. Fulton Ave.

15- Filed JAN 14 1917 HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. January 12, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 12 1916, to Jan 12 1917, that I saw h~~im~~ alive on Jan. 12 1917, and that death occurred, on the date stated above, at 9:50 P m.

The CAUSE OF DEATH* was as follows:

Congestion pneumonia

Accidental Fall down stairs at his home (Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) Fractured femur

(Duration) ....yrs. ....mos. 22 ds.

(Signed) [illegible] M. D.

Jan. 22, 1917. (Address) Franklin Sq. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. mos. 22 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 813 N Fulton ave.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park	Jan. 15, 1917.
20-UNDERTAKER	ADDRESS
William Cook	5025 North ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

over

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1306

CERTIFICATE OF DEATH.

120 D 1306

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 Wyeth Alley St.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E Boecker

(Residence in Baltimore: No. 502 Wyeth Alley St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Jan 4 (Month), 1869 (Day) (Year)

7-AGE, 47 yrs. — mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, August W Boecker.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Christina Oberheim.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary M Davis

(Address) 502 Wyeth Alley St

15- JAN 14 1917 HARRY C. ANDREW Burial Permit Clerk

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 13 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 20 1916, to Jan 13 1917, that I saw h[illegible] alive on Jan 12 1917, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wesley Hoe M. D.

Jan 17, 191.. (Address) 712 S. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Jan 16, 1917

20-UNDERTAKER Wm Cook — ADDRESS 502 E Hamburg

CAUSE OF DEATH to be plainly written, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1307

CERTIFICATE OF DEATH.

18 D 1307

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 N. Arlington St.; 23 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME, Theodor Otto Fröhling

(Residence in Baltimore: No. 1 N. Arlington St.; 23 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Sept. (Month) 17 (Day), 1856 (Year)

7-AGE, 60 yrs. 4 mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... Mechanical Engineer

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Otto Fröhling

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Hedwig Fröhling

(Address) #1 N. Arlington St.

15-

Filed ..... JAN 14 1917, 191.....

HARRY O. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1917, to Jan 12 1917, that I saw h... alive on Jan 12 1917, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Acute Congestion of Lungs

..... (Duration)..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) R. E. Campbell M. D.

Jan 13, 1917. (Address) 1644 Hanover

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Jan. 15, 1917

20-UNDERTAKER Wm Cook

ADDRESS 802 E. North Ave

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1308

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1308

CERTIFICATE OF DEATH.

154 Book Certificate

PLACE OF DEATH

CITY OF BALTIMORE (No. Hotel Lexington ST.: 8 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Joseph Oscar Sterner

(Residence in Baltimore: No. 1827 N Carolina St.)

Life

St. Prov. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown, 1884
(Month) (Day) (Year)

7-AGE, 32 yrs. ? mos. ? ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Auto Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE. (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Isaac Sterner

11-BIRTHPLACE OF FATHER (State or Country), Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lillian Sterner

(Address) 1827 N. Carolina St

15-

Filed JAN 14 1917 191.... HARRY C. ANDREWS
DEPUTY TOWN CLERK
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Found dead Jan 11, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by pistol shot wound in brain

Sudden (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D.
(Coroner)

Jan 12 191.. (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the home State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Jan 14, 1917

20-UNDERTAKER E. A. Wiedefeld Jr — ADDRESS Freemont Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1309

CERTIFICATE OF DEATH.

97 D 1309

REGISTERED NO. C.

8

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 903 N. Castle ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Soukup

(Residence in Baltimore: No. 903 N Castle St.; 25 yrs., mos. ds.)

CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Not Known, 1 (Month) (Day) (Year)

7-AGE, 77 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Joseph Soukups

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank Soukup

(Address) 903 N Castle St

15- JAN 14 1917 Filed....., 191.... HARRY C. KNIGHT'S Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 13, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 4 1917, to Jan 13 1917, that I saw him alive on Jan 12 1917, and that death occurred, on the date stated above, at 3.15 P m.

The CAUSE OF DEATH* was as follows:

Later Pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. mos. ds.

(Signed) W. J. K. Gould M. D.

Jan 14 191 7 (Address) 22 E Saratoga St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer DATE OF BURIAL, Jan 16, 1917.

20-UNDERTAKER Frank Crack & Son ADDRESS 1904 Eastern Ave

D 1310

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

CERTIFICATE OF DEATH.

REGISTERED NO. C 1310

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 503 S. Patterson Park Ave ST.: 1 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Concordia Brozkowska

(Residence in Baltimore: No. 503 S. Patterson Park Ave St.; yrs., 64 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, ... Feb (Month) 7 (Day), 1852 (Year)

7-AGE, 56 yrs. 11 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Germany Poland

PARENTS.

10-NAME OF FATHER, Valentine Brozka

11-BIRTHPLACE OF FATHER (State or Country), Germany Poland

12-MAIDEN NAME OF MOTHER Rosa Kantowska

13-BIRTHPLACE OF MOTHER (State or Country), Germany Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Felix Brozkowski

(Address) 503 S. Patterson Park Ave

15-

Filed JAN 14 1917 191.... HARRY C. ARRENTS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. Henry Smith Pinkney M. D.
(Coroner.)
Jan 14, 1917. (Address) 6 to 8 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, St. Stanislaus, DATE OF BURIAL, Jany 15 1917

20-UNDERTAKER W. F. Sadowski, ADDRESS 905 S. Ann

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1311 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1311

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital St. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L Stielper

(Residence in Baltimore: No. ~~Franklin & Redecky~~ St Joes the Hospital ave Gardenville St.; yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Oct 12 1860, 1 (Month) (Day) (Year)

7-AGE. 56 yrs. 3 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-~~BIRTHPLACE~~, (State or Country). ~~Henry Stielper~~ Germany

PARENTS.

10-NAME OF FATHER, ~~Germany~~ Henry Stiefer

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER ~~Anne Engelhart~~ Anna Engelhart

13-BIRTHPLACE OF MOTHER (State or Country), ~~Germany~~ Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Margaret Stielper

(Address) Gardenville Md

15-

Filed JAN 14 1917, 191 HARRY C. ANDREWS Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 12 1917, 191 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatism Tree fell on him

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jas L Gardner M. D. (Coroner.)

Jan 12 1917 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Gardenville Balt Co Md

Former or usual residence Gardenville Md

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Jan 16, 1917

20-UNDERTAKER Henry Hoell Sons — ADDRESS 120 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1312 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1312

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Ironmonger death at Mercy Hospital (Probable) (WARD) REGISTERED No. 79
2-FULL NAME Richard R. Chenoweth (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)
(Residence in Baltimore: No. Fayette St. between Gay + Holliday St.; yrs., Lifetime mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male
4-COLOR OR RACE. White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, February (Month) 14 (Day), 1866 (Year)

7-AGE, 50 yrs. 10 mos. 29 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Clerk
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.
10-NAME OF FATHER, Unknown
11-BIRTHPLACE OF FATHER (State or Country), Unknown
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Dr. R. Chenoweth Jr
(Address) 2012 Robb

15- Filed JAN 14 1917, 191... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon, and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.
The CAUSE OF DEATH* was as follows:
Valv. dis. heart
Acute Rheumatism (Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) May have been Embolism
(Duration) yrs. mos. ds.
(Signed) [illegible] M. D.
(Coroner.)
Jan 12, 1917 (Address) 16 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence.

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cemetery
DATE OF BURIAL, Jan. 15th, 1917
20-UNDERTAKER George Schulling + Sons
ADDRESS 1126 E Monument St

over

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

76 D 1313

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; ward)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leona Bowen,

(Residence in Baltimore: No. 610 S. Payson St. St.; yrs., 4 mos. 14 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, August (Month) 30 (Day), 1912 (Year)

7-AGE, yrs. 4 mos. 14 da. | If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Warren Bowen

11-BIRTHPLACE OF FATHER (State or Country), D.C.

12-MAIDEN NAME OF MOTHER Daisy Barley

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Chester Snyder

(Address) Johns Hopkins Hospital

15- JAN 14 1917 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 8 1917, to Jan. 13 1917, that I saw her alive on Jan. 13 1917, and that death occurred, on the date stated above, at 6:50 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia, acute

(Duration) 0 yrs. 0 mos. 3 da.

CONTRIBUTORY (Secondary) Otitis media double, acute

(Duration) 0 yrs. 0 mos. 6 da.

(Signed) Henry B. Conrad M. D.

W. 12, 191.. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 da. In the State 4 yrs. mos. da.

Where was disease contracted, if not at place of death? —

Former or usual residence 610 S. Payson St

19-PLACE OF BURIAL OR REMOVAL, Mt. Hill Cemetery Elkridge — DATE OF BURIAL, Jan 16, 1917

20-UNDERTAKER J. Offutt Tibbs 1107 W. Fayette St — ADDRESS Same

Cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1314 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1314

CERTIFICATE OF DEATH

90

1 PLACE OF DEATH — Registered No. C.....

CITY OF BALTIMORE: (No. 1800 N Gwellwood St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Schneider

(Residence in Baltimore: No. 1800 Gwellwood St.; 57 yrs. ... mos. ... ds.)

8

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male | 4-COLOR OR RACE: Wht | 5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Aug. (Month) 27th (Day) 1832 (Year)

7-AGE: 84 yrs. 4 mos. 17 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Ret. Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Wm Schneider

11-BIRTHPLACE OF FATHER (State or country): Ger.

12-MAIDEN NAME OF MOTHER: Margaret Theo

13-BIRTHPLACE OF MOTHER (State or country): Ger.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Sly Schneider

(Address) 1800 Gwellwood St

15- JAN 14 1917 Filed ....., 191.....

HARRY C. ANDREE
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jany. (Month) 13th (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 11, 1917, to Jany 13 1917, that I saw h[illegible] alive on Jany. 13 1917, and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

Acute ow. ord Ch. Bronchitis

(Duration) ... yrs. ... mos. 7 ds.

Contributory (SECONDARY) Weakening of heart

(Duration) ... yrs. ... mos. 2 ds.

(Signed) Edmund M. D.

Jany 13, 191 7 [Address] 1605 N Monroe

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs. ... mos. ... ds. In the State: ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mount Carmel — DATE OF BURIAL: Jany 16, 191 7

20-UNDERTAKER: Ellw. Mitchell Mer — ADDRESS: 1201 W. Fayette

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1315

D 1315

CERTIFICATE OF DEATH.

REGISTERED NO. C 29

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 N Bruce ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Boyer

Residence in Baltimore: No. 1419 N Bruce St. Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: Unknown ....., 1 ..... (Month) (Day) (Year)

7-AGE: 36 yrs. + mos. + ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Musician
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Charles Boyer

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Ellen Hall

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Rosa Boyer

(Address): 1419 N Bruce St

15-

Filed JAN 14 1917, 191.....

HARRY C. ADELMAN
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: January (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 1 1916, to Jan 11 1917, that I saw h im alive on January 10 1917, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(Duration) — yrs. 2 mos. + ds.

CONTRIBUTORY (Secondary): Anasarca

(Duration) — yrs. 1 mos. + ds.

(Signed) Charles E Clark M. D.

Jan. 13, 1917 (Address) 1310 N. McGilvery St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Garrel-Century

DATE OF BURIAL: January 15, 1917

20-UNDERTAKER: Edward Ringgold

ADDRESS: 1465 W Coney St

IMPORTANT.—Certificate of death must be filled in with ink or typewritten, and if any of the items are unknown, a statement to that effect must be made. Every statement of OCCUPATION is very important. See instructions on back of certificate.

D 1316

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1316

CERTIFICATE OF DEATH.

REGISTERED NO. C

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE (No.) University Hospital ST. 20 WARD)

2. FULL NAME George Rentaug

(Residence in Baltimore: No. 531 S. Catherine St.: 34 yrs. (mos. 9 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, March 22, 1882 (Month) (Day) (Year)

7-AGE, 34 yrs. 9 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work City Foresters
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Unknown

PARENTS.

10-NAME OF FATHER, Gustair Rentaug

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Rentaug

(Address) 2210 Ashton St

15- Filed JAN 14 1917 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 12, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage following Fracture of Skull, caused by falling from stairs (accidental) (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) C. D. Donovan M. D. (Coroner.)

Jan 13, 1917 (Address) 317 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State 34 yrs. 9 mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 531 S Catherine St

19-PLACE OF BURIAL OR REMOVAL, Western

DATE OF BURIAL, Jan 15 1917

20-UNDERTAKER Robt S Little

ADDRESS 531 E Fremont Ave

D 1317 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1317

CERTIFICATE OF DEATH.

167 REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. University Hospital ST.: W WARD)
2-FULL NAME Mc Clean Brown
(Residence in Baltimore: No. Foot of Ridgley St. (dump) St.; yrs., mos. da.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male.
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married
6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)
7-AGE, 64 yrs. mos. da. If LESS than 1 day, hrs. or min.?
8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer (day)
(b) General nature of industry, business, or establishment in which employed (or employer)
9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Zacharia Brown
11-BIRTHPLACE OF FATHER (State or Country), Md
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country), "

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Mary G Brown
(Address) 2210 Wilkens ave

15- JAN 14 1917 HARRY C. ANDREWS
Filed....., 191... Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 13, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Shock following burns about face & body
(accident) (Duration) yrs. mos. da.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. da.
(Signed) C. D. Kriscoll M. D.
(Coroner.)
Jan 14, 1917 (Address) 312 N Carrollton ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 2 da. In the State 24 yrs. mos. da.
Where was disease contracted, if not at place of death?
Former or usual residence Foot of Ridgely St.

19-PLACE OF BURIAL OR REMOVAL, London Park Cemetery
DATE OF BURIAL, Jany 15 1917
20-UNDERTAKER Geo A Gerbig
ADDRESS Baltimore Pa

1318

HEALTH DEPARTMENT—CITY OF BALTIMORE

1318

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1907) Oak Hill Ave ST.: 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H Morgan

(Residence in Baltimore: No. 1907 Oak Hill ave St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH. Sept. 16 1853, 1
(Month) (Day) (Year)

7-AGE. 63 yrs. 3 mos. 26 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Captain in
(b) General nature of industry, business, or establishment in which employed (or employer): Fire dept

9-BIRTHPLACE. (State or Country). Balto

PARENTS.

10-NAME OF FATHER. Thos Morgan

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER. Anna Bond

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barbara Morgan

(Address) 1907 OakHill ave

15- Filed JAN 14 1917, 191.... HARRY C. ANDREWS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. 11 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) 1 yrs. 1 mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

Jan. 11 1917 (Address) N. E. Dist.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Wutzyn — DATE OF BURIAL. Jan 15 17.

20-UNDERTAKER Geo A Gerbig — ADDRESS 2001 Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks. Frederick H. Frohnhauser

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1319 — 28 D 1319

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1808 N. Wolfe ST.: 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick H Frohnhauser

(Residence in Baltimore: No. 1808 N. Wolfe st St.: 46 yrs. 1 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov 22, 1870 (Month) (Day) (Year)

7-AGE, 46 yrs. 1 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): B & O

9-BIRTHPLACE, (State or Country), Balto, Md

PARENTS.

10-NAME OF FATHER, August Frohnhausen

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Justine Kraemer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Stahlenoth

(Address) 714 Columbia Ave

15- Filed JAN 14 1917 191.... HARRY O. ANDREWS Deputy Health Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 13, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 20 1916, to Jan 13 1917, that I saw h[illegible] alive on Jan 12 1917, and that death occurred, on the date stated above, at 1 [illegible] m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Jan 15, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Western Cemetery	Jan. 15, 1917.

20-UNDERTAKER Jos Jacobs & Son — ADDRESS 2173 E. Pacas

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1320

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1320

CERTIFICATE OF DEATH.

40 D 1320

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 Light St. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Elizabeth Parker

(Residence in Baltimore: No. 1222 Light St

St.; 34 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Dec 23, 1832
(Month) (Day) (Year)

7-AGE, 84 yrs. — mos. 20 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) House-work

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. Not Known

11-BIRTHPLACE OF FATHER (State or Country). Not Known

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jennie Snow

(Address) 1222 Light St

15-

Filed JAN 14 1917, 191.. HARRY C. ANDREWS
Burial Permit Issued Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 12, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 2 1916, to January 12 1917, that I saw her alive on January 11 1917, and that death occurred, on the date stated above, at 10 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver

Several Months
(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Cardiac failure

(Duration), yrs. mos. 7 da.

(Signed) E. Sellers M. D.

Dec. 13, 1917. (Address) 9 N. Light St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. LOUDON PARK. DATE OF BURIAL JAN 15 1917

20-UNDERTAKER ARMSTRONG-DENNY CO. ADDRESS 715 Light St

CAUSE OF DEATH must be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 1327

CERTIFICATE OF DEATH

64

D 1327

1 PLACE OF DEATH

REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE (No. 24 N. Fremont St. 14 Ward)

2 FULL NAME John E Wannall

(Residence in Baltimore: No. 24 N Fremont St.: 54 yrs. 10 mos. 20 ds.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Feb 22, 1862 (Month) (Day) (Year)

7 AGE: 54 yrs. 10 mos. 20 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House keeper for self
(b) General nature of industry, business, or establishment in which employed (or employer): My family

9 BIRTHPLACE (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Richard Rhoad

11 BIRTHPLACE OF FATHER (State or country): England.

12 MAIDEN NAME OF MOTHER: Elizabeth Douglas

13 BIRTHPLACE OF MOTHER (State or country): Balto.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo E Wannall

(Address) 24 N Fremont St.

15 JAN 14 1917 Filed ....., 191 ..... Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 12, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1917, to Jan 12 1917, that I saw h[illegible] alive on Jan 12, 1917, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Apoplexia, (cerebral)

(Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) Arteriosclerosis

(Duration) — yrs — mos — ds.

(Signed) J Harry Mettauer M. D.

Jan 12, 1917 (Address) 22 E Cay St Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Baltimore Cem. DATE OF BURIAL: Jan 15th, 1917

20 UNDERTAKER: E Schlosser & Son ADDRESS 1034 Hanover St.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 1322

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 734 S. Bond ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexandra M. Helistowska

(Residence in Baltimore: No. 734 S. Bond St.; ..... yrs., 1 mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Dec 5, 1916 (Month) (Day) (Year)

7-AGE. ..... yrs. 1 mos. 7 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). In family.

9-BIRTHPLACE, (State or Country), Baltimore.

PARENTS.

10-NAME OF FATHER. Alexander Helistoski

11-BIRTHPLACE OF FATHER (State or Country). Russian Poland

12-MAIDEN NAME OF MOTHER. Wiensta Jaunuska

13-BIRTHPLACE OF MOTHER (State or Country). Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alex Helistowska

(Address) 734 S. Bond St.

15- JAN 15 1917 Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 12, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 11 1917, to Jan 11 1917, that I saw her alive on Jan 11 1917, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows: Bronchio Pneumonia

..... (Duration) ..... yrs. 4 mos. 2 ds.

CONTRIBUTORY (Secondary) No other Contributory

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Nathan J. Helfgott M. D.

Jan 13, 1917 (Address) 1257 E. Bond

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Rosary

DATE OF BURIAL. Jan 15, 1917

20-UNDERTAKER William Faulkner

ADDRESS 1611 Eastern Ave

CAUSE OF DEATH may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1323

CERTIFICATE OF DEATH.

28

D 1323

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 652 Rabory St ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John S. Jackson

(Residence in Baltimore: No. 652 Rabory St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Mulatto

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... September ....., 1 ..... (Month) (Day) (Year)

7-AGE, 44 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Waiter Hotel .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Samuel Jackson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Priscella Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Annie Jackson .....

(Address) ..... 652 Rabory St .....

15- Filed JAN 15 1917 191.... ROBERT E. KRAUTER, Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... January ..... 12th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 15th 1916, to Jany 12th 1917, that I saw h[illegible] alive on Jany 10th 1917, and that death occurred, on the date stated above, at 12.05 P.M.

The CAUSE OF DEATH* was as follows:

..... Pulmonary Tuberculosis .....

..... (Duration) ..... yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary) ... asthenia .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Gustave Fokkemann ..... M. D.

Jany 17, 191.7 (Address) 656 W. Franklin

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Calvert Ba[illegible] Park DATE OF BURIAL. Jan 18, 191.7

20-UNDERTAKER Charles B Jones ADDRESS 235 Pine St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1324 — 91 — D 1324

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 Wilson al ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Goss

(Residence in Baltimore: No. 1004 Wilson al St.: yrs. 58 mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED,~~ (Write the word.) Widower

6-DATE OF BIRTH, Nov 13, 1858 (Month) (Day) (Year)

7-AGE, 58 yrs. 7 mos. ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer Wagon
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Annapolis Md

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country), Annapolis

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Annapolis

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Earle

(Address) 1004 Wagon Alley

15- JAN 15 1917 ROBERT B. KRAUTH. Filed ....., 191.... Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 13, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 1st 191 7, to January 12 191 7, that I saw him alive on January 12 191 7, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

(a) Broncho Pneumonia

(b) Pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. mos. 9 ds.

(Signed) C. C. W. Barnes M. D.

January 13, 1917. (Address) 1003 W. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery — DATE OF BURIAL, Jan. 15, 1917.

20-UNDERTAKER Charles B. Jones — ADDRESS 1335 N. Pine St

CAUSE OF DEATH in plain terms, as full as may be properly classified. CARE STATEMENT of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1325

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital ST.: 17 WARD)

2-FULL NAME James H. Moore

(Residence in Baltimore: No. 917 Myrtle Ave St.: yrs., mos. ds.)

REGISTERED No. C 174 D 1325

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, ... (Month), 1 (Day), ... (Year)

7-AGE, 50 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, James Moore

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Lucy Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. H. Butler

(Address) 3021 Pink

15- Filed JAN 15 1917, 191 ROBERT B. KEAUTER Registrar.

Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 14, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of Vertebrae Caused by being struck by bucket, on a Crane, (accidental)

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. E. Driscoll M. D.
(Coroner)
Jan 14, 1917 (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. 2 ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Fairfield Balto Co Md
Former or usual residence 917 Myrtle Ave

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemet — DATE OF BURIAL, Jan 18, 1917

20-UNDERTAKER Charles B. Jones — ADDRESS 735 N Pine

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT---CITY OF BALTIMORE

D 1326

CERTIFICATE OF DEATH

79 D 1326

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1756 E North Ave ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgia Schultz

(Residence in Baltimore: No. 1756 E. North ave Stay 4 yrs. 0 mos. 0 ds.)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ (~~Write~~ the word): Widowed

6-DATE OF BIRTH: Dec (Month) 9 (Day), 1842 (Year)

7-AGE: 74 yrs. mos. 25 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Retired Farmer of
(b) General nature of industry, business, or establishment in which employed (or employer): Balto Co., Md

9-BIRTHPLACE (State or country): Germany

PARENTS

10-NAME OF FATHER: Not Known

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Germany

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant) Clara Gottschalk

(Address) 1756 E North ave

15-

Filed JAN 15 1917 ROBERT P. KRAUTH

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 14 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec 31, 1916, to, Jan 14 1917, that I saw h.. alive on Jan 12 1917, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) ..... yrs ..... mos 14 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos ..... ds.

(Signed) Harry Berg M. D.

Jan 14, 1917 [Address] 28 E Columbia

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Pleasant Cem

DATE OF BURIAL: Jan 16, 1917

20-UNDERTAKER: Robt J Turner

ADDRESS: 1442 N. Broadway

Spec.—8-24-14—M. & T.—2000 Bks.

D 1327 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1327

CERTIFICATE OF DEATH. 47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 Hargrove Alley St.; 11 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza J. Veal

(Residence in Baltimore: No. 513 Hargrove alley St.; 52 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, Unknown, ... (Month) ..... (Day) 1865 (Year)

7-AGE, 52 yrs. — mos. — ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Work
(b) General nature of industry, business, or establishment in which employed (or employer) Gen Work

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Osborn Darby

11-BIRTHPLACE OF FATHER (State or Country), Dont know

12-MAIDEN NAME OF MOTHER Maria Smith

13-BIRTHPLACE OF MOTHER (State or Country), Dont Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Darby

(Address) 462 N. Paca St

15- Filed JAN 15 1917, 191.... ROBERT P. KRAUS Registrar.

Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany 13, 1917. (Month) (Day) (Year)

17. I-HEREBY CERTIFY, That I attended deceased from Dec 26th 1916, to Jany 13 1917, that I saw her alive on Jany 8th 1917, and that death occurred, on the date stated above, at 11 1/2 p. m.

The CAUSE OF DEATH* was as follows:

.....

.....

Endocarditis (Duration) — yrs. — mos. 21 ds.

CONTRIBUTORY (Secondary) Acute Rheumatism

.....D. (Duration) — yrs. — mos. 21 ds.

(Signed) Edward Gallagher M. D.

Jany 14, 1917. (Address) 1539 N. Monroe St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery DATE OF BURIAL, Jan. 17 1917

20-UNDERTAKER Mrs. W. D. Elliott ADDRESS 506 East St.

Copy of DEATH certificate may be obtained from the Registrar. Fee 50 cents. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1328

CERTIFICATE OF DEATH.

89 D 1328

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 N. Spring St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl Smith

(Residence in Baltimore: No. 722 N. Spring St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col. a. a.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Sept. 15, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 4 mos. 2 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, James Smith

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Augusta Jeffers

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Smith

(Address) 722 Spring St.

15- Filed JAN 15 1917, 191... ROBERT P. KRAUTER Registrar.
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 13, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1917, to Jan. 13, 1917, that I saw h[illegible] alive on Jan. 13 1917, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

(Duration) ...yrs. ...mos. 3 ds.

CONTRIBUTORY (Secondary) Subacute Bronchitis

(Duration) ...yrs. ...mos. 7 ds.

(Signed) [illegible] M. D.

Jan. 15, 191..., (Address) 1520 Hanover St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery

DATE OF BURIAL, Jan. 15, 1917

20-UNDERTAKER Wm. H. A. Elliott

ADDRESS 506 East St.

Be sure that DISEASE CAUSING DEATH is properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 1329

40

REGISTERED No. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2433 Greenmount Ave ST. 41 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Anna Connelly

(Residence in Baltimore: No. 8 W. Oliver St.; life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: November (Month) (Day) 1859 (Year)

7-AGE: Abt 57 yrs. 2 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore

PARENTS

10-NAME OF FATHER: Laughlin Cusack

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Mary Quinn

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS GIVEN TO THE BEST OF MY KNOWLEDGE

(Informant) H. Connelly

(Address) 8 W. Oliver Street

15- JAN 15 1917 Filed ..... 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 9, 1916, to January 14, 1917, that I saw h-r alive on January 13, 1917, and that death occurred, on the date stated above, at 1.30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Liver (Clinical)

(Duration) 1 yrs mos. ds.

Contributory (SECONDARY)

(Duration) mos. ds.

(Signed) C. A. Steenken M. D.

January 14, 1917. [Address] 4005 Greenmount Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Jan 16, 1917

20-UNDERTAKER: Williams Cook

ADDRESS: 507 E North ave

(over)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 138 [illegible] 19 D 139

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 Bauer ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christena Bauer

(Residence in Baltimore: No. 1729 Bauer St.; 67 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, ... Nov. (Month) 23 (Day), 1849 (Year)

7-AGE, 67 yrs. 1 mos. 19 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Hentzling

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Louis F. Bauer

(Address) 1729 Bauer St.

15-

Filed JAN 15 1917, 191.....

ROBERT P. KRAUTER Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 8 1917, to Jan 14 1917, that I saw her alive on Jan 13 1917, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

..... Paralysis of Heart

Chronic Myocarditis

..... (Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Old Age

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Lyshond Drain M. D.

Jan 16, 191 7 (Address) 1227 Columbia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Westview Cem. DATE OF BURIAL, Jan 16, 191 7

20-UNDERTAKER Wm Cook ADDRESS 307 E North Ave

Dr Drain 1227 Columbia Ave

important. See instructions on back of certificate.

Julia Dean

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1331 — D 1331

CERTIFICATE OF DEATH.

114

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1042 Shuter St. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Dean

(Residence in Baltimore: No. 1042 Shuter St.; yrs.. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	Blk	single

6-DATE OF BIRTH. ..... (Month) ..... (Day) 1831 (Year)

7-AGE.	If LESS than 1 day,
35 yrs. ..... mos. ..... da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Md.

PARENTS.

10-NAME OF FATHER. John Dean

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Lindsay

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Boston

(Address) 1042 Shuter St.

15- Filed JAN 15 1917, 191.....

Burial Permit ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 12, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ..... yrs. ..... mos. ..... da.

(Signed) W. H. Thomas M. D.
(Coroner)

..... 191.. (Address) 1918 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL. ....., 19....
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL

ROBERT B. KRAUTH

Commissioner Health.

FOR WM. R. WOODALL

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1332

CERTIFICATE OF DEATH.

28 D 1332

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1142 N. Carrollton Ave; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Sellman

(Residence in Baltimore: No. 1142 N. Carrollton Ave /St.; ... yrs., ... mos. ... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1867 (Year)

7-AGE ... 30 ... yrs. ... mos. ... da.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Prince Geo Co. Md.

PARENTS.

10-NAME OF FATHER, Alexander Brown.

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Susan Dorsey-

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James Sellman

(Address) 1142 N. Carrollton Ave

15-

Filed JAN 15 1917, 191... ROBERT B. HRAUTER

BURIAL PERMIT

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 13th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 2nd 1916, to Jan 13th 1917, that I saw her alive on Jan 11th 1917, and that death occurred, on the date stated above, at 10 30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ... yrs. One mos. ... da.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) ... yrs. 2 mos. ... da.

(Signed) Harry F Brown M. D.

Jan 14, 1917. (Address) 1501 E Preston st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Washington Ex. DATE OF BURIAL: Jan 15, 191 7

20-UNDERTAKER: Samuel Stansbury ADDRESS: 578 Do Lafayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1333

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1333

CERTIFICATE OF DEATH.

120

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 S. Chapel ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry J. Jones

(Residence in Baltimore: No. 522 S. Chapel St.: 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 11th, 1840
(Month) (Day) (Year)

7-AGE, 76 yrs. 3 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Shipcarpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 3 years

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Frank Jones

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Sallie F. Sermons

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Christiana Jones

(Address) 522 S. Chapel St.

15- JAN 15 1917 ROBERT P. KRAUTER Registrar.
Filed....., 191.....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 13, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 8 1916, to Jan 13 1917, that I saw him alive on Jan 12 1917, and that death occurred, on the date stated above, at 3 30 A m.

The CAUSE OF DEATH* was as follows:

1. Dropsy
2. Myocarditis
3. Arterio Sclerosis
(Duration) 1 yrs. 4 mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchitis
(Duration) 7 yrs. 4 mos. 5 ds.

(Signed) D. G. Kerrigan M. D.

Jan 15, 1916. (Address) 708 Cathedral St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mount Carmel Cem. DATE OF BURIAL. Jan. 17 1917.

20-UNDERTAKER H. Sander Sons ADDRESS 1710 Fleet St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1334

CERTIFICATE OF DEATH.

64 D 1334

REGISTERED NO. C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2609 Fait Ave ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME James Zimmerman

(Residence in Baltimore: No. 2609 Fait Ave St.: Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH: Aug 28th, 1865 (Month) (Day) (Year)

7-AGE: 51 yrs. 4 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Street Cleaner
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto City Md.

PARENTS.

10-NAME OF FATHER: Charles Zimmerman

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or Country): Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Mary Zimmerman

(Address): 2609 Fait Ave

15- Filed JAN 15 1917, 191.. ROBERT R. KRAUTER Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: Jan. 13th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jany 5 1917, to Jany 13 1917, that I saw him alive on Jany 13 1917, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis
Arteriosclerosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) 2 yrs. mos. 2 ds.

(Signed) F. Walter Thomas M. D.

Jany 15, 1917. (Address) 1225 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mount Carmel Cem. DATE OF BURIAL: Jan. 18th, 1917.

20-UNDERTAKER: H. Sander Sons ADDRESS: 1710 Pratt St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1335

CERTIFICATE OF DEATH.

89 D 1335

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1208 N Bradford ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lyman J Laughlan

(Residence in Baltimore: No. 1208 N. Bradford St.; 4 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Feb 26, 1838
(Month) (Day) (Year)

7-AGE, 78 yrs. 10 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Farming

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, John Laughlan

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Hoffman

13-BIRTHPLACE OF MOTHER (State or Country), Hoffman

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George H. Laughlan

(Address) 240 E. Hoffman

15- JAN 15 1917 Filed....., 191.....

ROBERT R. KRAUTH, Registrar.

Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 13, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 31 1916, to Jan 13 1917, that I saw h.... alive on Jan 13 1917, and that death occurred, on the date stated above, at 10 1/2 a.m.

The CAUSE OF DEATH* was as follows:

A. Bronchitis

(Duration) ....yrs. ....mos. 16 ds.

CONTRIBUTORY (Secondary) Pulmonary Asthenia

(Duration) ....yrs. 1 mos. ....ds.

(Signed) Warren W White M. D.

Jan 13, 1917 (Address) 1101 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Richmond Va. DATE OF BURIAL, Jan 16, 1917

20-UNDERTAKER H. Sander & Sons ADDRESS Cor Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & S.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1336

CERTIFICATE OF DEATH.

34 D 1336

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Thomas

Residence in Baltimore: No. 323 N Carrollton Ave St.; (54 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1848 (Year)

7-AGE, 69 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), N.J.

PARENTS.

10-NAME OF FATHER, Mark Heard

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Emily Wright

13-BIRTHPLACE OF MOTHER (State or Country), N.J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Diseased

(Address) above

15- Filed JAN 15 1917, 191 ROBERT R. KRAUTH Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 13 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 29th 1916, to Jan 13 1917, that I saw her alive on Jan 12 1917, and that death occurred, on the date stated above, at 6:55 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Tongue + Neck
Operation + Recovery Expir
(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinomatosis
(Duration) yrs. mos. ds.

(Signed) H. J. Ingram Jr M. D.

Jan 13, 1917 (Address) Univ Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 15 ds. In the State 69 yrs. mos. ds.

Where was disease contracted, if not at place of death? Baltimore

Former or usual residence 323 N Carrollton Ave

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park Cem	Jan 15 1917
20-UNDERTAKER Joseph L Cook	ADDRESS 1052 Hall St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1337

CERTIFICATE OF DEATH.

103 D 1337

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 N. Carey ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorinda Coates.

(Residence in Baltimore: No. 702 N. Carey St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH. October (Month) 4 (Day), 1840 (Year)

7-AGE. 76 yrs. 3 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Petersburg, Va.

PARENTS.

10-NAME OF FATHER. Alexander Wright,

11-BIRTHPLACE OF FATHER (State or Country). Virginia.

12-MAIDEN NAME OF MOTHER Sarah Acree,

13-BIRTHPLACE OF MOTHER (State or Country). United States.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Ohm,

(Address) 2303 Callow Ave.

15- JAN 15 1917 Filed....., 191.... ROBERT P. KRAUTER Registrar.
Vital Statistics

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 13th (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Oct 5th 1917, to Jan 13th 1917, that I saw her alive on Jan 13th 1917, and that death occurred, on the date stated above, at 11.15 a. m.

The CAUSE OF DEATH* was as follows:

Gastritis and old age.

(Duration) yrs. 3 mos. 8 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 3 ds.

(Signed) Chas. H. Bulbert M. D.

Jan. 13, 1917. (Address) 1100 W. Lafayette Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cemetery. DATE OF BURIAL, Jan. 16, 1917.

20-UNDERTAKER Joseph Cook ADDRESS 1003 W. Balto.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

19 D 1338

REGISTERED NO. C

1. PLACE OF DEATH
(a) CITY OF BALTIMORE: (No. 1711 Edmondson Ave. ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Margaret Ellen Boyd.

(Residence in Baltimore: No. 1711 Edmondson Ave. St.; 25 yrs. — mos. — ds.)

CAUSE OF DEATH. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Write plainly in ink or indelible pencil, and do not use abbreviations or terms, so that it may be properly classified.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	married.

6-DATE OF BIRTH, March 26 (Month) (Day) 1843 (Year)

7-AGE, 73 yrs. 9 mos. 18 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Howard CO., Md.

PARENTS.

10-NAME OF FATHER, William P. Miller

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Ann Harrison

13-BIRTHPLACE OF MOTHER (State or Country), United States.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H.E. Boyd,

(Address) 1711 Edmondson Ave.

15- Filed JAN 15 1917, 191.... ROBERT R. KRAUTER Registrar.
Burial Permit Given

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 4 1916, to Jan 12 1917, that I saw her alive on Jan 12 1917, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) Several yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. [illegible] M. D.

Jan. 13, 1917. (Address) 1139 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Jan. 15 1917

20-UNDERTAKER Joseph A. Cook — ADDRESS 1003 W. Balto.

Spec.—8-24-14—M. T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1339

CERTIFICATE OF DEATH.

170 D 1339

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST.; 19 WARD) REGISTERED NO. C.....

2-FULL NAME Ella Liggens

(Residence in Baltimore: No. 522 Bruce St.; ....yrs....mos....ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1867 (Year)

7-AGE,	If LESS than 1 day,
50 yrs. ..... mos. ..... ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Jno. Foster

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Louisa Bolden

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- JAN 15 1917 Filed....., 191.... ROBERT R. KRAUTZ Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 10 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 9 191.., to Jan 10, 1917, that I saw h.r alive on Jan 9 1917, and that death occurred, on the date stated above, at 7.45 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Hypertension

Chronic Diffuse Nephritis

..... (Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

..... (Duration) ....yrs....mos....ds.

(Signed) Bernard J. Feeny M. D.

1/11, 1917. (Address) Univ. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State of 50 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 522 Bruce St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
HOPKINS HOSPITAL	JAN 12 1917
20-UNDERTAKER	ADDRESS
Commissioner Health. WM. R. WOODALL	

CAUSE OF DEATH to be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 1340

CERTIFICATE OF DEATH

151 D 1340

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1343 N Edn St ST.: 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary Huemmer

(Residence in Baltimore: No. 1343 N Edn St ST.: yrs. mos. 2 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
F	W	Single

6 DATE OF BIRTH: 1 (Month) 12 (Day), 1917 (Year)

7 AGE: ..... yrs. ..... mos. 2 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Balto

PARENTS

10 NAME OF FATHER Jno Huemmer

11 BIRTHPLACE OF FATHER (State or country) Balto

12 MAIDEN NAME OF MOTHER Annie Demuth

13 BIRTHPLACE OF MOTHER (State or country) Balto

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jno. Huemmer

(Address) 1343 N Eden

15 Filed JAN 15 1917 ROBERT B. KRAUTER REGISTRAR

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 1 (Month) 14 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1-12-, 1917, to 1-14- 1917, that I saw h~~e~~ alive on 1-14-, 1917, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Exhaustion

Premature Birth

(Duration) yrs. mos. 2 ds

Contributory (SECONDARY) Exhaustion

(Duration) yrs. mos. 2 ds.

(Signed) J. J. Powers M. D.

1/14, 1917 (Address) 2571 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: Jan 15 1917

20 UNDERTAKER: Henry Hoch Son

ADDRESS: 1301 E Eager St

D 1341

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 D 1341

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1343 N Eden ST. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Dorothy Huemmer

(Residence in Baltimore: No. 1343 N Eden St.; yrs. mos. 2 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: 1 (Month) 12 (Day), 917 (Year)

7 AGE: ..... yrs. ..... mos. 2 ds. | If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto

PARENTS

10 NAME OF FATHER: Jno Huemmer

11 BIRTHPLACE OF FATHER (State or country): Balto

12 MAIDEN NAME OF MOTHER: Anna Dennek

13 BIRTHPLACE OF MOTHER (State or country): Balto

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jno Huemmer

(Address) 1343 N. Eden St.

15 Filed JAN 15 1917 ROBERT E. KRAUTER REGISTRAR

Burial Permit Filed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 1 (Month) 14 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1-12-, 1917, to 1-14-1917, that I saw h[illegible] alive on 1-13-, 1917, and that death occurred on the date stated above, at 9 9 m.

The CAUSE OF DEATH* was as follows:

Premature Birth

Prematurity (Duration) yrs. mos. 2 ds.

Contributory (SECONDARY) Prematurity (Duration) yrs. mos. 2 ds.

(Signed) H. J. Powers M. D.

1/14/, 1917. (Address) 371 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cemy — DATE OF BURIAL: Jan. 15, 1917

20 UNDERTAKER: Henry Hoch Son — ADDRESS: 130 E Eager St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 1342 — 91 — D 1342

PLACE OF DEATH — REGISTERED NO. C .....

CITY OF BALTIMORE (No. 915 S.Paca St. St: 21 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy E.Quandt.

(Residence in Baltimore: No. 915 S.Paca St. St.; 1 yrs. 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female.	White.	Single.

6-DATE OF BIRTH: January 8th. 1916. (Month) (Day), 1 (Year)

7-AGE: 1 yrs. -- mos. 4 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Rudolph O.Quandt.

11-BIRTHPLACE OF FATHER (State or country): Germany.

12-MAIDEN NAME OF MOTHER: Clara E.Bingel.

13-BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Clara E.Quandt.(mother)
(Informant) .....
915 S.Paca St.
(Address) .....

15- JAN 15 1917 Filed ..... 191 ROBERT B. KRAUTER, Burial Permit Clerk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 13th. 1917. (Month) (Day), 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 7th, 1917, to January 13th, 1917, that I saw h er alive on January 13th. 1917, and that death occurred, on the date stated above, at 6.35P m.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.

(Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY) Asthenia.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M Reinhardt M. D.

Jan.14.1917 (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death	yrs.	mos.	ds.	In the State	yrs.	mos.	ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Jan 15th 1917

20-UNDERTAKER: M. G. Flynn — ADDRESS: 1722 Lightst

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1343

CERTIFICATE OF DEATH.

64D 1343

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 Eutaw Place, ST.: 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abraham Frank,

(Residence in Baltimore: No. 1815 Eutaw Place, St.: lifetime, yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male,

4-COLOR OR RACE. White,

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single,

6-DATE OF BIRTH. Oct. (Month) 20th. (Day) 1859. (Year)

7-AGE. 57 yrs. 2 mos. 25 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: retired,
(b) General nature of industry, business, or establishment in which employed (or employer): Tailors trimmings

9-BIRTHPLACE, (State or Country), Balto. Md.,

PARENTS.

10-NAME OF FATHER. AAron Frank,

11-BIRTHPLACE OF FATHER (State or Country), Germany,

12-MAIDEN NAME OF MOTHER Bettie Fleischman,

13-BIRTHPLACE OF MOTHER (State or Country), Germany,

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) S.Frank,

(Address) 1815 Eutaw Place,

15- Filed JAN 15 1917, 191... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 14th. (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 13 1917, to Jan 14 1917, that I saw h— alive on Jan 13 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ....yrs. 6 mos. ....ds.

(Signed) [illegible] M. D.

Jan 14 1917 (Address) 1920 Linden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Balto Hebrew

DATE OF BURIAL. Jan. 16th, 1917

20-UNDERTAKER David Sondheim

ADDRESS [illegible]

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1344

CERTIFICATE OF DEATH.

45 D 1344

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 Bloom St ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Elizabeth Ridgeway

(Residence in Baltimore: No. 521 Bloom St St.; ...yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	Colored	single

6-DATE OF BIRTH, Feb 13, 1901. (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
5 yrs. 11 mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER. Henry Ridgeway

11-BIRTHPLACE OF FATHER (State or Country). Balto. Md.

12-MAIDEN NAME OF MOTHER. M. Marcaline Denby

13-BIRTHPLACE OF MOTHER (State or Country). Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Ridgeway

(Address) 521 Bloom

15- JAN 15 1917 Filed....., 191.... ROBERT B. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany 13th (Month) (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1916, to Jany 13 1917, that I saw her alive on Jany " 1917, and that death occurred, on the date stated above, at 1 10 a m.

The CAUSE OF DEATH* was as follows:—

Sarcoma of Mediastenum, ant & Middle. D. Verified by Post Mortem

(Duration) ...yrs. 1 mos. 15-20 ds.

CONTRIBUTORY (Secondary) apnoea (press on trachea

(Duration) ...yrs. ...mos. ...ds.

(Signed) Pearce Kintzing M. D.

1/13, 1917. (Address) 1321 St. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Auburn Cemetery

DATE OF BURIAL, Jan 15, 191.7

20-UNDERTAKER James H. Dennis

ADDRESS 1303 Freemans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1345

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

8 D 1345

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2625 Rose ST. 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME James K Johnson

(Residence in Baltimore: No. 2625 Rose St.: 3 yrs. 7 mos. 23 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: M-

4-COLOR OR RACE: Bk.

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): S-

6-DATE OF BIRTH: January (Month) 13 (Day), 1913 (Year)

7-AGE: 3 yrs. 7 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Charles Johnson

11-BIRTHPLACE OF FATHER (State or country): Maryland

12-MAIDEN NAME OF MOTHER: Phoebe Sanders

13-BIRTHPLACE OF MOTHER (State or country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Phoebe Johnson

(Address) 2625 Rose St.

15- ROBERT R. KRAUTH

Filed JAN 15 1917 191 Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 10, 1917, to January 13 1917, that I saw him alive on January 12, 1917, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ..... yrs. ..... mos. 5 ds.

Contributory (SECONDARY) Pertussis

(Duration) ..... yrs. 4 mos. ..... ds.

(Signed), Bertha E. Lehman M. D.

Jan-13, 1917 (Address) 2733 York Road

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Jan. 15, 1917

20-UNDERTAKER: Chas. H. Hollins — ADDRESS 517 N. Howard St.

Spec.—5-24-14—M. & S.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1346

CERTIFICATE OF DEATH.

92 D 1346

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 N Chester ST.; 8 WARD)

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Schramm

(Residence in Baltimore: No. 1200 N Chester St.; 57 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Sept (Month) 15 (Day), 1865 (Year)

7-AGE, 51 yrs. 3 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Confectionery Store
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Schramm

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lisette Kuon

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bernhard S. Schramm

(Address) 1200 N. Chester St.

15- Filed JAN 15 1917, 191.... Registrar. ERNEST B. KRAUTER

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 4 1917, to Jan 13 1917, that I saw h[er] alive on Jan 13 1917, and that death occurred, on the date stated above, at 3.20 p.m.

The CAUSE OF DEATH* was as follows:

Coma Pneumonia

(Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. E. Hammer M. D.

Jan 15, 1917. (Address) 1301 N Pat Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cem. DATE OF BURIAL, Jan 17, 191.7

20-UNDERTAKER John Harris & Co ADDRESS 2005 Aliceanna

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 9 D 1347

REGISTERED NO. C

PLACE OF DEATH

CITY OF BALTIMORE (No. U 2104 E. Pratt ST. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Uriah David Shochet

(Residence in Baltimore: No. 2104 E. Pratt St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~, (*Write* the word.) Single

6-DATE OF BIRTH, Oct 2 (Month) (Day), 1903 (Year)

7-AGE, 13 yrs. 3 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... School
(b) General nature of industry, business, or establishment in which employed (or employer)..... boy

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Abraham S Shochet

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Ida Eisenberg

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Baltimore St.

15- JAN 15 1917 ROBERT B. KRAUTER Registrar.

Filed....., 191.... Burial Permit Clerk

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 14, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) and that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Streptococcic sepsis

Nephritis

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

.....(Duration).....yrs.....mos.....ds.

(Signed) Henry Lyon Smith M. D. (Coroner.)

Jan 15, 1917. (Address) 1610 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Hebrew Washington Rd

DATE OF BURIAL, 1/15, 1917

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Baltimore St

NOTE.—Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1348

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 D 1348

REGISTERED NO. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital St. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Mrs. Dora Spintman

(Residence in Baltimore: No. 909 Penna. Ave. St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6. DATE OF BIRTH: Unknown, 1 (Month) (Day) (Year)

7. AGE: 39 yrs. \ mos. < ds. If LESS than 1 day, hrs. or min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): Russia

PARENTS

10. NAME OF FATHER: Louis Brodie

11. BIRTHPLACE OF FATHER (State or country): Russia

12. MAIDEN NAME OF MOTHER: Sarah Levin

13. BIRTHPLACE OF MOTHER (State or country): Russia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louis Brodie

(Address) 909 Pennsylvania ave

15. JAN 15 1917 Filed ....., 191.... ROBERT B. KRAUTER REGISTRAR

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. (Month) 14 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1917, to Jan. 14 1917, that I saw her alive on Jan. 14 1917, and that death occurred, on the date stated above, at 7:50 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia L Rt. middle and upper lobes.

(Duration) yrs. mos. ds.

Contributory (SECONDARY): Acute Cardiac Dilatation

(Duration) yrs. mos. 10 hrs.

(Signed) Norwood W. Voss M. D.

Jan. 14, 1917. (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Not known

Former or usual residence 909 Penna. Ave.

19. PLACE OF BURIAL OR REMOVAL: Hebrew Waburgton R. | DATE OF BURIAL: Jan 15 191.

20. UNDERTAKER: May Levinson | ADDRESS 107 E Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1349

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1349

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Timberlake

(Residence in Baltimore: No. 23 days Johns Hopkins St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Black

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ....., 1— (Day) (Year)

7-AGE, 28 yrs. — mos. — ds.

If LESS than 1 day, — hrs. or — min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... General
(b) General nature of industry, business, or establishment in which employed (or employer)..... Laborer

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, James Timberlake

11-BIRTHPLACE OF FATHER (State or Country), U. S. A.

12-MAIDEN NAME OF MOTHER Mamie Redich

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Charles Snyder

(Address) Johns Hopkins Hospital

15-

Filed JAN 15 1917 191.....

ROBERT B. KRAUTER

Burial Permit Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 21 1917, to Jan. 13 1917, that I saw him alive on Jan. 13 1917, and that death occurred, on the date stated above, at 3 10 a.m.

The CAUSE OF DEATH* was as follows:

Aneurysm of Aorta and Innominate artery

(Duration) 0 yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Starvation

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) Harvey N Musser M. D.

Jan. 13, 1917. (Address) Johns Hopkins Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 23 ds. In the State ..... yrs. ..... mos. 23 ds.

Where was disease contracted, if not at place of death?

Former or usual residence Norfolk Va.

19-PLACE OF BURIAL OR REMOVAL. Calvary Cem. Norfolk Va.

DATE OF BURIAL. Jan 16, 1917

20-UNDERTAKER Mrs J. T. Locke

ADDRESS 1312 Jefferson St.

CAUSE OF DEATH to be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1350 HEALTH DEPARTMENT—CITY OF BALTIMORE

189 D 1350

CERTIFICATE OF DEATH.

REGISTERED NO. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 1032 Penn. Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Mary Lyles.

(Residence in Baltimore: No. 1032 Penn. Ave St.; yrs. 32 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 9 (Day), 1884 (Year)

7-AGE, 32 yrs. 8 mos. 5 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Williams

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Elizabeth Hooker

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Lyles

(Address) 618 Brady

15- Filed JAN 15 1917, 191.... ROBERT R. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Paralysis of Cardiac Plexus of Nerves.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ....yrs. ....mos. ....ds.

(Signed) D. Watkins M. D. (Coroner.)

Jany 15, 191.7 (Address) 814 E Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Jan. 16 1917

20-UNDERTAKER W M Koutsour — ADDRESS 230 N Greene

D 1351

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

146 D 1351

REGISTERED NO. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Balt Cy. Eas Thos Hosp. ST. C.W. WARD)

If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Armstrong

(Residence in Baltimore: No. 518 Hopkins Pl. St.: yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male

4-COLOR OR RACE Black

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) Single

6-DATE OF BIRTH ~~January 5, 1911~~ (Month) (Day) (Year)

7-AGE 6 yrs. mos. ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country) Md.

PARENTS

10-NAME OF FATHER Johns Armstrong

11-BIRTHPLACE OF FATHER (State or country) Md

12-MAIDEN NAME OF MOTHER Sarah Rees.

13-BIRTHPLACE OF MOTHER (State or country) Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Johns. Armstrong

(Address) 518 Hopkins Pl.

15. JAN 15 1917 Filed ....., 191.... ERNEST E. KROUTZ Deputy Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan. 13, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1917, to Jan. 13, 1917, that I saw h[illegible] alive on Jan. 13, 1917, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

(a) Thrombosis of Lateral Sinus

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) Mastoid Septic

(Duration) ..... yrs. ..... mos. 1 ds.

(Signed) Sylvan Rosenheim M. D.

Jan 13 1917 (Address) Ear Institute 1710 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 518 Hopkins Pl.

19-PLACE OF BURIAL OR REMOVAL Mt Auburn. DATE OF BURIAL Jan 15 1917

20-UNDERTAKER Alfred J. Thalenhorst ADDRESS 114 N

D 1359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167 D 1352

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Franklin Square Hospital ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Thorn

(Residence in Baltimore: No. 1032 Gelston Ct St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Single

6-DATE OF BIRTH, ... Jan (Month) 8 (Day), 1914 (Year)

7-AGE, ... 3 yrs. ..... mos. 4 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER. Robt Thorn

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER Bessie Norton

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Fannie Carter

(Address) 1032 Gelston Ct

15-

Filed JAN 15 1917, 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 12 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Accidental burns
Cause unknown, as there was no one in house when it happened
(Duration) ... yrs. ... mos. 1/2 ds.
CONTRIBUTORY (Secondary) Pickelotus ? Flame
(Duration) ... yrs. ... mos. 1/2 ds.

(Signed) James M. Benton (Coroner) M. D.
Jan 15, 1917 (Address) 708 Cleveland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).
At place Franklin Square Hospital In the city of death ... yrs. ... mos. ... ds. State 3 yrs. ... mos. 4 ds.
Where was disease contracted, if not at place of death? 1032 Gelston Ct
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, Jan 17 19..

20-UNDERTAKER Alfred J. Leonard & Son — ADDRESS 704 N

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1353 92D 1353

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital REGISTERED NO. C.....

CITY OF BALTIMORE: (No. ..... St.; ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E Gallagher

(Residence in Baltimore: No. 2222 N Greene St.; 29 yrs. ..... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH. Nov. (Month) 4 (Day) 1887 (Year)

7-AGE.	If LESS than 1 day,
29 yrs. 2 mos. 7 da.	....hrs. or....min.†

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Hospital

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Patrick Gallagher

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary A Kelly

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Gallagher

(Address) 2229 E Preston St

15- Filed JAN 15 1917 191.... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH Jan. (Month) 11 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 8 1917, to Jan. 11, 1917, that I saw him alive on Jan 10 1917, and that death occurred, on the date stated above, at 7 24 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 3 da.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) Bernard J Perry M. D.

Jan. 11, 1917. (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 3 da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? —

Former or usual residence 2224 N. Greene St

19-PLACE OF BURIAL OR REMOVAL. Western Cemetery — DATE OF BURIAL. Jan. 16., 1917

20-UNDERTAKER Josiah Lyon — ADDRESS 1600 N North ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1354 — 135 — D 1354

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Sq. Hospital — REGISTERED NO. C

CITY OF BALTIMORE: (No. Cor. Calhoun & Fayette St.; 19 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Charles Davis (Mary E. Davis)

(Residence in Baltimore: No. 13 S Calhoun St.: 29 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Married

6-DATE OF BIRTH, JAN. (Month) 15th (Day) 1888 (Year)

7-AGE, 29 yrs. X mos. X ds. If LESS than 1 day, X hrs. or X min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Snowhill Md

PARENTS.

10-NAME OF FATHER, Isaac H Bowen

11-BIRTHPLACE OF FATHER (State or Country) Snowhill Md

12-MAIDEN NAME OF MOTHER Mary Shockley

13-BIRTHPLACE OF MOTHER (State or Country), Snowhill Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. H. Davis

(Address) 13 S. Calhoun St

15- JAN 15 1917 ROBERT P. PROCTOR Deputy Registrar. Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 2 1917, to Jan 14 1917, that I saw h[illegible] alive on Jan 14 1917, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Placenta praevia and miscarriage (Duration) yrs. 4 mos. ds.

(Signed) L. L. Macdonald M. D.

Jan. 14., 191.7. (Address) Franklin Sq. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. mos. 12 ds. In the State 29 yrs. mos. ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence 13 S. Calhoun St.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cem	1-16-, 191.7.
20-UNDERTAKER	ADDRESS
Robert Brooks & Son	Calhoun & Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1355

CERTIFICATE OF DEATH.

113 D 1355

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 707 S. Bethel ST.; V WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katie Bauch

(Residence in Baltimore: No. 707 S Bethel St.; 44 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH. Not Known, 1 (Month) (Day) (Year)

7-AGE. 69 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Matey Bauer

11-BIRTHPLACE OF FATHER (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER Elizabeth Kenny

13-BIRTHPLACE OF MOTHER (State or Country), Bohemia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vaclav Bauer

(Address) 707 S Bethel St

15- Filed JAN 15 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 14, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1917, to Jan 14 1917, that I saw her alive on Jan 14 1917, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of the Liver

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John H. Rehberger M. D.

Jan 15, 1917. (Address) 1709 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Jan 17 1917.

20-UNDERTAKER Frank Brachton — ADDRESS 1904 W Lexington

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1356

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1356

CERTIFICATE OF DEATH.

172

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Mt. Carmel Hospital 13 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Tabb (Tabb)

Residence in Baltimore: No. 2452 E Eutaw St

St. Life mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. 22, 1913
(Month) (Day) (Year)

7-AGE, 3 yrs. 4 mos. 22 da.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Washington Tabb

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Ada Scaggs

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Washington Tabb
(Address) 2452 Eutaw St

15- Filed JAN 15 1917, 191.... HARRY C. ANDREWS Registrar.
Burial Permit ISSUED

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 13, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lockjaw & Tetanus

(Duration) yrs. mos. 1 da.

CONTRIBUTORY Accident Fall from
(Secondary) window

(Duration) yrs. mos. da.

(Signed) [illegible] M. D.
(Coroner)

Jan 15, 1917 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos. 1 da. In the State.....yrs.....mos.....da.

Where was disease contracted, if not at place of death?.....
2452 Eutaw St

Former or usual residence 2452 Eutaw St

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn | DATE OF BURIAL, Jan 16, 1917

20-UNDERTAKER Hanna Geraghty & Co | ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1357

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1352

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 6 ST.; WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sophie Herman,

(Residence in Baltimore: No. 211 N. Collington ave St.; 20 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-[redacted], [redacted], WIDOWED, [redacted], (Write the word.) Widow

6-DATE OF BIRTH, December 26, 1865 (Month) (Day) (Year)

7-AGE, 51 yrs. — mos. 19 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer) Factory

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Michael Herman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Louisa

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Charles Snyder

(Address) Johns Hopkins Hospital

15-

Filed JAN 15 1917, 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 14, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 19 1917, to Jan. 14 1917, that I saw her alive on Jan 14 1917, and that death occurred, on the date stated above, at 12 40 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of head & pancreas

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Intestinal obstruction

(Duration) yrs. mos. 2 ds.

(Signed) W. B. Marton M. D.

Jan. 14, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 26 ds. In the State 20 yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 211 N. Collington Ave

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, Jan 16, 1917

20-UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1358

CERTIFICATE OF DEATH.

79 D 1358

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2219 Orleans ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John S. Crampton

(Residence in Baltimore: No. 2219 Orleans St.; 50 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Mar. 6th (Month) (Day), 1852 (Year)

7-AGE. 64 yrs. 10 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): at Gas Co.

9-BIRTHPLACE, (State or Country), Washington D. C.

PARENTS.

10-NAME OF FATHER, John Crampton

11-BIRTHPLACE OF FATHER (State or Country), D. C.

12-MAIDEN NAME OF MOTHER Mary

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Crampton

(Address) 2219 Orleans St

15- Filed JAN 15 1917, 191.... HARRY C. ANDREWS Chief Bureau Vital Statistics Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 13th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 1917, to Jan 13, 1917, that I saw him alive on Jan 13, 1917 and that death occurred, on the date stated above, at 10 00 A m.

The CAUSE OF DEATH* was as follows:

Diffuse Nephritis and Acute Bronchitis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(Duration) yrs. mos. 1 ds.

(Signed) Albert S. Eisenberg M. D.

Jan 13, 1917. (Address) 2201-2203 Orleans St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Balto Cem. DATE OF BURIAL, Jan 14, 1917

20-UNDERTAKER Ulrich Herring ADDRESS 2016 Orleans

CAUSE OF DEATH must be plainly stated, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1359 HEALTH DEPARTMENT--CITY OF BALTIMORE D 1359

CERTIFICATE OF DEATH

113 48

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 409 S. Gilmor St.: 19 WARD) REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Mary A. Mooney

Residence in Baltimore: No. 409 S. Gilmor St.: 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Aug. 15, 1862 (Month) (Day) (Year)

7-AGE: 54 yrs. 5 mos. 0 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Andrew Mooney

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Mary A. Gilmor

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ellen Sweeney

(Address) 409 S. Gilmor

15-

Filed JAN 15 1917 191 HARRY O. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. 14, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. ....., 191 5, to Jan. 14 191 7

that I saw h[illegible]e on Jan. 14 191 7

and that death occurred, on the date stated above, at 8:30 P.M.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver of Dropsy (Duration) 1 yrs. 0 mos. 0 ds

Contributory (SECONDARY) Asthenia (Duration) 0 yrs. 2 mos. 0 ds.

(Signed) H. C. G. Harman M. D.

1915, 191 (Address) 1605 Edmondson Ave

*State the DISEASE CAUSING DEATH, or in violent deaths the PHYSICAL CONDITION, and state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St. Peters Cemetery

DATE OF BURIAL: January 17, 191 7

20-UNDERTAKER: John Edward Sons

ADDRESS: 701 Hollins St.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1360

CERTIFICATE OF DEATH.

92 D 1860

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 Guilford Ave St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Honora Reilly

(Residence in Baltimore: No. 1717 Guilford Ave St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Nov. 10, 1841 (Month) (Day) (Year)

7-AGE. 75 yrs. 2 mos. 3 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER. John O'Neill

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Mary Duffy

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Michael Reilly

(Address)..... 1717 Guilford Ave.

15- Filed JAN 15 1917 191..... HARRY C. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 13, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 27 1917, to Jan 13 1917, that I saw her alive on Jan 12 1917, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Gall stones and Labor Pneumonia

..... (Duration)..... yrs. 2 mos..... ds.

CONTRIBUTORY (Secondary) Senility

..... (Duration)..... yrs..... mos..... ds.

(Signed) Wm H Pezold M. D.

Jan 13, 1917. (Address) 2145 N. Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cem

DATE OF BURIAL, Jan 16, 1917

20-UNDERTAKER F C Wedefeld

ADDRESS 914 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1361

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 1361

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 N Lexington ST.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Anthony

(Residence in Baltimore: No. 415 N Lexington St.; 7 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Dec 6, 1884
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
32 yrs. 1 mos. 8 ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Restaurant
(b) General nature of industry, business, or establishment in which employed (or employer): Keeper

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Edward Anthony

11-BIRTHPLACE OF FATHER (State or Country) England

12-MAIDEN NAME OF MOTHER Mary J. Henderick

13-BIRTHPLACE OF MOTHER (State or Country) England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bella Anthony

(Address) 415 North Lexington st

15-

Filed JAN 15 1917, 191

HARRY O. ANDREWS
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 14, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 28, 1916, to Jan 13, 1917, that I saw h~~im~~ alive on Jan 13, 1917, and that death occurred, on the date stated above, at 14 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bright's Disease

(Duration) 2 yrs. 2 mos. ds.

(Signed) Robert F. Green M. D.

Jan 15, 1917. (Address) 120½ Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In this State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Jan 17, 1917
20-UNDERTAKER Wm Cook	ADDRESS 502 E Monument

Green 120 N Aisquith St.

D 1362

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

94 D 1362

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 851 Hamilton Terrace ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cordelia Butler

(Residence in Baltimore: No. 851 Hamilton Terrace St.; 5 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Nov. (Month) 10 (Day), 1827 (Year)

7-AGE: 89 yrs. 2 mos. 4 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Harford Co Md

PARENTS

10-NAME OF FATHER: James Hunt

11-BIRTHPLACE OF FATHER (State or country): Harford, Co Md

12-MAIDEN NAME OF MOTHER: Elizabeth Miles

13-BIRTHPLACE OF MOTHER (State or country): Harford. Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs May Butler

(Address) 851 Hamilton Terrace

JAN 15 1917 Filed ....., 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 14 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1916, to Jan 14 1917.

that I saw h..... alive on Jan 14, 1917.

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia
(No other History)

..... (Duration) ..... yrs. ..... mos. 5 ds

Contributory (SECONDARY) Senility

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. Clayton Cole M. D.

Jan 14, 1917 (Address) 1315 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Sykesville Maryland — DATE OF BURIAL: Jan 16, 1917

20-UNDERTAKER: James B. Ayres — ADDRESS: 514 Fulton St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1363

CERTIFICATE OF DEATH.

REGISTERED NO. C 1729 D 1363

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 422 E. 20th ST.; 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William T. B. Baker

(Residence in Baltimore: No. 422 E. 20th St.; 58 yrs., — mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, Dec. (Month) 16 (Day), 1858 (Year)

7-AGE,	If LESS than 1 day,
58 yrs. — mos. 28 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Baltimore City

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER, Wm Baker

11-BIRTHPLACE OF FATHER (State or Country), Baltimore City.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Carrie Krieg
(Address) 422 E. 20th St

15-
Filed JAN 15 1917 191.... HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...Jan. (Month) 13th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15 1916, to Jan 13 1917, that I saw him alive on Jan 13 1917, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Heart Disease

.....

.....

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis with asthma

..... (Duration) 2 yrs. ....mos. ....ds.

(Signed) E. H. Duncan M. D.

Jan 15, 191... (Address) Govans, Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Jan. 16, 1917

20-UNDERTAKER Geo. M. Fink — ADDRESS 811 N Wolfe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1364

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 1364

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Sinai Hospital ST.: 5 WARD)

REGISTERED No. C 108

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Louis Freeman

(Residence in Baltimore: No. 1224 St. Mathews St.: 4 yrs. 7 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Sept (Month) 27 (Day), 1907 (Year)

7 AGE: 9 yrs. 3 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: ~~Boot cap mkr~~ School
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltcty md

PARENTS

10 NAME OF FATHER: Abraham Freeman

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Elsie Walkoff

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J Lewis

(Address) 1411 E. Balto St

15. Filed JAN 15 1917, 191 HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 15 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1917, to Jan 15 1917, that I saw him alive on Jan 15, 1917, and that death occurred on the date stated above, at 10 A.m.

The CAUSE OF DEATH* was as follows:

Ruptured Appendix
with General Purulent Peritonitis
(Duration) ..... yrs. ..... mos. 10 ds

Contributory (SECONDARY) Aspiration Pneumonia
(Duration) ..... yrs. ..... mos. ½ ds.

(Signed) H. H. Voss M. D.

Jan 15, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 6 ds. In the State 9 yrs. 3 mos. 18 ds.

Where was disease contracted, if not at place of death? At Home

Former or usual residence 1224 St Mathews St

19 PLACE OF BURIAL OR REMOVAL: Hebrew Rosedale

DATE OF BURIAL: 1/15, 1917

20 UNDERTAKER: Jack Lewis

ADDRESS: 1411 E. Balto St

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 1365

1 PLACE OF DEATH

Registered No. C 79

CITY OF BALTIMORE (No. 810 N Carey St. 16 Ward)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Mahoney

(Residence in Baltimore: No. 810 N Carey St.: 55 yrs. 0 mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: white

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Unknown (Month) (Day), 1862 (Year)

7-AGE: 55 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Maid
(b) General nature of industry, business, or establishment in which employed (or employer): at Service

9-BIRTHPLACE (State or country): Ireland

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Katie Lamberry

(Address) 810 N Carey St

15. JAN 15 1917 19... HARRY C. ANDREWS Burial Permit Clerk

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 14 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1916, to Jan 14 1917, that I saw h.. alive on Jan 13, 1917, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic hypertrophic arteriosclerosis

(Duration) 5 yrs. mos. ds

Contributory (SECONDARY) Pulmonary edema

(Duration) yrs. mos. 1 ds.

(Signed) J. T. Mc... M. D.

Jan 15, 1917 (Address) 109 E Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cathedral | DATE OF BURIAL: Jan 16, 1917

20-UNDERTAKER: H. Fahey & Sons | ADDRESS: 606 Lafayette Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1366 — 28 — D 1366

CERTIFICATE OF DEATH.

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 815 Hanover St. St.; 22 WARD)

(If death occurred in a hospital or institution, give Its NAME instead of street and number and fill out No. 18.)

FULL NAME John Brown.(col'd)

Residence in Baltimore: No. 815 Hanover St.

St.; yrs. 20 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, Colored.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married.

6-DATE OF BIRTH, Do not know., / (Month) (Day) (Year)

7-AGE, 65. yrs. -- mos. -- ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), West India.

PARENTS.

10-NAME OF FATHER, Do not know.

11-BIRTHPLACE OF FATHER (State or Country) Do not know.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country), Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alice Brown.(col'd)wife.

(Address) 815 Hanover St.

15- JAN 15 1917 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 30th. 1916., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage.

(Duration)....yrs....mos....ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration)....yrs....mos....ds.

(Signed) Otto H. Reinhardt M. D. (Coroner.)

Jan.15.1917 (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, ..., 19....

20-UNDERTAKER ADDRESS

HOPKINS HOSPITAL JAN 15 1917

Commissioner Health.

Per. Wm. E. WOODALL

N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D-1367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 4 D 1367

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 884 W. Fayette St. ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Isabelle Norwood

(Residence in Baltimore: No. 884 W. Fayette St. St.; ..... yrs., 2 mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Infant

6-DATE OF BIRTH, Nov (Month) 14 (Day) 1916 (Year)

7-AGE, ... yrs. 2 mos. ..... da.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Infant.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Herbert Smither

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Ellenora Norwood

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... E. Norwood

(Address)..... 884 W. Fayette St

15- JAN 15 1917 Filed....., 191.....

HARRY O. ARDREY Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 14 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 14 1917, to Jan 14 1917, that I saw her alive on Jan 14 1917, and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

..... Acute Gastro enteritis

.....

..... (Duration) ..... yrs. ..... mos. 6 da.

CONTRIBUTORY..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) ..... Maurice B. Cuvone ..... M. D.

Jan 14, 1917. (Address) 857 W. Fayette St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, ..., 191...

20-UNDERTAKER

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—[illegible]-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 40 D 1338

REGISTERED No. C 1338

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Ahlendorfer

(Residence in Baltimore: No. Mercy Hospital St.; — yrs., — mos.— ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, May (Month) 6 (Day), 1910 (Year)

7-AGE, 6 yrs. 8 mos. 8 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Ahlendorfer

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Pearl Bidderson

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Recorder Mercy Hosp

(Address) Calvert St.

15-

Filed JAN 15 1917, 191.... HARRY C. ANDALE Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 14 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec 26 1916, to Jan. 14 1917, that I saw h[illegible] alive on Jan 14 1917, and that death occurred, on the date stated above, at 4.45 P.M.

The CAUSE OF DEATH* was as follows:

Sarcoma of Lung
(Clinical Symptoms)
at hilus 2 wks

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Dr.

(Duration) P. ....yrs. ....mos. ....ds.

(Signed) Edward L. Smith M. D.

Jan. 14, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 9 ds. In the State 4 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? Bengies, Md.

Former or usual residence Bengies, Md.

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemetery — DATE OF BURIAL, Jan. 17, 1917

20-UNDERTAKER A. E. Myhel — ADDRESS 17 Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37 D 1369

REGISTERED NO. C

1-PLACE OF DEATH Md. Gen. Hosp.

CITY OF BALTIMORE: (No. 2 Linden Ave Madison ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Ward.

(Residence in Baltimore: No. Md. Gen. Hosp. St.; ..... yrs., ... mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Negro	Single

6-DATE OF BIRTH. Dec. 27, 1917. (Month) (Day) (Year)

7-AGE. ..... yrs. ..... mos. 11 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Myers Bowen

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER Rebecca Woods

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- JAN 15 1917 HARRY C. ANDREWS

Filed....., 191... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. Jan 7, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 27 1917, to Jan 7 1917, that I saw h.. alive on Jan 6 1917, and that death occurred, on the date stated above, at 11:20 P. m.

The CAUSE OF DEATH* was as follows:

.....
Congenital Hypoplasia
.....
..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Malnutrition

..... (Duration) ..... yrs. ..... mos. 11 ds.

(Signed) Elmer Newman M. D.

1-10., 191... (Address) Md. General Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 11 ds. In the State — yrs. — mos. 11 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL. ....., 191...
20-UNDERTAKER	ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 D 1370

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 735 N Mulberry ST. 4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Elizebeth Rosengarn

(Residence in Baltimore: No. 738 N Mulberry St. 7 yrs. mos. ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6-DATE OF BIRTH: January 2, 1837 (Month) (Day) (Year)

7-AGE: 80 yrs. mos. 11 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Home Work
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Hanover Germany

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Daniel Eagan

(Address) 916 Penna ave

15.

Filed JAN 15 1917, 191

HARRY C. ANDREWS
Burial Permit Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 13, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 8, 1917, to January 13 1917.
that I saw h-er alive on January 13, 1917.
and that death occurred on the date stated above, at 6.45 8 m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) A H Brady Jr M. D.

January 13, 1917 (Address) 1318 S Exeter St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Co — DATE OF BURIAL: Jan 16, 1917

20-UNDERTAKER: Daniel Eagan — ADDRESS: 916 Penna ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 1371 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1371

CERTIFICATE OF DEATH. 81

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C

CITY OF BALTIMORE: (No. ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Owens

(Residence in Baltimore: No. Little Sisters of the Poor St.: yrs., 8 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 70 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Gaveny Owens

11-BIRTHPLACE OF FATHER (State or Country).

12-MAIDEN NAME OF MOTHER Mary Owens

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- Filed JAN 15 1917, 191 HARRY C. ARTERS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 15th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from [illegible] 1917, to 191 , that I saw h[illegible] alive on January 14 1917, and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH* was as follows:

Arterio sclerosis

Unknown (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) yrs. Unknown mos. ds.

(Signed) F. A. Dr. M. D.

Jan 15, 1917. (Address) 133 Holley St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 5 mos. ds. In the State yrs. Life mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence Annapolis Md

19-PLACE OF BURIAL OR REMOVAL, Annapolis Md — DATE OF BURIAL, Jan 15—, 191

20-UNDERTAKER B J Hopkins — ADDRESS Annapolis Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1372

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1372

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Sq. Hospital

REGISTERED NO. C 172 D 1372

CITY OF BALTIMORE: (No. Corner Calhoun & Fayette ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr Walter L Staylor

(Residence in Baltimore: No. 1127 Cleveland Ave St.; 46 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. Feb (Month) 26 (Day) 1870 (Year)

7-AGE. 46 yrs. 10 mos. 18 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Telegraph
(b) General nature of industry, business, or establishment in which employed (or employer) Operator

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Philip Staylor

11-BIRTHPLACE OF FATHER (State or Country), Balto, Md

12-MAIDEN NAME OF MOTHER Harriett Rigel

13-BIRTHPLACE OF MOTHER (State or Country), Balto, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Walter Staylor

(Address) 1127 Cleveland

15-

Filed JAN 16 1917, 191.....

HARRY C. ANDREWS
SECRET [illegible] Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 17 (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 27 1916, to Jan 14 1917, that I saw him alive on Jan 13 1917, and that death occurred, on the date stated above, at 9.15 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) [illegible] (Duration) yrs. mos. 2 ds.

(Signed) [illegible] M. D.

Jan 14, 1917. (Address) Franklin Sq. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 18 ds. In the State 46 yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1127 Cleveland Ave

19-PLACE OF BURIAL, OR REMOVAL, Mount Olivet Cemetery

DATE OF BURIAL, Jan 16 1917.

20-UNDERTAKER D. F. M. S. Flynn

ADDRESS 1422 Light St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1373

92 D 1373

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1115 Bolton St.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Farrell

(Residence in Baltimore: No. 1115 Bolton St.; ....yrs....mos....ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	married

6-DATE OF BIRTH, December 12th (Month) (Day), 1858 (Year)

7-AGE, 58 yrs. 0 mos. 30 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): City Electrical Comm.

9-BIRTHPLACE, (State or Country), Derrylatten-County Roscommon, Ireland

PARENTS.

10-NAME OF FATHER, Martin Farrell

11-BIRTHPLACE OF FATHER (State or Country), Co. Ireland

12-MAIDEN NAME OF MOTHER, Margaret McLoughlin

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos. J. Farrell

(Address) 1162 Fawn St.

15-
Filed JAN 15 1917, 191.... HARRY C. ANDERS, Secret Registrar. Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 13, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 8 1917, to January 13 1917, that I saw h[illegible] alive on January 13 1917, and that death occurred, on the date stated above, at 4-a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary) —

(Duration) ....yrs. ....mos. ....ds.

(Signed) T. K. Donnelly M. D.

1-15, 1917. (Address) 117 W. Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, [redacted] Cathedral Cemetery — DATE OF BURIAL, Jan. 16, 1917

20-UNDERTAKER H. J. McElligott — ADDRESS, 1412 Light St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

I 1374 113

CERTIFICATE OF DEATH.

D 1674

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles L. Edwards

(Residence in Baltimore: No. 1 mos. 4 days in Hospital St.; ... yrs. ... mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, November 11, 1854 (Month) (Day) (Year)

7-AGE, 62 yrs. 2 mos. 4 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm. L. Edwards

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Case

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ...

(Address) Johns Hopkins Hospital

15- JAN 15 1917 Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 15, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 11 1916, to January 15 1917, that I saw h.. alive on January 15 1917, and that death occurred, on the date stated above, at 10 p.m.

The CAUSE OF DEATH* was as follows:

Cirrhosis Hepatis

(Duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) —

(Duration) ... yrs. ... mos. ... ds.

(Signed) W. R. Mayo M. D.

Jan 15, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. 1 mos. 4 ds. In the State ... yrs. 1 mos. 4 ds.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 5244 University Ave Chicago Ill

19-PLACE OF BURIAL OR REMOVAL, Chicago Ill DATE OF BURIAL, Jan 16, 1917

20-UNDERTAKER, Stewart & Mowenberg ADDRESS 108 N North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1875 92 D 1875

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 70 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Sauter

(Residence in Baltimore: No. 1 N. Wheeler ave. St.: 15 yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female
4-COLOR OR RACE. White
5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) [illegible]

6-DATE OF BIRTH, June 2, 1864 (Month) (Day) (Year)

7-AGE, 52 yrs. 7 mos. 11 ds.
If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Germany

PARENTS.
10-NAME OF FATHER, Jacob Ginger
11-BIRTHPLACE OF FATHER (State or Country), Germany
12-MAIDEN NAME OF MOTHER Dorothy Heamber
13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Resident Physician
(Address) Calvert St

15- JAN 15 1917 HARRY C ANDREWS
Filed....., 191.... [illegible] Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 13, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 8 1917, to Jan 13 1917, that I saw her alive on Jan 13 1917, and that death occurred, on the date stated above, at 10.50 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) [illegible]

(Duration) [illegible] yrs. 5 mos. ds.

(Signed) Edward P. Smith M. D.

Jan 13, 1917 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. 5 ds. In the State 33 yrs. — mos. — ds.
Where was disease contracted, if not at place of death? 1 N. Wheeler ave
Former or usual residence 1 N. Wheeler ave

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Jan. 16, 1917

20-UNDERTAKER Charles H. Hill. ADDRESS 3104 Frederick Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 1276

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 1276

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 Collins Ave St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie C Sutcliffe

(Residence in Baltimore: No. 314 Collins Ave St.: 15 yrs., mos. ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widowed

6-DATE OF BIRTH, March 12, 1843 (Month) (Day) (Year)

7-AGE, 73 yrs. 10 mos. 2 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Henry Wilmer

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Jane H. Storey

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm A Bruce

(Address) 314 Collins

15- JAN 15 1917 HARRY C. ANDREWS Burial Permit Clerk

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 14, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 1917, to January 14 1917, that I saw her alive on January 14 1917, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) Don't Know yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) 1 yrs. mos. ds.

(Signed) Henry Stalker M. D.

Jan 15 1917 (Address) 1708 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Bonker's Wharf, Queen Anne Co. DATE OF BURIAL. Jan 16, 1917

20-UNDERTAKER Chas. W. Hill. ADDRESS 319 Fred'k Ave.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1277

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 D 1277

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 725 N. Spring ST.: 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mahala Purnell

(Residence in Baltimore: No. 725 N. Spring St.: Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	Col	Widow

6-DATE OF BIRTH Unknown (Month), (Day), 1827 (Year)

7-AGE 90 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (State or country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Abraham Johnson

(Address) 725 N. Spring

15.

Filed JAN 16 1917 191 HARRY C. ANDREWS Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH Jan (Month) 14 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1917, to Jan 14 1917, that I saw h alive on Jan 13, 1917, and that death occurred, on the date stated above, at 12.10 a m.

The CAUSE OF DEATH* was as follows:

La Grippe

and Old age

(Duration) yrs. mos. 7 ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed), W. C. Burns M. D.

Jan 16, 1917 (Address) 2218 E Pratt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Laural Cemitary | DATE OF BURIAL: Jan 16, 1917

20-UNDERTAKER: Mrs R A Elliott | ADDRESS: 504 East-21

Spec.—8-24-14—M. & T.—2000 Blks.

D 1278

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1278

CERTIFICATE OF DEATH.

40

REGISTERED No. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 532 Poplar Grove St.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John G. Anderson.

(Residence in Baltimore: No. 532 Poplar Grove St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, July (Month) 4 (Day), 1860 (Year)

7-AGE, 57 yrs. 6 mos. 9 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Machanist
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John Anderson

11-BIRTHPLACE OF FATHER (State or Country), Md -

12-MAIDEN NAME OF MOTHER Louisa Van Sant

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emil Anderson

(Address) 532 Poplar Grove

15- JAN 15 1917 HARRY O. ANDREWS

Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 13th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1st 1916, to Jan 13th 1917, that I saw him alive on Jan. 13th 1917, and that death occurred, on the date stated above, at 10.45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

5 mo. (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

.... (Duration) ....yrs. ....mos. ....ds.

(Signed) Gilman T. Evans M. D.

Jan. 14th, 191.7 (Address) 833 N Fulton av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Jan. 17 1917

20-UNDERTAKER H. Buchheister & Son — ADDRESS Remax Park

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1279

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 1279

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2029 Edmondson Ave ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Shilow

(Residence in Baltimore: No. 2029 Edmondson Ave St.; 73 yrs., 4 mos., 2 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, September 1 1843
(Month) (Day) (Year)

7-AGE. 73 yrs. 4 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Work
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Louis Ruth

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Louisa Sommer

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amy Shilow

(Address) 1012 W. Lexington st

15- JAN 15 1917 HARRY C. ANDREWS
Filed....., 191..... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 13, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 9 1917, to January 13 1917, that I saw h— alive on January 13 1917, and that death occurred, on the date stated above, at 6 20 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) old age

(Duration) yrs. mos. ds.

(Signed) J. Shipley Dean M. D.

Jan 14, 191... (Address) 727 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park DATE OF BURIAL, Jan. 17, 191...

20-UNDERTAKER W. J. Mackenzie & Son ADDRESS Fremont Ave

Spec. 8-24-14—M. & T.—2000 Bks.

1380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 1380

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1735 Lanvale St. WARD) 14

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Koscuisko Parker

(Residence in Baltimore: No. 1735 Lanvale St.; — yrs., 1 mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Oct 5th, 1840
(Month) (Day) (Year)

7-AGE, 76 yrs. 3 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm Parker

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Lydia Reynolds

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Katherine Parker

(Address) 1735 Lanvale

15- HARRY C. ANDREWS

Filed JAN 15 1917 191... Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 13th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6th 1917, to Jan 13th 1917, that I saw him alive on Jan 13th 1917, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) ...yrs. ...mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) E. G. Shower M. D.

Jan 15th, 1917. (Address) 1234 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park — DATE OF BURIAL, Jan 16th 1917.

20-UNDERTAKER W J Dickerson for — ADDRESS North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E. G. Shower - North Ave Drug Store

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1281

CERTIFICATE OF DEATH.

1 20 D 1281

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2318 E. Federal St.; 8th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and add ward No. 18.)

2-FULL NAME Henry Davis Foble

(Residence in Baltimore: No. 2318 E. Federal St.; 68 yrs., — mos. — ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-CONDITION, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Married

6-DATE OF BIRTH: September 16th, 1848 (Month) (Day) (Year)

7-AGE: 68 yrs. 3 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lightkeeper
(b) General nature of industry, business, or establishment in which employed (or employer): Bank

9-BIRTHPLACE, (State or Country): Cambridge, Md. Dorchester County

PARENTS.

10-NAME OF FATHER: John Foble

11-BIRTHPLACE OF FATHER (State or Country): Baltimore, Md.

12-MAIDEN NAME OF MOTHER: Mary E. Cisney

13-BIRTHPLACE OF MOTHER (State or Country): Cambridge Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Guy W. Meeks

(Address): 3914 Norfolk Ave.

15-
JAN 15 1917
Filed....., 191.....
HARRY G. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 14th, 1917 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Nov. 15th 1916, to Jan. 14th 1917, that I saw him alive on Jan 14th 1917, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

1. Chronic Interstitial Nephritis
(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac Failure
(Duration) yrs. mos. 7 ds.

(Signed) Robert L. Kirk M. D.

Jan. 15th, 1917. (Address) 1000 N. Lakewood Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cambridge Md. DATE OF BURIAL: Jan 16, 1917.

20-UNDERTAKER: W. J. Ireland & Son ADDRESS: N. & E. Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 1382

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1382

CERTIFICATE OF DEATH.

REGISTERED NO. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1823 E. Fayette St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Adelhardt

(Residence in Baltimore: No. 1832 E Fayett St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, May (Month) 16 (Day), 1865 (Year)

7-AGE, 51 yrs. 7 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Day

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Adelhardt

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dorothea

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Adelhardt

(Address) 1832 E Fayett St

15-

Filed JAN 15 1917, 191.... HARRY C. ANDREAS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 5 1917, to Jan 12 1917, that I saw h[illegible] alive on Jan 12 - 1917, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Pulmonary Emphysema

Mitral Insufficiency (Duration) 4 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Stenosis Mitral Insuf. (Duration) ....yrs. 1 mos. ....ds.

(Signed) Frederick W Bonnaus M. D.

(Address) 2918 E Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	1917
20-UNDERTAKER	ADDRESS
Wendelken[illegible]	[illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1383

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

D 1383

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 631 Kenwood Ave ST.: 1 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Herrlein

(Residence in Baltimore: No. 631 Kenwood Ave St.; yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, Unknown, 1
(Month) (Day) (Year)

7-AGE, 77 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework at home
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vincent L. Herrlein

(Address) 600 Montford Ave

15- Filed JAN 15 1917, 191..... Hazel Lennis Clark Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 13, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) found that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thomas Lynch Ellis M. D.
(Coroner)

June 15, 1916 (Address) 1610 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, June 17, 1916

20-UNDERTAKER Wendell Dysfel Co — ADDRESS 37 S Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 D 1384

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1355 N. Stricker ST.: 15 WARD)
REGISTERED NO. C
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Elliott

(Residence in Baltimore: No. 1355 N. Stricker St.: 50 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male
4-COLOR OR RACE: Colored
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: February 20th, 1841 (Month) (Day) (Year)

7-AGE: 75 yrs. 11 mos. 24 ds.
If LESS than 1 day, hrs. or mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Mustard Mills

9-BIRTHPLACE (State or Country): Suffolk Va

PARENTS.
10-NAME OF FATHER: Unknown
11-BIRTHPLACE OF FATHER (State or Country): Suffolk Va
12-MAIDEN NAME OF MOTHER: Unknown
13-BIRTHPLACE OF MOTHER (State or Country): Suffolk Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Helen J. Elliott
(Address) 1355 N. Stricker St.

15- Filed JAN 16 1917, 191... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 14th (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 10th 1917 to January 13th 1917, that I saw him alive on January 13th 1917, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:
Arteriosclerosis of the Liver
(Duration) 3 yrs. — mos. — ds.
CONTRIBUTORY (Secondary) Senile Dementia
(Duration) 1 yrs. — mos. — ds.

(Signed) William J. Sudlow M. D.
Jan 15th, 1917. (Address) 1702 W. Fulton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: National Cemetery
DATE OF BURIAL: Jan 16, 1917
20-UNDERTAKER: John H. Fordwin
ADDRESS: 1421 Chase St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1385

CERTIFICATE OF DEATH.

151

REGISTERED No. C D 1385

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 N. Stanton St.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Davis

(Residence in Baltimore: No. 1022 N. Stanton St.; ... yrs., ... mos. ... ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, Dec. (Month) 11 (Day), 1916 (Year)

7-AGE, — yrs. 1 mos. 4 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Bella Colty Md.

PARENTS.

10-NAME OF FATHER, John Green

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Ada Davis

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Davis

(Address) 1022 N. Stanton St.

15-

JAN 16 1917

Filed ..., 191...

ROBERT B. KRAUTER, Registrar

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 15- (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 12 1917, to Jan. 16- 1917, that I saw her alive on Jan. 12- 1917, and that death occurred, on the date stated above, at 6 6. m.

The CAUSE OF DEATH* was as follows:

Mal-nutrition. Debility & prostration. Birth of baby. Mother died of birth of baby. (Duration) 6 weeks yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Chas. L. McCarthy M. D.

Jan. 16, 1917 (Address) 906 N. Stanton St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, Jan. 16 1917.

20-UNDERTAKER George W. Holland ADDRESS 517 Robert St

D 1386

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

15 D 1386
REGISTERED No. C

1. PLACE OF DEATH 631 N. Robinson St
CITY OF BALTIMORE (No. 631 N. Robinson — ST.: 7 WARD)
2. FULL NAME Karl Jos. Geist
(Residence in Baltimore: No. 631 N. Robinson St.: — yrs. — mos. — ds.)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~ (Write the word): Single
6. DATE OF BIRTH: Jan. (Month) 14 (Day), 1917 (Year)
7. AGE: — yrs. — mos. — ds. If LESS than 1 day ~~hrs.~~ or 30 min.? 30 minutes
8. OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): —
9. BIRTHPLACE (State or country): Maryland Balto.

PARENTS
10. NAME OF FATHER: Karl Jos. Geist
11. BIRTHPLACE OF FATHER (State or country): Balto. Co.
12. MAIDEN NAME OF MOTHER: Marg. Bittner
13. BIRTHPLACE OF MOTHER (State or country): Balto. Md.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Marg. Bittner
(Address) 631 N. Robinson St.

15. Filed JAN 16 1917, 191 ROBERT D. KRAUTZ Burial Permit
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan. (Month) 14. (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 14. 1917, to Jan. 14. 1917, that I saw her alive on Jan. 14. 1917, and that death occurred, on the date stated above, at 9.22 a. m.
The CAUSE OF DEATH* was as follows:

Asphyxia

(Duration) — yrs. 30 minutes mos. — ds.
Contributory (SECONDARY) Intestinal Debility
(Duration) — yrs. — mos. — ds.
(Signed) F. X. Forde M. D.
Jan. 15. 1917 (Address) 1802 E. Biddle St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence Balto Co

19. PLACE OF BURIAL OR REMOVAL: St Josephs Cemetery — DATE OF BURIAL: Jan 16 1917
20. UNDERTAKER: Frederick Loeschner & Sons — ADDRESS: Frederick Md

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1337

HEALTH DEPARTMENT—CITY OF BALTIMORE

150 D 1387

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1242 Cleveland ST. 21 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Gray San Giera.

(Residence in Baltimore: No. 1242 Cleveland St.; ....yrs., 1 mos. 17 ds.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH. Nov. 29, 1915. (Month) (Day) (Year)

7-AGE. ....yrs. 1 mos. 17 ds.

If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. A. W. San Giera

11-BIRTHPLACE OF FATHER (State or Country). New York

12-MAIDEN NAME OF MOTHER. Laura A. Lantz

13-BIRTHPLACE OF MOTHER (State or Country). Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. W. San Giera

(Address) 1242 Cleveland

15- JAN 16 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 14, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 29 1916, to Jan 14 1917, that I saw h.. alive on Jan 14 1917, and that death occurred, on the date stated above, at 8. P. m.

The CAUSE OF DEATH* was as follows:

Septic Pneumonia.

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Senile Bigidity.

(Duration) ....yrs. 2 mos. ....ds.

(Signed) Philip S. Tawes M. D.

Jan 15, 1917. (Address) 1732 Williams St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Greenmount Cem. DATE OF BURIAL. Jan. 16, 1917.

20-UNDERTAKER Wm. F. Gateley & Sons ADDRESS 316 Eutaw St

Spec.—8-24-14—M. & T.—2000 Blks.

D 1388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 1388

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3139 Elliott St.; ..... WARD)

REGISTERED NO. C .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry A. Robey

(Residence in Baltimore: No. 3139 Elliott St.; ..... yrs. 3 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Sept 30, 1913 (Month) (Day) (Year)

7-AGE, ... yrs. 3 mos. 16 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, Henry A. Robey

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Lula Dunkes

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry A. Robey

(Address) 3139 Elliott St.

15- JAN 16 1917 ROBERT R. KRAUTER Registrar.
Filed ....., 191.... Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 15, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7 1917, to Jan 15 1917, that I saw h alive on Jan 15 1917, and that death occurred, on the date stated above, at 12 a.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) Measles

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Louis Vogel M. D.

Jan 16, 1917 (Address) 2601 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel — DATE OF BURIAL, Jan 16 1917

20-UNDERTAKER Charles Herring — ADDRESS 2014 Orleans St

This child had measles just previous to me being called to attend.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1389 — 119 — D 1389

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 Peach alley ST.; 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Handy

(Residence in Baltimore: No. 1009 Peach alley St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, [illegible] (Month) [illegible] (Day); 1858 (Year)

7-AGE, 59 yrs. unknown mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER. Noah Cornwood.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gertrude Handy

(Address) 1009 Peach alley

15- JAN 16 1917 Filed ....., 191.... ROBERT B. KRAUTH, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 14, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~Dec 29~~, 1916, to Jan 14 1917, that I saw her alive on Jan 14 1917, and that death occurred, on the date stated above, at 4.45 P. m.

The CAUSE OF DEATH* was as follows:

Primary- acute Nephritis.

Immediate Extinction

(Duration) ..... yrs. ..... mos. 18 ds.

CONTRIBUTORY (Secondary) No other Contributory

(Duration) ..... yrs. ..... mos. 16 ds.

(Signed) J. P. Sleeper M. D.

1/15/, 1917. (Address) 206 E Lanvale St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem. DATE OF BURIAL, Jan. 17, 1917

20-UNDERTAKER M. Doyle & Son ADDRESS 15 E. Lee St.

N. B.—Every item of information should be carefully supplied. AGE should be stated in YEARS. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1380

CERTIFICATE OF DEATH.

87

D 1390

1-PLACE OF DEATH, CITY OF BALTIMORE: (No.) 726 S. Fulton Ave ST.: 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christina Filippina

(Residence in Baltimore: No. 126 S Fulton Ave St. 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (~~Write the~~ word.) Married

6-DATE OF BIRTH, Aug 4th (Month) (Day), 1843 (Year)

7-AGE, 73 yrs. 5 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Michael Rau

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER dont know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) L. L. Rosendale

(Address) 126 S. Fulton Ave.

15- Filed JAN 16 1917, 191.... ROBERT R. KRAUTH Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 14, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 11 1916, to Jan. 14 1917, that I saw her alive on Jan 13 1917, and that death occurred, on the date stated above, at 7 30 p.m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

(Duration) 10 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) 1 yrs. mos. ds.

(Signed) Henry Vandersarren M. D.

Jan 15 1917 (Address) 933 E Hoffman

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cemetery DATE OF BURIAL, Jan. 17 1917.

20-UNDERTAKER Knell & Son ADDRESS 1225 W Pratt St

N. B.—EVERY ITEM of information should be carefully supplied. Please write plainly. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1394 — 43 — D 1391

CERTIFICATE OF DEATH.

REGISTERED NO. C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital St.: 17 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Celestia Reynolds

(Residence in Baltimore: No. 602 Bradley St — St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Unknown (Month) (Day), 1872 (Year)

7-AGE, 45 yrs. — mos. — ds.
If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer). At Home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Wm. Reynolds

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mamie Davis
(Address) 705 Pierce St

15-Filed JAN 16 1917, 191... ROBERT R. KRAUTER Registrar
Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 15th, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 10th 1917, to Jan 15 1917, that I saw her alive on Jan 14th 1917, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast. Right.
Clinical Diagnosis (Duration) yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) (Duration) ... yrs. ... mos. ... ds.

(Signed) Harry R. Browne M. D.
Jan 15, 1917. (Address) 15 01 Presstman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. 4 ds. In the State 45 yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? 602 Bradley St
Former or usual residence 602 Bradley St

19-PLACE OF BURIAL OR REMOVAL, Dawn Cathedral — DATE OF BURIAL, 1/17, 1917

20-UNDERTAKER Samuel Hemsley — ADDRESS 5/810 Biddle

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks. George Kirchenhofer.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1392 79 D 1392

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1735 N. Montford Ave. 8 REGISTERED NO. C

CITY OF BALTIMORE: (No. 1735 N. Montford Ave. ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Kirchenhofer

(Residence in Baltimore: No. 1735 N. Montford Ave. St.; 74 yrs. 4 mos. 21 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE. white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) married

6-DATE OF BIRTH, Dec. (Month) 23 (Day), 1842 (Year)

7-AGE, 74 yrs. 4 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Germany (Bavaria)

PARENTS.

10-NAME OF FATHER, George Kirchenhofer

11-BIRTHPLACE OF FATHER (State or Country) Germany (Bavaria)

12-MAIDEN NAME OF MOTHER Barbara Bauer

13-BIRTHPLACE OF MOTHER (State or Country), Bavaria Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Kirchenhofer

(Address) 1735 N. Montford Ave.

15-

JAN 16 1917

Filed....., 191.....

ROBERT R. KRAUTER

Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from December 31 1916, to Jan. 13 1917, that I saw him alive on Jan. 13 1917, and that death occurred, on the date stated above, at 12 M. m.

The CAUSE OF DEATH* was as follows:

Senile debility. — Dropsy

(Duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Arteriosclerosis. Colitis. Ptosis.

(Duration) 6 yrs. — mos. — ds.

(Signed) F. J. Siebold M. D.

Jan. 14, 1917. (Address) 1101 Virginia Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Baltimore Cem. DATE OF BURIAL. Jan. 17, 1917

20-UNDERTAKER Frank A. Fink ADDRESS 910 N. Gay St.

R. S.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1393 — 69 — D 1393

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Vincents Infant Asylum

CITY OF BALTIMORE: (No. St. Vincents Infant Asylum ST. 14 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Victoria Crossmore

(Residence in Baltimore: No. St. Vincents Infant Asylum St. yrs. 5 mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE, wht

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct (Month) 2 (Day), 1889 (Year)

7-AGE, 27 yrs. 2 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. At home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John Crossmore

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Sue J. Abern

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sue J. Crossmore

(Address) 612 N. Belnord Ave

15- JAN 16 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 13 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 10 1916, to Jan 13 1917, that I saw h er alive on Jan 13 1917, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Epileptic Convulsions

of Traumatic Epilepsy

(Duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac dilitation

(Duration) yrs. mos. ds.

(Signed) C. A. Haywood M. D.

Jan 14, 191 7 (Address) 836 Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 5 mos. 4 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem't — DATE OF BURIAL, Jan 17, 191 7

20-UNDERTAKER Zurhler & Zurhler — ADDRESS 1739 E. Eager

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1394

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1394

CERTIFICATE OF DEATH.

119

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Little Sister of Poor ST. 21 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Lawson

(Residence in Baltimore: No. 800 Fremont Ave St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Widower

6-DATE OF BIRTH. August 31, (Month) (Day) 1857 (Year)

7-AGE. 59 yrs. 3 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Charcoal Maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). New York

PARENTS.

10-NAME OF FATHER. Henry Lawson

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). New York

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lawson

(Address) 315 - 27th St

15- Filed JAN 16 1917, 191.... ROBERT R. KRAUTER, Special Records Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. January 13, (Month) (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from ~~November~~ 1916, to ....1917, that I saw h[illegible] alive on January 10 1917, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Acute nephritis

(No other history)

Duration ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) F. A. Ward M. D.

January 14, 191.. (Address) 11 E. 23 Valley St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 5 mos. ....ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 800 S Fremont Ave

19-PLACE OF BURIAL, OR REMOVAL. Loudon Park

DATE OF BURIAL. January 16, 191.7

20-UNDERTAKER W. J. Tuckerman

ADDRESS Norman

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

D 1395

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 N. Gross St. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Mary L. Cook

(Residence in Baltimore: No. 1016 N. Gross St.; ..... yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec. 18, 1870
(Month) (Day) (Year)

7-AGE, 46 yrs. 1 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wife
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm. T. Smith

11-BIRTHPLACE OF FATHER (State or Country), Delaware

12-MAIDEN NAME OF MOTHER Ady Clark

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Giles R. Cook

(Address) 1016 N. Gross St.

15-JAN 16 1917 Filed....., 191.....

ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 15, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 13 191 , to Jan 15 191 , that I saw h alive on Jan 14 191 , and that death occurred, on the date stated above, at 9 45 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 1/4 ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Edw. Gruner M. D.

Jan 16, 191 7 (Address) 2117 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cem. DATE OF BURIAL, Jan. 17, 1917.

20-UNDERTAKER Jos. Joerdens. Son ADDRESS 2071 Penn

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1396 — 109 — D 1396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elmer H Vogt.

(Residence in Baltimore: No. 26 N. Elwood Ave St.; ....yrs. ....mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, July (Month) 10 (Day), 1916 (Year)

7-AGE, ...yrs. 6 mos. 6 da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Child
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Md.

PARENTS.

10-NAME OF FATHER. Henry Vogt.

11-BIRTHPLACE OF FATHER (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Mary Lennan

13-BIRTHPLACE OF MOTHER (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Charles Snyder

(Address) Johns Hopkins Hospital

15- JAN 16 1917 Filed....., 191.... ROBERT P. KRAUTER SUPT. PUB. HEALTH & CHARITIES Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 15 1917, to Jan. 15 1917, that I saw him alive on Jan. 15 1917, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Intestinal intussusception

..... (Duration) 0 yrs. 0 mos. 2 da.

CONTRIBUTORY (Secondary).....

..... (Duration) ....yrs. ....mos. ....da.

(Signed) Henry Lennard M. D.

Jan 16, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 1 da. In the State ✓ yrs. ....mos. ....da.

Where was disease contracted, if not at place of death? ✓

Former or usual residence 26 N. Elwood Ave

19-PLACE OF BURIAL OR REMOVAL. Cedar Hill Cemetery — DATE OF BURIAL. Jan 18, 1917

20-UNDERTAKER C. A. Kranse — ADDRESS 703 Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1397

CERTIFICATE OF DEATH.

28 D 1397

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1207 Park Ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace Miller

(Residence in Baltimore: No. 1207 Park Ave St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Colored	Marri

6-DATE OF BIRTH, ... Dec (Month) ....., 1 (Day) ..... (Year)

7-AGE,	If LESS than 1 day,
27 yrs. ..... mos. ..... ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Edw Webb

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Turner

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elizabeth Webb

(Address) 1207 Park Ave

15-JAN 16 1917 ROBERT B. KRAUTH

Filed....., 191..... DEPUTY CITY REGISTRAR

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 14 (Day), 1917 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Dec 5 1916, to Jan 14 1917, that I saw h.. alive on Jan 14 1917, and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:

1. .....
Tuberculosis
.....
.....
(Duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas F Blackwell M. D.

Jan 17 191.. (Address) 1207 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL Mt Olivet Cem Talbot Co Md DATE OF BURIAL. Jan 17 191 7

20-UNDERTAKER Felix B. Frye ADDRESS 102 E. Dudley St Talbot County.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D1398

HEALTH DEPARTMENT—CITY OF BALTIMORE

151

CERTIFICATE OF DEATH.

REGISTERED No. D1398

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2312 Tilgt St. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam Wileski.

(Residence in Baltimore: No. 2312 Tilgt St.; ...yrs., ...mos. 1/2 hour ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Jan. 14, 1917 (Month) (Day) (Year)

7-AGE. ...yrs. ...mos. ...ds.

If LESS than 1 day, 1/2 hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Frank Wileski

11-BIRTHPLACE OF FATHER (State or Country). U.S.

12-MAIDEN NAME OF MOTHER Josepha Mazowicz

13-BIRTHPLACE OF MOTHER (State or Country). Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Josephine Wileski.

(Address) 2312 Tilgt St.

15- JAN 16 1917 Filed ..., 191... ROBERT C. ARMS, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. 14, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 14 1917, to Jan 14 1917 that I saw h... alive on ... 191..., and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows: Premature Birth

... (Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) ...

... (Duration) ...yrs. ...mos. ...ds.

(Signed) W. J. Ryan M. D.

Jan 16, 1917. (Address) 2008 Ashland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL. St Stanislaus

DATE OF BURIAL. Jan. 17, 1917

20-UNDERTAKER Lilly & Zeiler

ADDRESS 403 S. Wolfe St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 8 D 1399

CERTIFICATE OF DEATH.

91

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 738 W Lexington ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. (8.))

2-FULL NAME William Leroy Uhler Jr

(Residence in Baltimore: No. 738 W Lexington St.; yrs. 3 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
male	white	Single Infant

6-DATE OF BIRTH, Sept (Month) 22 (Day), 1916 (Year)

7-AGE, — yrs. 3 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer)..... —

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Wm Leroy Uhler

11-BIRTHPLACE OF FATHER (State or Country), Laurel, Md.

12-MAIDEN NAME OF MOTHER Irene Grace Brooks

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)... Chester Riland, M.D.

(Address) 2532 Edmondson Ave.

15- JAN 16 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 12 1917, to January 15 1917, that I saw him alive on January 15 1917, and that death occurred, on the date stated above, at 7. P. m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(Duration) no yrs. no mos. 1½ ds.

CONTRIBUTORY (Secondary) bronchitis (acute)

(Duration) no yrs. no mos. 10 ds.

(Signed) Chester Riland, M. D.

1-16, 1917. (Address) 2532 Edmondson Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Lorraine

DATE OF BURIAL. Jan. 16 1917

20-UNDERTAKER Geo. W. Little

ADDRESS 631 N Fremont Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161 D 1400

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (Inst.) Johns Hopkins Hospital ST.: 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Cosgrove

(Residence in Baltimore: No. 508 S Milton ave St.; yrs. 11 mos. 7 da. 3

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: White Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.): Child

6-DATE OF BIRTH: June 12 1905, (Month) (Day) 1 (Year)

7-AGE: 11 yrs. 7 mos. 3 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: Martin Cosgrove

11-BIRTHPLACE OF FATHER (State or Country): Balto

12-MAIDEN NAME OF MOTHER: Bertha Schlessesger

13-BIRTHPLACE OF MOTHER (State or Country): Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Bertha Cosgrove

(Address): 508 S Milton

15-

Filed JAN 16 1917 191.... HARRY C. ANDREWS Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Jan 15 1917, (Month) (Day) 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns Accidental while lighting lamp

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. da.

(Signed) [illegible] M. D.
(Coroner.)

Jan 15 1917, 191... (Address) H E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 da. In the State 11 yrs. mos. da.

Where was disease contracted, if not at place of death? 508 Milton Ave

Former or usual residence 508 S Milton Ave

19-PLACE OF BURIAL OR REMOVAL: Oak Lawn

DATE OF BURIAL: Jan 17..., 19.17

20-UNDERTAKER: Lilly & Zeiler

ADDRESS: 403 S. Mayfield

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1401

CERTIFICATE OF DEATH.

28

D 1401

1-PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 2215 Eastern Ave. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank J. Seitz.

(Residence in Baltimore: No. 2215 Eastern Ave. St.; 31 yrs., 2 mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Oct 22nd (Month) (Day), 1885 (Year)

7-AGE,	If LESS than 1 day,
31 yrs. 2 mos. 22 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Moulder (Iron)
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Joseph Seitz.

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Regina Kellner

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Regina Seitz.

(Address) 2215 Eastern Ave.

15-JAN 16 1917 HARRY O. ANDREWS

Filed....., 191..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 13th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 19 1916, to Jan 13 1917, that I saw h[illegible] alive on Jan 12 1917, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Dr. O. L. Lang M. D.

1/16, 1917. (Address) 1701 Eastern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Holy Redeemer	Jan 17....., 1917
20-UNDERTAKER	ADDRESS
Lilly & Zeiler	403 S Wolfe

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

D 1402

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 432 N Carrollton Ave ST. 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm H. Crow

(Residence in Baltimore: No. 432 N Carrollton St.; 32 yrs. 7 mos. 12 ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: June (Month) 2 (Day) 1884 (Year)

7-AGE: 32 yrs. 7 mos. 12 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Stage Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Theatrical Shows

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Wm H. A Crow

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Margaret A Smith

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Margaret A Crow

(Address) 432 N Carrollton Ave

15- Filed JAN 16 1917 ..... 191 HARRY C. ARMING, Burial Permit Clerk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 25, 1916, to, Jan 14 1917, that I saw h[illegible] alive on Jan 13 1917, and that death occurred, on the date stated above, at 11[illegible] m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs 3 mos. 1 ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs ..... mos. ..... ds.

(Signed) Hans Boyd M. D.

Jan 15, 1917 [Address] 602 Columbia

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: 1-17 1917

20-UNDERTAKER: Howard E Tulley

ADDRESS: 438 Montgomery

Spec.—8-24-14—M. & T.—2000 Bks.

D 1403

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1403

CERTIFICATE OF DEATH.

REGISTERED No. C 74

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2-4 N. Carey St. St. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Moran

Residence in Baltimore: No. 2-4 N. Carey St. St.: 10 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Feb 4, 1836 (Month) (Day) (Year)

7-AGE. 80 yrs. 11 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Flagman
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Brian Moran

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Margaret Dillon

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edwd. Lee Moran

(Address) 47 & N. Carey St

15- Filed JAN 16 1917, 191... HARRY O. ANDREWS Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan. 15, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 6 1917, to Jan. 15 1917, that I saw him alive on Jan. 15 1917, and that death occurred, on the date stated above, at 11 30 m.

The CAUSE OF DEATH* was as follows:

(a) Valvular Dis. Heart

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

(Signed) Chas. L. Allen M. D.

1/16/17 191... (Address) 608 E. Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. St Joseph Martinsburg W. Va. DATE OF BURIAL. 1-17, 1917

20-UNDERTAKER H C Brannon Son ADDRESS 517 N Broadway St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1404

CERTIFICATE OF DEATH.

79

D 1404

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 Gough ST.; W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Pensmith Sr.

(Residence in Baltimore: No. 1720 Gough St.; 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Widower

6-DATE OF BIRTH, March (Month) 28th (Day), 1834 (Year)

7-AGE, 82 yrs. 9 mos. 17 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Iron worker
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 7 years

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Pensmith

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Elizabeth Grasling

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Pensmith Jr.

(Address) 1720 Gough St

15-

Filed JAN 18 1917 191.... HARRY O. ANDERSON Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 15th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10th 1917, to Jan 15th 1917, that I saw h— alive on Jan 12th 1917, and that death occurred, on the date stated above, at 9 40p. m.

The CAUSE OF DEATH* was as follows:

Aortic & Mitral Regurg

unknown

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

unknown

(Duration) ....yrs. ....mos. ....ds.

(Signed) A. T. Vos M. D.

Jan 16, 1917. (Address) 24 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity Cem DATE OF BURIAL, Jan 17, 1917

20-UNDERTAKER H. Fauder & Son ADDRESS 1710 Pearl

N.B. Blank forms of this certificate can be obtained free of charge at the Health Office. AGE should be stated in YEARS, MONTHS and DAYS EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1406

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1405

CERTIFICATE OF DEATH

REGISTERED NO. C 79

1-PLACE OF DEATH U.S. Marine Hospital No 6

CITY OF BALTIMORE: (No. U.S. Marine Hospital No 6 ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E. Gallin

(Residence in Baltimore: No. 153 N State St. St.; 1 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word.) Married

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 56 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital record

(Address) .....

15- JAN 16 1917 Filed ....., 191.. HARRY C. ANDREWS Deputy Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH January 15, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 3, 1917, to Jan 15 1917, that I saw him alive on January 15 1917, and that death occurred, on the date stated above, at 11.5 a.m.

The CAUSE OF DEATH* was as follows:

Val disease of the heart

Chr Cardiac, Mitral Aortic

(Duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. D. Reichard M. D.

Jan 16, 1917. (Address) U.S. Marine Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. mos. 12 ds. In the State 56 yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 153 N. State St

19-PLACE OF BURIAL, OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Jan 17, 1917

20-UNDERTAKER Henry Hoeck Son

ADDRESS 1901 E Eager

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1400

CERTIFICATE OF DEATH.

79 D 1400

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3136 O'Donnell St. ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Williams

(Residence in Baltimore: No. 3136 O'Donnell St. St.; 40 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, June (Month) 21 (Day), 1851 (Year)

7-AGE, 65 yrs. 6 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of Industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Phila. Pa.

PARENTS.

10-NAME OF FATHER, Not known

11-BIRTHPLACE OF FATHER (State or Country), Not known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Georgama Williams

(Address) 3136 O'Donnell St.

15- Filed JAN 16 1917, 191. HARRY O. ANDREWS Asst. Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 14th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 10. 1915, to Jany. 14th 1917, that I saw him alive on Jany. 13th 1917, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

(Duration) 1 yrs. 4 mos. 29 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. W. Faulk M. D.

Jany 15th, 1917. (Address) 3146 O'Donnell pl

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Carmel Cemetary	Jan. 17, 1917
20-UNDERTAKER Zirkler + Zirkler	ADDRESS 1739 E. Eager St.

P. S. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

41 D 1407

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 746 Rauch ST.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James M. Jones.

(Residence in Baltimore: No. 746 Rauch St.; 35 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH, about — (Month) — (Day) 1867 (Year)

7-AGE. about 50 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Fish dealer
(b) General nature of industry, business, or establishment in which employed (or employer): Fish salesman

9-BIRTHPLACE, (State or Country), North Carolina

PARENTS.

10-NAME OF FATHER, Washington Jones.

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER Dora Kinner

13-BIRTHPLACE OF MOTHER (State or Country), North Carolina

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James M. Jones

(Address) South Boston Va.

15- Filed JAN 16 1917, 191... HARRY C. ANDERSON, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 14th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec'r 26 1916, to Jan'y 14 1917, that I saw him alive on Jan'y 13th 1917, and that death occurred, on the date stated above, at 1 05 A m.

The CAUSE OF DEATH* was as follows:

.....

.....

(a) Endocarditis (Duration) — yrs. One mos. — ds.

CONTRIBUTORY (Secondary) Rheumatism and Nephritis (b) (Duration) — yrs. One mos. — ds.

(Signed) Edward Gilmacrinnon M. D.

January 16, 1917. (Address) 1324 W. Monument St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Laurel Cemetery DATE OF BURIAL. Jan. 17, 191.7.

20-UNDERTAKER Felix B. Pye ADDRESS 1032 E. Fayette St

Notice.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1408

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43 D 1408

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 W Lombard ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara B. Vermillion

(Residence in Baltimore: No. 1327 W Lombard St.; Lifetime mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~ (Write the word.) Married

6-DATE OF BIRTH, December 19, 1876.
(Month) (Day) (Year)

7-AGE, 40 yrs. mos. 26 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Thomas E. Ward.

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md.

12-MAIDEN NAME OF MOTHER Martha E. Mallonee

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas E. Vermillion

(Address) 1327 W. Lombard St

15- JAN 16 1917 HARRY C. ANDERSON

Filed ....., 191.... Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, JAN 14 1917, 191...
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10 1916, to Jan 14 1917.

that I saw h last alive on Jan 13 1917,

and that death occurred, on the date stated above, at 2:40 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma breast Tissue of axillae Generalization Recurrence Metastasis to lungs

(Duration) Last 1 mon yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(Duration) yrs. mos. 1 ds.

(Signed) Geo A Sloan M.D. M. D.

Jan. 14., 191.7 (Address) 2427 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park Cem

DATE OF BURIAL. Jan 17 191 7

20-UNDERTAKER Leo D Gerber

ADDRESS Balto Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1409 D 1409

CERTIFICATE OF DEATH.

120

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 McHenry ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James White

(Residence in Baltimore: No. 917 McHenry St. 40 yrs.. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, Dont know (Month) (Day) (Year)

7-AGE, 65 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, James White

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Dont know

13-BIRTHPLACE OF MOTHER (State or Country), Dont know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. James E. White

(Address) 917 McHenry St.

15- Filed JAN 16 1917 191.. HARRY C. ANDREWS, Burial Permit Clerk, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 13, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 21 1916, to Jan 13 1917, that I saw h in alive on Jan 13 1917, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Nephritis (Chronic)

(Duration) yrs. 1 mos. 22 ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. 1 ds.

(Signed) Joseph E. Muse M. D.

Jan 15 191 7 (Address) 1520 Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral St Cem. DATE OF BURIAL, Jan 17 1917

20-UNDERTAKER H. & M. J. Flynn ADDRESS 1422 Light St

Spec.—8-24-14—M. & T.—2000 Bks.

D 1410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

81 D 1410

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 339 Bloom St ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Solomon
(Residence in Baltimore: No. 339 Bloom St St.; 59 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Oct 15 1857
(Month) (Day) (Year)

7-AGE, 60 yrs. 2 mos. 29 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Shoe dealer

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Solomon Solomon

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Lindemann

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) H. Solomon
(Address) 339 Bloom St

15- Filed JAN 16 1917, 191.... HARRY O. ANDREWS
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 16th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 19th 1910, to Jan 15th 1917, that I saw h[illegible] alive on " " 1917, and that death occurred, on the date stated above, at 5.20 A m.

The CAUSE OF DEATH* was as follows:

Congestion of Lungs
(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis
(Duration) 7 yrs. mos. ds.

(Signed) Jacob L. Schnurer M. D.
1-16-1917. (Address) 30 S. Bway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship — DATE OF BURIAL, Jan 18, 1917.
20-UNDERTAKER Levi Sondheim — ADDRESS 1124 W Fayette

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 lbs.

D 1411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6+ D 1411

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3711 Reisterstown Road ST.; 25 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Levine

(Residence in Baltimore: No. 3711 Reisterstown Road St.; 22 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH. Unknown ....., 1845
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
72 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Levin

(Address) 1411 E Baltimore

15-

Filed JAN 17 1917 ROBERT R. KRAUTER, Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 16, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 1916, to Jan 16 1917, that I saw her alive on Jan 16 1917, and that death occurred, on the date stated above, at 12 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Hypertension

Chronic Nephritis

(Duration) 2 yrs. or more mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage coma

(Duration) yrs. mos. 3½ ds.

(Signed) Frank R. Smith M. D.

Jan 16, 1917. (Address) 112 E Caldwell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Friendship	Jan 17, 1917
20-UNDERTAKER Jack Levin	ADDRESS 1411 E Balto

N. B.—Every item of information should be carefully supplied. ACCURACY should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—3000 Blks.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 1412

CERTIFICATE OF DEATH.

28 D 1412

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 172 N. Luzerne ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Allison Lyncoln DeHaven

(Residence in Baltimore: No. 172 N. Luzerne Av. St.; 56 yrs., 7 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ... Jan. (Month) 4 (Day), 1860 (Year)

7-AGE,	If LESS than 1 day,
56 yrs. 7 mos. 10 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cement Mixer
(b) General nature of industry, business, or establishment in which employed (or employer): in City Employ

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Samuel DeHaven

11-BIRTHPLACE OF FATHER (State or Country), Lancaster Pa.

12-MAIDEN NAME OF MOTHER Elizabeth Vollentine

13-BIRTHPLACE OF MOTHER (State or Country), Phila Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katie DeHaven Turner

(Address) 172 N. Luzerne Ave

15-

Filed JAN 17 1917 191.....

ROBERT R. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 14 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 24 1916, to Jan 14 1917, that I saw h in alive on Jan 14 1917, and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

(a) Exhaustion

(Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) ..... yrs. ..... mos. 21 ds.

(Signed) Louis Vogt M. D.

Jan 15, 1917 (Address) 2611 E. Monument

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Jan. 17 1917

20-UNDERTAKER Robt. J. Turner ADDRESS 1421 Broadway

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1413

CERTIFICATE OF DEATH.

1 30 D 1413

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1347 Jackson ST.; 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie E Scott

(Residence in Baltimore: No. 1347 Jackson St.; 58 yrs., — mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	married

6-DATE OF BIRTH. Nov 27, 1855 (Month) (Day) (Year)

7-AGE. 61 yrs. 1 mos. 19 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework at
(b) General nature of industry, business, or establishment in which employed (or employer): home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, John Smith

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Adaline Hayward

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Scott (Husband.)

(Address) 1347 Jackson St

15- Filed JAN 17 1917 191.... ROBERT R. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 15, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 7 1916, to Jan 15 1917, that I saw h.. alive on Jan 14 1917, and that death occurred, on the date stated above, at 7.30 a. m.

The CAUSE OF DEATH* was as follows:

Brights Disease

(Duration) abt 7 mos. ds.

CONTRIBUTORY (Secondary) No other history

(Duration) yrs. mos. ds.

(Signed) J. Edmund Emrich M. D.

Jan 16, 1917. (Address) 910 Light St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Cemetery — DATE OF BURIAL, Jan 18, 1917.

20-UNDERTAKER Armstrong Denny Co — ADDRESS 715 Light St

I.C.S. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1414

CERTIFICATE OF DEATH.

45

D 1414

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hosp St. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Morgan

(Residence in Baltimore: No. St Johns Lunatic Waverly 2nd St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Single

6-DATE OF BIRTH, Unknown, 1864
(Month) (Day) (Year)

7-AGE, 53 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Home Work
(b) General nature of industry, business, or establishment in which employed (or employer). at home

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Tillowdson A Morgan

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Frances C Dallam

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Records

(Address) Md Gen'l Hospital

15- Filed JUN 17 1917 191.. ROBERT P. KRAUTS Registrar. Burial Permit Clerk.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 15, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 14 1916, to June 15 1917, that I saw h[illegible] alive on June 15 1917, and that death occurred, on the date stated above, at 5.45 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Lung

Clinical Diagnosis (Duration) yrs. 5 mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Dr Bronch

Lung? (Duration) yrs. mos. 1 ds.

(Signed) Edward Mackenzie M. D.

1-12-, 1917. (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 5 mos. 1 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence Waverly Md

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet Cemetery — DATE OF BURIAL, Jan 17, 1917

20-UNDERTAKER Stewart Mowen Co — ADDRESS 1088 Mott Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Wm H. Dreamey

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1415

CERTIFICATE OF DEATH.

170 D 1415

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 339 Rose St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm H. Dreamey

(Residence in Baltimore: No. 339 Rose St.; 45 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Male

4-COLOR OR RACE. Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ...1869...., 1.....
(Month) (Day) (Year)

7-AGE, 48 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Janitor
(b) General nature of industry, business, or establishment in which employed (or employer)..... Capt. House

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Malachi Dreamey

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Jane Garfield

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. H. Dreamey

(Address) 339 Rose St.

15- JAN 17 1917 Filed....., 191.... ROBERT P. KRAUTH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 14th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 9th, 191 7, to Jan 14th, 191 7, that I saw h[illegible] alive on Jan 14th, 191 7, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Uremia

..... (Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Hypertrophy Chronic

..... (Duration) 1 yrs. mos. ..... ds.

(Signed) H. Lee Elliott M. D.

1/18, 191 7, (Address) 724 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Zion Cem — DATE OF BURIAL, Jan 17, 191 7.

20-UNDERTAKER David Eaglin — ADDRESS 1917 Pennsylvania

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 1416

CERTIFICATE OF DEATH

151

Registered No. C D 1416

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 801 E 41st St. WARD 9)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mildred Magee

(Residence in Baltimore: No. 801 E. 41st St.; yrs. 1 mos. 3 ds.)

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Dec. (Month) 13 (Day), 1916 (Year)

7-AGE: yrs. 1 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Balto

PARENTS

10-NAME OF FATHER: Vincent E. Magee

11-BIRTHPLACE OF FATHER (State or country): Balto

12-MAIDEN NAME OF MOTHER: Eva Wardell

13-BIRTHPLACE OF MOTHER (State or country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) V. E. Magee

(Address) 801-2-41st St

15-Filed JAN 17 1917, 19... ROBERT B. KRAUTH, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. (Month) 16 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1916, to Jan 16 1917, that I saw h[illegible] alive on Jan 16, 1917, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) yrs. 1 mos. ds

Contributory (SECONDARY) Pneumonia.

(Duration) yrs. mos. 3 ds.

(Signed) Harry Grossman M. D.

Jan 17, 1917 (Address) 7687 Harford Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: 1-19-1917

20-UNDERTAKER: W. Brannigan Son

ADDRESS 511 N. Schroeder St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1417

CERTIFICATE OF DEATH.

D 1417

105

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2400 Hudson ST.; 1st WARD)

REGISTERED NO. C

2-FULL NAME Frank J. Bibel

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 2400 Hudson St.; 4 yrs., 6 mos. 24 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 23, 1912 (Month) (Day) (Year)

7-AGE, 4 yrs. 6 mos. 24 da. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, John Bibel

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Marie Bibel

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Marie Bibel

(Address) 2400 Hudson St

15-Filed JAN 17 1917 191 ROBERT R. KRAUT Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 15, 1917 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from Jan 15 1917, to Jan 15 1917, that I saw h[illegible] alive on Jan 15 1917, and that death occurred, on the date stated above, at 11:45 a. m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(Duration) 2 days

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) yrs. mos. da.

(Signed) Chas Klein M. D.

1/16/17, 191... (Address) 408 E Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, 1st German — DATE OF BURIAL, Jan 18, 1917

20-UNDERTAKER Peter Nicolaus — ADDRESS 2016 Eastern Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1418

CERTIFICATE OF DEATH.

28 D 1418

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 E. Lafayette Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodore Mueller

(Residence in Baltimore: No. 231 E Lafayette St, St.: yrs., 2 mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	white	Single

6-DATE OF BIRTH. December 12, 1878
(Month) (Day) (Year)

7-AGE. 38 yrs. 1 mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Real Estate

9-BIRTHPLACE, (State or Country), New Jersey

PARENTS.

10-NAME OF FATHER, Edward Mueller,

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Clementine Steinke

13-BIRTHPLACE OF MOTHER (State or Country), U.S.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Dr. Alexander

(Address) 1810 Guilford Ave

15- ROBERT B. BRAUNE

Filed JAN 17 1917, 191... Burial Permit Clerk.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. January 15, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 4 1917, to January 15 1917, that I saw him alive on January 15 1917, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) A. Alexander M. D.

Jan 15, 191 7 (Address) 1810 Guilford Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Druid Ridge Cemetery

DATE OF BURIAL. 1/18, 191 7

20-UNDERTAKER Mowery & Williams Inc

ADDRESS 857 N. Calvert St.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1419

CERTIFICATE OF DEATH.

1917 D 1419

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hosp St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John D. Gross

(Residence in Baltimore: No. 1450 Decatur St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Aug 12 (Month) (Day), 1860 (Year)

7-AGE, 56 yrs. 5 mos. 4 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Iron Worker
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm Gross

11-BIRTHPLACE OF FATHER (State or Country) Germany

12-MAIDEN NAME OF MOTHER Rosina Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosina Johnson

(Address) 1450 Decatur St.

15- ROBERT P. BEAUTIN

Filed ..... 191.... JAN 17 1917 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 16 (Month) (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 4 1917, to June 16 1917, that I saw h.. alive on June 16 1917, and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Myocarditis

(Duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elmer Newcomer M. D.

1 16, 1917. (Address) 946 Eutaw Mon

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1450 Decatur

19-PLACE OF BURIAL OR REMOVAL, Balto Cem

DATE OF BURIAL, Jan 19..., 1917.

20-UNDERTAKER Wm Cook

ADDRESS 502 E Hoff

N.B.—Every item of information must be given as accurately as possible, so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

Spec.—8-24-14-[illegible] & T.—2000 Blks.

Horatio S. Miller

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1420 CERTIFICATE OF DEATH 1917 D 1420

1-PLACE OF DEATH U.S. Marine Hospital REGISTERED NO. C.....

CITY OF BALTIMORE: (No. U.S. Marine Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME U.S. Miller

(Residence in Baltimore: No. U.S. Marine Hospital St.; ..... yrs., ... mos. 38 da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word). Married

6-DATE OF BIRTH, January 1 (Month) (Day) (Year)

7-AGE, 46 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Seaman
(b) General nature of industry, business, or establishment in which employed (or employer). .....

9-BIRTHPLACE, (State or Country). North Carolina

PARENTS.

10-NAME OF FATHER, C. C. Miller

11-BIRTHPLACE OF FATHER (State or Country), North Carolina

12-MAIDEN NAME OF MOTHER Linton

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. L. Reed

(Address) .....

15- JAN 17 1917 Filed ....., 191.... ROBERT E. HEALTH Registrar. Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 9 1916, to Jan 17 1917, that I saw him alive on Jan 17 1917, and that death occurred, on the date stated above, at 7.45 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Colo
Pulmonary
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. 38 mos. ..... ds.

(Signed) Chas. L. Reed M. D. or C. D.
Jan 17, 1917 (Address) U.S. Marine Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. ..... mos. 38 ds. In the State yrs. ..... mos. 38 ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence Elizabeth City N C.

19-PLACE OF BURIAL OR REMOVAL, Elizabeth City N. C. DATE OF BURIAL, Jan 17, 1917

20-UNDERTAKER William Cook ADDRESS 50 E North Ave

N. B.—Every item of information should be given in plain terms, so that it may be properly examined. CAUSE OF DEATH in plain terms, so that it may be properly examined. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1421

CERTIFICATE OF DEATH.

152 D 1421

1-PLACE OF DEATH Womans Hospital — REGISTERED No. C

CITY OF BALTIMORE: (No. ..... ST.; 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Roberta Padgett

(Residence in Baltimore: No. Womans Hospital St.; ..... yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Baby

6-DATE OF BIRTH. ..... Jan. (Month) 16... (Day), 1917. (Year)

7-AGE. ..... yrs. ..... mos. ..... da.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Womans Hospital

PARENTS.

10-NAME OF FATHER, P. M. Padgett —

11-BIRTHPLACE OF FATHER (State or Country), La Plata Md.

12-MAIDEN NAME OF MOTHER Lena Wales

13-BIRTHPLACE OF MOTHER (State or Country), Woodwardville, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) P. M. Padgett

(Address) Pennyman Md

15- Filed JAN 17 1917 191 ROBERT B. KRAUTER Registrar.

Burial Per...

N.B.—Every item of information should be given, so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. (Month) 16..., 1917. (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 16 1917, to Jan 16th 1917, that I saw h er alive on Jan. 16 1917, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

..... Atelectasis

.....

.....

..... (Duration) ..... yrs. ..... mos. 1 da.

CONTRIBUTORY (Secondary) ..... Premature Ca. 8½ months

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) ..... P. E. Silvestis — ..... M. D.

....., 191... (Address) ..... Womans Hosp. ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? See above

Former or usual residence Pennyman Maryland

19-PLACE OF BURIAL OR REMOVAL. Woodwardville Md. DATE OF BURIAL. Jan. 17. 191 6

20-UNDERTAKER Wm J. Ickes & Son ADDRESS 5th & N ave

Spec.—8-24-14—M. & T.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1422

CERTIFICATE OF DEATH.

X 123 D 1422

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Miller

(Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ..... (Day), 1891. (Year)

7-AGE, 73 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Janitor
(b) General nature of industry, business, or establishment in which employed (or employer)..... Private House

9-BIRTHPLACE, (State or Country), Pa

PARENTS.

10-NAME OF FATHER, Wm Miller

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Anna Kelly

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Address Unknown

(Address)..... Aberdeen Md

15-

Filed JAN 17 1917, 191.....

ROBERT R. KRAUTER

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. (Month) 17th (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 27 1916, to Jan 16 1917, that I saw him alive on Jan 16 1917, and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

.....

.....

Pneumonia

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Vascular Calculus

..... (Duration) ..... yrs. Unknown mos. ..... ds.

(Signed) W. Hamilton Tomlinson M. D.

Jan 16, 1917. (Address) University Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 20 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Aberdeen, Md

19-PLACE OF BURIAL OR REMOVAL, Aberdeen Md — DATE OF BURIAL, June 1. 1917.

20-UNDERTAKER W J Wilson — ADDRESS Sun Camden Park

N.B.—Every item of information must be given if possible, so that it may be properly examined. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1423

CERTIFICATE OF DEATH.

1920 D 1423

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 245 N Montford ave St.) 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME William Henry Gross

(Residence in Baltimore: No. 245 N Montford ave St.; 14 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Widower

6-DATE OF BIRTH, March 17, 1831 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
85 yrs. 9 mos. 27 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Farming

9-BIRTHPLACE, (State or Country): St Mary's County Md

PARENTS.

10-NAME OF FATHER, Major Gross

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ella Gross

(Address) 211 Montford ave

15-

Filed JAN 17 1917 191 ROBERT R. KRAUTER, Registrar.

N.B.—Every item of information must be given, so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 14, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 13 1917, to Jan 14 1917, that I saw him alive on Jan 13 1917, and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Nephritis (Chronic)

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Uraemic Convulsions

(Duration) yrs. mos. 1 ds.

(Signed) Adolph E. Eisenbarth M. D.

Jan 15, 1917. (Address) 2201-2203 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Asbury cemetery	Jan 17 1917
20-UNDERTAKER Milton Davis & Co	ADDRESS McElderry St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 14:24

CERTIFICATE OF DEATH.

9 2 D 14:24

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8) (Hospital or Institution) Md General Hosp (WARD) X7

REGISTERED NO. C

2-FULL NAME Charles M Phelan

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 605 Greenmount Ave St.; ..... yrs.. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word.) Single

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE. 28 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- JAN 17 1917 Filed ....., 191.. ROBERT R. KRAETER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... June (Month) 11 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 8 1917, to June 11. 1917, that I saw h m alive on June 11 1917, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia.

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward Newcomer M. D.

1-12-, 1917. (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death ..... yrs. ..... mos. 3 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 605 Greenmount Ave

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPIT

DATE OF BURIAL, ..., 191.. JAN 17 17

20-UNDERTAKER

ADDRESS

Commissioner Health.

N.B.—Every item of information should be properly answered, so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

D 1425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 1425

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Maternal Broadway St.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maxwell Charnetan

(Residence in Baltimore: No. 1084 Madeira St

St.; yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, October, 1 (Month) (Day) (Year)

7-AGE, 5 9 yrs. mos. ds.

If LESS than 1 day, Moriyata hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Seaman
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, William Thornton

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. Harry S. Vodery

(Address) 1725 Orleans St

15-
Filed JAN 17 1917 191 ROBERT B. KRAUTER
Burial Permit Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 11, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Theodore Krauter M. D. (Coroner.)

June 6, 191.. (Address) 1610 E Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Urbanna Va DATE OF BURIAL, Jan 17th, 19 17

20-UNDERTAKER Harry S. Vodery ADDRESS 1725 Orleans St

N. B.—Every item of information should be carefully supplied. AGE must be given in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1426 **CERTIFICATE OF DEATH.** 37 D 1426

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 Shuter Street ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Campbell

(Residence in Baltimore: No. 803 Shuter Street St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	Black	Single

6-DATE OF BIRTH, January 14 1917 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
....yrs....mos....ds.	about 11 hours. ....hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Charles Campbell

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Catherine Buck

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Gheverey Jr M.D.

(Address) Johns Hopkins Hospital

15- Filed JAN 17 1917, 191.... ROBERT B. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 14 1917, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 14 1917, to January 14 1917, that I saw him alive on January 14 1917, and that death occurred, on the date stated above, at about 7 11p m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) Chas Gheverey Jr M. D.

January 15 1917 (Address) Johns Hopkins Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL. ....., 191...
20-UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPT JAN 18 1917

Commissioner Health.

Burial Permit Issued

N. B.—Every item of information must be given as far as possible, and CAUSE OF DEATH in plain terms, so that it may be properly classified. All items important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1427 **CERTIFICATE OF DEATH.** 28 D 1427

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Lee

Residence in Baltimore: No. 503 W Biddle St St.; ..... yrs.. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOW, or DIVORCED (Write the word.) Widower

6-DATE OF BIRTH, Not known ....., 1 .....
(Month) (Day) (Year)

7-AGE. 41 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Day

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Geo Lee

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Agnes ?

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Calvert St

15- JAN 17 1917 ROBERT B. KRAUTER
Filed....., 191.... Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 14, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 26 1917, to Jan. 14 1917, that I saw him alive on Jan. 14 1917, and that death occurred, on the date stated above, at 2 00 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary & Peritoneal Tuberculosis

..... (Duration) Do not know yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edwards, Samuel M. D.

Jan. 14, 191 7 (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 19 ds. In the State 14 yrs. — mos. —

Where was disease contracted if not at place of death? 503 W. Biddle St

Former or usual residence 503 W. Biddle St

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

COLLEGE OF P. & S. JAN 17 1917

Commissioner Health.

N.B.—Every item of information should be given, so that it may be properly entered on the Certificate. CAUSE OF DEATH in plain terms, so that it may be properly coded. All items important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1428 **CERTIFICATE OF DEATH.** 170 D 1428

1-PLACE OF DEATH REGISTERED NO. C

CITY OF BALTIMORE: (No. Mercy Hospital St. 22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucie Johnson

(Residence in Baltimore: No. 811 Peach Alley St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word.) Single

6-DATE OF BIRTH, Dec 25, 1896 (Month) (Day) (Year)

7-AGE, 20 yrs. 0 mos. 19 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Robt. Price

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Emma Johnson

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rec'd Mercy Hosp

(Address) Calvert St.

15- Filed JAN 17 1917, 191.... ROBERT R. KRAUTER Registrar.

Burial Permit Clerk

N.B.—Every item of information may be properly important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 13, 1917 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 4 1917, to Jan 13 1917, that I saw her alive on Jan 13 1917 and that death occurred, on the date stated above, at 9.50 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) Don't Know yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward P. Smith M. D.

Jan. 14, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. .... mos. 9 ds. In the State 10 yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? 811 Peach Alley

Former or usual residence 811 Peach Alley

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, ..., 191...

20-UNDERTAKER | ADDRESS

JAN 17 1917 Commissioner Health.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1429 — 159 — D 1429

CERTIFICATE OF DEATH.

REGISTERED NO. C.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 410 W. Camden St. 14 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gustav Nachman

(Residence in Baltimore: No. Marlborough Apartments, Eutaw Place, St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Aug 24 (Month) (Day), 1867 (Year)

7-AGE, 49 yrs. 4 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: President of Eagle
(b) General nature of industry, business, or establishment in which employed (or employer): Manufg. Co.

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Henry Nachman

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mina Hyman

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jos. Nachman

(Address) Harrisburg Pa

15- Filed JAN 17 1917, 191.... ROBERT E. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 16 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage, caused by pistol shot wound in head (suicide)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Albert A. Dorsett M. D. (Coroner)
Jan 16, 1917 (Address) 317 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Ohel Shalom Cem	Jan 18, 1917
20-UNDERTAKER	ADDRESS
J Ahrens & Co	1611 Madison

N. B.—Every item of information should be carefully supplied. ACCURACY IS IMPORTANT. Exact statement of OCCUPATION and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 D 1430

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. Johns Hopkins Hospital ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patk Ford

(Residence in Baltimore: No. 1221 Maryland Ave St.; 2 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Black	Married

6-DATE OF BIRTH, January 4, 1867.
(Month) (Day) (Year)

7-AGE, 49 yrs. 10 mos. 11 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer Day
(b) General nature of industry, business, or establishment in which employed (or employer): On Street

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, George Ford

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Sarah Hackett

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible]

(Address) 1221 Maryland Ave

15- Filed JAN 17 1917, 191.... ROBERT R. KRAUTER, Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 15, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 12 1917, to January 15 1917, that I saw h.. alive on January 15 1917, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Pneumococcus Meningitis

(Duration) yrs. mos. 1 ds.

(Signed) Frank R. Evans M. D.

Jan 15, 191.. (Address) The Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 3 ds. In the State ✓

Where was disease contracted, if not at place of death? ✓

Former or usual residence 1221 Maryland Ave

19-PLACE OF BURIAL OR REMOVAL, Hatting Woods Co | DATE OF BURIAL, January 17, 191.

20-UNDERTAKER John Havens | ADDRESS 1538 Druid Park

N.B.—Every item of information must be given, so that it may be proper entry. CAUSE OF DEATH in plain terms, so that it may be properly classified important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1431

CERTIFICATE OF DEATH.

91 D 1431

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1333 N. Stockton St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Asa Pitts

(Residence in Baltimore: No. 1333 N. Stockton St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Child

6-DATE OF BIRTH, Dec 10, 1914
(Month) (Day) (Year)

7-AGE, 2 yrs. 1 mos. 5 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto Md.
Born December 10 1914

PARENTS.

10-NAME OF FATHER, Harvey Pitts.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md.

12-MAIDEN NAME OF MOTHER Emma Mooney.

13-BIRTHPLACE OF MOTHER (State or Country), Easton Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Mooney

(Address) 1333 N. Stockton

15-

Filed JAN 17 1917 191.... ROBERT R. KRAUTER Registrar.

Burial Permit

N.B.—Every item of information is important, so that it may be properly CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 15, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 13 1917, to Jan 15 1917, that I saw h[illegible] alive on Jan 15 1917 and that death occurred, on the date stated above, at 6 10a m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Whooping Cough

(Duration) ....yrs. 1 mos. ....ds.

(Signed) J. R. Tadehoff M. D.

1/16, 1917. (Address) 117 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem. DATE OF BURIAL, Jan 17, 1917

20-UNDERTAKER Edward Ringgold ADDRESS 1463 N Carey

Spec.—8-24-14—M. & T.—2000 Bks.

D 1432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

282 D 1432

REGISTERED No. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 9 WARD)

2-FULL NAME Edward Moffett.

(Residence in Baltimore: No. 1338 West St. St.; ....yrs. ....mos. ....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Sing

6-DATE OF BIRTH, ...March.... (Month) 18 (Day) 1915 (Year)

7-AGE, 1 yrs. 6 mos. 29 ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....None....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Edward Moffett

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Annie Hennings

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Pheltz.

(Address) Johns Hopkins Hosp.

15- JAN 17 1917 ROBERT R. KRAUTER

Filed....., 191.... Registrar.

N.B.—Every item of information should be given as accurately as possible, as this certificate may be property evidence. CAUSE OF DEATH in plain terms, so that it may be understood by the laymen. Every item is important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...January.... (Month) 16 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 16 1916, to Jan 16, 1917, that I saw him alive on Jan 16, 1917, and that death occurred, on the date stated above, at 3 00 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

.....

.....

..... (Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

..... (Duration) ....yrs. 7 mos. ....da.

(Signed) ....H. Leslie S. Williams.... M. D.

Jan 16, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. 3 hours mos. ....ds. In the State ....yrs. — mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1338 West St

19-PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery | DATE OF BURIAL: Jan 18, 1917

20-UNDERTAKER: H. C. Wedefeld | ADDRESS: 914 Gilmore St

D 1433

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 D 1433

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 S. Paca ST. 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Glakovich

(Residence in Baltimore: No. 613 S. Paca St. 25 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: not Known. (Month) ..... (Day), 1861 (Year)

7-AGE: 56 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Tailor

9-BIRTHPLACE (State or country): Russia

PARENTS

10-NAME OF FATHER: Kazimer Glakevich

11-BIRTHPLACE OF FATHER (State or country): Russia

12-MAIDEN NAME OF MOTHER: not Known

13-BIRTHPLACE OF MOTHER (State or country): not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sophia Grabkavich

(Address) 650. Columbia ave

15- Filed JAN 17 1917 ROBERT R. KRAUTH Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 16, 1917, to Jan. 16 1917, that I saw h.. alive on Jan. 16 1917, and that death occurred, on the date stated above, at 12½ m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

..... (Duration) ..... yrs ..... mos ..... ds.

Contributory (SECONDARY) Chronic Valvular Heart Disease

..... (Duration) 10 yrs ..... mos ..... ds.

(Signed) John D. Galadowicz M. D.

Jan 16, 1917 [Address] 629 Columbia ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 613 S. Paca St.

19-PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: Jan. 18. 1917

20-UNDERTAKER: John Grehlanchas ADDRESS: 500. S. Paca St.

N. B.—Every item of information should be carefully given, and that it may be properly classified, state CAUSE OF DEATH in plain terms, so that it may be properly classified. ATTENTION is very important. See instructions on back of certificate.

D 1434 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1434

CERTIFICATE OF DEATH.

169

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Pier 7 Locust Point. St. 23 24 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John H.Smith.(col'd)

(Residence in Baltimore: No. 927 S.Sharp St.

40 St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male.	Colored.	Married.

6-DATE OF BIRTH, August 10th. 1856., / (Month) (Day) (Year)

7-AGE, 60 yrs. 5 mos. 5 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Seaman.
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Virginia.

PARENTS.

10-NAME OF FATHER. George Smith.(c)

11-BIRTHPLACE OF FATHER (State or Country). Virginia.

12-MAIDEN NAME OF MOTHER Do not know.

13-BIRTHPLACE OF MOTHER (State or Country), Do not know.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E.Smith.(c)wife.

(Address) 927 S.Sharp St.

15- JAN 17 1917 Filed....., 191.....

Burial Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 15th. 1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy & inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.

(Duration) yrs. mos. ds.

CONTRIBITORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Chas. M. Reinhardt M. D. (Coroner)

Jan, 17, 1917 (Address) 1017 S.Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Ct	Jan. 18, 1917.
20-UNDERTAKER	**ADDRESS**
J L Brown, 2d Son	108 N. Potts st

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1435 113 170 D 1435

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 S Streeper ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Stahn

(Residence in Baltimore: No. 805 S. Streeper St.; 45 yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
male	white	widowed

6-DATE OF BIRTH, Aug (Month) 10 (Day), 1832 (Year)

7-AGE, 84 yrs. 5 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer): retired 15 yr.

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Don't Know

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles H. Stahn

(Address) 805 S. Streeper St.

15-

Filed JAN 17 1917, 191.... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 16, (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 1917, to Jan 16 1917, that I saw him alive on Jan 15 1917, and that death occurred, on the date stated above, at 1 10 a.m.

The CAUSE OF DEATH* was as follows:

Uraemia coma

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial

Nephritis (Duration) Unknown mos. ds.

(Signed) [illegible] M. D.

Jan 17 1917. (Address) 204 E. O'Donnell St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Bachmans Cem. DATE OF BURIAL, Jan 18, 1917

20-UNDERTAKER John Herwig & Co ADDRESS 204 N. Wilcox

N. B.—Every item of information should be given as accurately as possible. CAUSE OF DEATH in plain terms, so that it may be understood by the people generally. The date of death is important. See instructions on back of certificate.

D 1436 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1436

CERTIFICATE OF DEATH.

+186

REGISTERED No. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1 Mercy Hospital ST.: 4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melton Whitmore

(Residence in Baltimore: No. Mercy Hospital and Co Md St. yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Aug. (Month) 2nd (Day), 1879 (Year)

7-AGE, 37 yrs. 5 mos. 14 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Workman in a Mill
(b) General nature of industry, business, or establishment in which employed (or employer): Richards Mill {Simpsonville Howard Co. Md.

9-BIRTHPLACE, (State or Country), Baltimore Co. Md

PARENTS.

10-NAME OF FATHER, Geo. H. Whitmore

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Hanna F. Hoffman

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Whitmore

(Address) 1929 Clifton Ave

15-

Filed JAN 17 1917 191 HARRY C. ARCHER
Burial Permit Issued Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis Acute
Ruptured Intestines Caused by Accident (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Same as above (Duration) yrs. mos. ds.

(Signed) W. Reule M. D.
(Coroner.)
Jan 17, 1917 (Address) 103 E. Biddle

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State 5 yrs. mos. ds.
Where was disease contracted, if not at place of death? Simpsonville Howard Co Md
Former or usual residence Simpsonville Howard Co Md

19-PLACE OF BURIAL OR REMOVAL, Loudon Park
DATE OF BURIAL, Jan 19, 1917

20-UNDERTAKER Scott M. Stary
ADDRESS 1705 St Paul St. Baltimore Md.

N. B.—Every item of information should be carefully supplied. Please see that CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1437

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 D 1437

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Everett Blake

Residence in Baltimore: No. 1014 W. Lafayette Ave. St.; Lifetime (yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	married

6-DATE OF BIRTH. August 2, 1886 (Month) (Day) (Year)

7-AGE. 30 yrs. 5 mos. 15 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Supt.
(b) General nature of industry, business, or establishment in which employed (or employer): Md. Cas. Co.

9-BIRTHPLACE. (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, John D. Blake M.D.

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Florentine M. Marriott

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. E. Blake

(Address) 1014 W. Lafayette ave

15- JAN 17 1917 Filed....., 191.... HARRY C. ANDREWS Burial Permit Clerk Registrar.

N. B.—EVERY ITEM must be answered in CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 9 1917, to Jan. 17 1917, that I saw h in alive on Jan. 17 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

1. Acute suppuration appendicitis
2. Gonorrhoea genitourinary

(Duration) ....yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Septicaemia

(Duration) ....yrs. mos. 8 ds.

(Signed) G. A. Bowden M. D.

Jan 17, 1917 (Address) Md. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 8 ds. In the State 30 yrs. 5 mos. 15 ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1014 W. Lafayette Ave.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Millard Va	Jan 18, 1917
20-UNDERTAKER Wm J Tickner & Sons	ADDRESS 824 N ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 14:38

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 34

D 14:38

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Doris Smith

(Residence in Baltimore: No. University Hospital St.; — yrs., — mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Unknown (Month) (Day) 1915 (Year)

7-AGE,	If LESS than 1 day,
— yrs. 1 1/2 mos. ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Chas Smith

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary Stevenson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm J Pickrell

(Address) Bucks

15-

Filed JAN 17 1917 191.... HARRY C. ADA... Registrar.

N. B.—Every item must be answered, so that if any important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms,

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 17 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 15 1917, to Jan 17 1917, that I saw her alive on Jan 17 1917, and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

(a) Lobar Pneumonia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Interstitial Cervical Edematous unknown

(Duration) yrs. mos. ds.

(Signed) W. Houston Jonhson M. D.

1/17, 191.7 (Address) University Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 2 ds. In the State life mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence Waterbury, Md

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Waterbury Md	Jan 19, 191.

20-UNDERTAKER Wm J Pickrell & Son | ADDRESS Port Deposit

Spec.—8-24-14—M. & T.—2000 Bks.

D 1439

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1439

CERTIFICATE OF DEATH.

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4004 Roland Ave. ST.) 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Ann Floyd

(Residence in Baltimore: No. 4004 Roland Ave. St.; 84 yrs., 5 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, August (Month) 4 (Day), 1832 (Year)

7-AGE, 84 yrs. 5 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER, James McCleary

11-BIRTHPLACE OF FATHER (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER Julia A. Croney

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..Mrs. Cornelia V. Roberts.

(Address).....4004 Roland Ave.

15-

Filed JAN 17 1917 191.... HARRY C. ANDREWS Registrar.

Buried Laurel Mark

CAUSE OF DEATH in plain terms, important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1917, to Jan. 16, 1917, that I saw her alive on Jan. 15, 1917, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration)....yrs....mos. 10 ds.

CONTRIBUTORY (Secondary)

(Duration)....yrs....mos....ds.

(Signed) Edwin B. Fenby M. D.

Jan 16..., 1917. (Address) 1223 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Olivet Cemetery. DATE OF BURIAL, Jan. 18., 1917.

20-UNDERTAKER Joseph B. Cook ADDRESS 1003 W. Balto.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1440

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1440

CERTIFICATE OF DEATH.

× 92

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. Maryland General St. Hosp. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Roslyn Ellingsworth

(Residence in Baltimore: No. Maryland General Hospital St.; ..... yrs., mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word.) Married

6-DATE OF BIRTH, ... December ....., 1 .....
(Month) (Day) (Year)

7-AGE, 19 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... H.W. .....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Florida

PARENTS.

10-NAME OF FATHER, J. F. Adams

11-BIRTHPLACE OF FATHER (State or Country), Fla.

12-MAIDEN NAME OF MOTHER Elizabeth Warner

13-BIRTHPLACE OF MOTHER (State or Country), Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ..... Hospital Record .....

(Address) .....

15-

Filed ....., 191...

HARRY O. ANDERSON
Registrar.

CAUSE OF DEATH to be plainly written. Every question must be answered if possible. Unknown or illegible answers will delay burial permit. Every item important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan ..... 17 ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 13 1917, to Jan 17 1917, that I saw h[illegible] alive on Jan 17 1917, and that death occurred, on the date stated above, at 8.01 a.m.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elmer Hartman M. D.

1-17, 191 7. (Address) Md. General Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 4 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 510 E 2d Sharon South

19-PLACE OF BURIAL OR REMOVAL Newport News, Va. DATE OF BURIAL, Jan 17-17, 191...

20-UNDERTAKER E. A. Fitzpatrick ADDRESS 2433 W. North Ave

Spec.—8-24-14—M. & T.—2000 Blks.

D 1441 HEALTH DEPARTMENT—CITY OF BALTIMORE 75 D 1441

CERTIFICATE OF DEATH

1-PLACE OF DEATH Union Protestant Infirmary REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1514 Division ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME M. Morris Marcus

(Residence in Baltimore: No. Union Protestant Infirmary St.: ..... yrs., 1 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, December (Month) 24 (Day), 1883 (Year)

7-AGE, 33 yrs. ..... mos. 24 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): (Clothing)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Louis Marcus

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Baltimore

15- JAN 17 1917 Filed ....., 191..... MARY C. ANDERSON Registrar.

CAUSE OF DEATH must be given in plain English. Technical terms are not important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 6 1916, to Jan 17 1917, that I saw him alive on Jan 17 1917, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Hypernephroma of kidney
(Operation - Dec 21 1916)

..... (Duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

..... (Duration) ..... yrs. ..... mos. 11 ds.

(Signed) R. T. Kieffer M. D.

Jan 17, 1917 (Address) 1514 Division ST

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 11 ds. In the State yrs. 1 mos. 11 ds.

Where was disease contracted, if not at place of death? at home

Former or usual residence Eutawville, S. C.

19-PLACE OF BURIAL OR REMOVAL, Charleston S. C. DATE OF BURIAL, Jan. 17, 1917

20-UNDERTAKER Jack Lewis ADDRESS 1411 E. Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

D 1442

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 1442

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Little Sisters of the Poor REGISTERED NO. C

CITY OF BALTIMORE: (No. ..... ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Orgill

(Residence in Baltimore: No. Little Sisters of the Poor St.; 60 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... Mars (Month) ..... 16 (Day), 1835 (Year)

7-AGE, 81 yrs. 10 mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, Joseph Orgill

11-BIRTHPLACE OF FATHER (State or Country), England

12-MAIDEN NAME OF MOTHER Mary Wood

13-BIRTHPLACE OF MOTHER (State or Country), England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Sister Benedict

(Address) Little Sisters of the Poor

15- JAN 17 1917 Filed ....., 191.... HARRY C. ANDREWS Registrar.

CAUSE OF DEATH to be filled in plainly and important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... January (Month) ..... 16th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from No record ..... 191 , to ..... 191 ,
that I saw him alive on Jany 14 1917 ,
and that death occurred, on the date stated above, at 8 P. m.
The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

3 weeks (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Coma

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) F. H. Barnes M. D.

Jany 17, 1917. (Address) 1132 Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 10 yrs. mos. ds. In the State 60 yrs. mos. ds.

Where was disease contracted, if not at place of death? Little Sisters of the Poor

Former or usual residence Little Sisters of the Poor

19-PLACE OF BURIAL OR REMOVAL Cathedral DATE OF BURIAL, Jan 18, 1917

20-UNDERTAKER H. C. Wadefield ADDRESS 914 Greenmount Av

D 1443

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

D 1443

1 PLACE OF DEATH

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 3553 Benson St.: 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Turissa E Watts

(Residence in Baltimore: No. 30 Years St.; — yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6-DATE OF BIRTH: Oct 17 (Month) (Day) 1832 (Year)

7-AGE: 84 yrs. 3 mos. ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) None

9-BIRTHPLACE (State or country) Md

PARENTS

10-NAME OF FATHER: John Redden

11-BIRTHPLACE OF FATHER (State or country): Md

12-MAIDEN NAME OF MOTHER: Eslor Ross

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H A Mulcahy

(Address) 3553 Benson St

15- JAN 17 1917 Filed ..., 191... HARRY C. ANDREW Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15, 1917, to Jan 17 1917, that I saw h... alive on Jan 15 1917, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

c

(Duration) ... yrs ... mos. ... ds.

Contributory (SECONDARY) Paralysis

(Duration) ... yrs. ... mos. ... ds.

(Signed) D W Smith M. D.

Jan 17, 1917 [Address] 3623 Roland

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Mary Hampden | DATE OF BURIAL: Jan 17, 1917

20-UNDERTAKER: A S Marshall | ADDRESS: 35 Dog Talk Rd

N. B.—Every item of information must be given, so that it may be properly stated. CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1444

CERTIFICATE OF DEATH.

28 D 1444

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1321 Bayard ST.; 21 WARD)

2-FULL NAME Leah Porter (Leah Porter)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 1321 Bayard St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, Nov. (Month) 18 (Day), 1883 (Year)

7-AGE, 33 yrs. 1 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Laundress

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Washington Porter

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Fanny Harlem

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leah Brown

(Address) 1321 Bayard.

15-

Filed JAN 17 1917, 191.... HARRY C. ANDREWS
DEPUTY COMPTROLLER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 15 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 15 1916, to Jan 15 1917, that I saw h.. alive on Jan 12 1917; and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

(a) Pulmonary Tuberculosis

(Duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Stanley Stacy M. D.

Jan 16, 1917 (Address) 1 E. Lexington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs. .....mos.....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn — DATE OF BURIAL, Jan 18, 1917

20-UNDERTAKER Hilker & Brown — ADDRESS 306 N. Mount St.

CAUSE OF DEATH must be filled in. See instructions on back of certificate.

D 1445

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1445

CERTIFICATE OF DEATH

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Md Gen'l Hospital ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Young

(Residence in Baltimore: No. Md General Hospital St.; yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ... Unknown, 187 .....
(Month) (Day) (Year)

7-AGE, 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Stone
(b) General nature of industry, business, or establishment in which employed (or employer) Cutter

9-BIRTHPLACE, (State or Country) Baltimore

PARENTS.

10-NAME OF FATHER, George A. Young

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Sarah Ruzzo

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ? Brother

(Address) 638 S Bentalou St

15- JAN 17 1917 Filed ....., 191..... HARRY C. ANDERS Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. 16, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broken Back
(Accident)

(Duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Accidently fell from a Derrick

(Duration) ..... yrs. 4 mos. ..... ds.

(Signed) ..... M. D.
(Coroner)

Jan 17, 1917 (Address) 819 E Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. 4 mos. ..... ds. In the State ..... yrs. Life mos. ..... ds.

Where was disease contracted, if not at place of death? Port Deposit Md

Former or usual residence Port Deposit Md

19-PLACE OF BURIAL OR REMOVAL Port Deposit Md DATE OF BURIAL, Jan 19, 1917

20-UNDERTAKER John A. Bischoff ADDRESS 517 Division

N.B.—Every question must be answered, so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. All items important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1446

CERTIFICATE OF DEATH.

120 D 1446

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 N. Dallas St (rear) ST.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Banks

(Residence in Baltimore: No. 403 N. Dallas St (rear) St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Black. G. G.	Widower

6-DATE OF BIRTH, ... January (Month) 1 (Day), ... (Year)

7-AGE,	If LESS than 1 day,
53 yrs. ... mos. ... ds.	...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Teamster
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Ice Wagon

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Demand Banks

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Matilda Emels

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Matilda Webster

(Address) 403 Dallas St. (rear)

15- Filed JAN 18 1917, 191.... ROBERT R. KRAUTER, Registrar.

Burial Permit Book

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... January (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1917, to Jan. 16, 1917, that I saw him alive on Jan. 16, 1917, and that death occurred, on the date stated above, at 6:10 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia
Interstitial Nephritis

(Duration) ... yrs. ... mos. 12 ds.

CONTRIBUTORY (Secondary) General Debility

(Duration) ... yrs. 2 mos. ... ds.

(Signed) J. C. L. Benson M. D.

January 16, 1917 (Address) 1520 Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Jan. 21, 1917.

20-UNDERTAKER Samuel J. Hawley ADDRESS 5 S. Eutaw

CAUSE OF DEATH to be plainly written. Every question must be answered if important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1447

CERTIFICATE OF DEATH.

66 D 1447

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 W. Lanvale ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary M. Driggons

(Residence if Baltimore: No. 719 W. Lanvale St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Fem

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, 1856 ..... (Month) ..... (Day) 1 (Year)

7-AGE 61 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE, (State or Country), Fla

PARENTS.

10-NAME OF FATHER, John Driggs

11-BIRTHPLACE OF FATHER (State or Country), Fla

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mamie Rice

(Address) 719 Lanvale St.

15- ROBERT R. KRAUTER

Filed JAN 18 1917, 191.... Deputy ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 15th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 191 6, to Jan 15th 191 7, that I saw h[e] alive on Jan 12th 191 7, and that death occurred, on the date stated above, at 2 A.M. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. 7 mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 1 yrs. ..... mos. ..... ds.

(Signed) A. Lee Gill M. D.

1/17, 191 7 (Address) 92 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Jan. 18, 191 7

20-UNDERTAKER Samuel A. Hawley ADDRESS 3 Bloodgood

CAUSE OF DEATH. This certificate should be filled out after the funeral. Every question should be answered if information can be obtained. Special attention is called to the importance of correctly stating the CAUSE OF DEATH. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1448

CERTIFICATE OF DEATH.

64 D 1448

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 581 N Pratt ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm R. Johnson

(Residence in Baltimore: No. Cor. Edmondson & Brunt St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, Nov 2, 1873
(Month) (Day) (Year)

7-AGE, 43 yrs. 2 mos. 14 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Jos. E. Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary E. Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E Brown

(Address) 572 Oxford

15. Filed JAN 18 1917, 191.... ROBERT R. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 16, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 16 191 7, to Jan 16 191 7, that I saw h im alive on Jan 16 191 7, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(Duration) unknown yrs. ....mos. ....ds.

(Signed) Jos. E. Brown M. D.

Jan 17, 191 7 (Address) 572 Oxford

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem. DATE OF BURIAL, Jan 18, 1917

20-UNDERTAKER Samuel Hemsley ADDRESS 518 N Eutaw St

Cause of ... important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1449

CERTIFICATE OF DEATH.

120 D 1449

REGISTERED NO. C.....

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 Ething ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Emily F. Ward

(Residence in Baltimore: No. 1109 Ething St. ; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	Colored	Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1847 (Year)

7-AGE.	If LESS than 1 day,
70 yrs. - mos. - ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Princess Anne Md

PARENTS.

10-NAME OF FATHER, Henry Upshur

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Mary E Dickerson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laura Harris

(Address) 1109 Ething St

15-

Filed JAN 10 1917, 191.....

ROBERT B. KLAUTER
Burial Permit Registrar.

CAUSE OF DEATH. Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 15, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 11th 1916, to Jany 15th 1917, that I saw her alive on Jany 15th 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Hepatitis

..... (Duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

Jany 17th, 191.. (Address) 602 N Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cem	Jan 18 191..
20-UNDERTAKER James E Pumphrey	ADDRESS 5 E Biddle

D 1450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 9 D 1450

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1 mon dead Union station in train ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph A. Anderson

(Residence in Baltimore: No. Clermont Va. St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Dec 5, 1912 (Month) (Day) (Year)

7-AGE, 4 yrs. 1 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Adolf Anderson

11-BIRTHPLACE OF FATHER (State or Country). Sweden

12-MAIDEN NAME OF MOTHER Lena Brickwedel

13-BIRTHPLACE OF MOTHER (State or Country). Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A. Anderson

(Address) Va.

15- Filed JAN 16 1917, 191.. ROBERT R. KRAUTH Registrar. Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to *His* death on the day stated above.

The CAUSE OF DEATH* was as follows:

I (a) Pneumonia (history of)

Diphtheria 2 weeks

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Acc and Pulmonary tuberculosis

(Duration) yrs. mos. ds.

(Signed) W. T. Riley M. D. (Coroner.)

Jan 18, 191.7 (Address) 1637 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Clermont Va DATE OF BURIAL, June 15, 19.17

20-UNDERTAKER E J Downing ADDRESS 1938 E Lafayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1451

CERTIFICATE OF DEATH.

102 D 1451

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Edward P. Carey

(Residence in Baltimore: No. 1026 N. Eutaw St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widower

6-DATE OF BIRTH, September (Month) (Day) 1862 (Year)

7-AGE, 55 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Consolidated Gas Co.
(b) General nature of industry, business, or establishment in which employed (or employer): Fireman

9-BIRTHPLACE, (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Patrick Carey

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Annie Kelley

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) University Hospital

(Address) Baltimore

15- JAN 18 1917 Filed, 191 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1917, to Jan 18 1917, that I saw h[im] alive on Jan 18 - 1917, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Perforated Gastric Ulcer

(Duration) yrs. mos. 1 ds.

(Signed) W. Houston Boulware M. D.

Jan 18, 1917. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE, (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 1 ds. In the State 40 yrs. mos. ds.

Where was disease contracted, if not at place of death? unknown

Former or usual residence 1026 N. Eutaw St

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, Jan 20, 1917.

20-UNDERTAKER John J. Cowen ADDRESS Bon

CAUSE OF DEATH to be plainly written. Every question must be answered if possible. Physician must sign certificate. Undertaker must fill out his part. Every certificate must be filed with the Registrar before a burial permit will be issued. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1452

CERTIFICATE OF DEATH.

1 3 D 1452

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; VV WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Deichl

(Residence in Baltimore: No. 639 South Poca St.; 30 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, October 6, 1867.
(Month) (Day) (Year)

7-AGE. 50 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wood worker
(b) General nature of industry, business, or establishment in which employed (or employer): Furniture Mfg.

9-BIRTHPLACE, (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Benedict Deichl

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Theresa Tuenes

13-BIRTHPLACE OF MOTHER (State or Country). Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) W. Pastowski

(Address) 639 S Poca

15- Filed JAN 18 1917, 191.... ROBERT E. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 17, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 14 1917, to Jan 17 1917, that I saw h im alive on Jan 17 1917, and that death occurred, on the date stated above, at 5 30 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Chronic Nephritis

(Duration about 1 yrs. mos. ds.)

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(Duration 1 yrs. — mos. 2 ds.)

(Signed) Wm F Klein M. D.

1/17, 1917. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 13 ds. In the State 23 yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 639 S Poca St,

19-PLACE OF BURIAL OR REMOVAL, St. Germain Cem. DATE OF BURIAL, Jan 18, 1917.

20-UNDERTAKER Mrs Fiaussowsky ADDRESS Hillen Ter

CAUSE OF DEATH must be stated plainly and fully. Indefinite terms, such as "Debility," "Old Age," "Paralysis," "Convulsions," "Cancer," "Tumor," "Abscess," "Child-bed," "Fever," "Inflammation," "Hemorrhage," "Dropsy," "Consumption," "Tuberculosis," "Heart Disease," "Kidney Disease," "Liver Disease," "Stomach Trouble," "Bowel Trouble," "Blood Poisoning," "Pneumonia," "Meningitis," "Septicemia," "Uremia," "Gangrene," "Ulceration," "Suppression," "Exhaustion," "Collapse," "Coma," "Shock," "Spasm," "Congestion," "Malformation," "Premature Birth," "Stillborn," "Infantile Disease," "Senility," "Accident," "Suicide," "Homicide," "Unknown," are not sufficient. Give the disease causing death, or, in deaths from violent causes, state (1) means of injury; and (2) whether accidental, suicidal, or homicidal. See instructions on back of certificate.

D 1453

HEALTH DEPARTMENT—CITY OF BALTIMORE

161 D 1453

CERTIFICATE OF DEATH.

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. Hopkins Hospital St. 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Alice Hynson

Residence in Baltimore: No. 514 Iron alley St.; yrs.. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, [illegible], 1 (Month) (Day) (Year)

7-AGE, 54 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work H W
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER. John Clay

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), [illegible]

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
Thomas Hynson (Informant)
514 Iron al (Address)

15- Filed JAN 18 1917 191... ROBERT B. KRAUTER BURIAL PERMIT CLERK Registrar

COHONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 16 1917, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Burns accidental while to near the stove her clothes caught fire.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] M. D. (Coroner.)

Jan 17 1917 (Address) N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos 1 ds. In the State 54 yrs. mos. ds.

Where was disease contracted, if not at place of death? 514 Iron al

Former or usual residence 514 Iron Alley

19-PLACE OF BURIAL OR REMOVAL, Laurel — DATE OF BURIAL, Jan 18, 1917

20-UNDERTAKER John W Henderson — ADDRESS [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. All items important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1454 D 1454

CERTIFICATE OF DEATH.

10

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2931 Belmont Av. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth M Michael

(Residence in Baltimore: No. 2931 Belmont Ave St.; yrs. 10 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH, Feb 19th, 1916
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
yrs. 10 mos. 28 ds.	....hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Geo W. Michael

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Florence E Justice

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo W. Michael

(Address) 2931 Belmont Ave

15- JAN 18 1917 Filed....., 191..... ROBERT R. KRAUTER, Burial Permit Clerk, Registrar.

CAUSE OF DEATH. This line must be filled in. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 16, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 11 1917, to Jan 16 1917, that I saw her alive on Jan 15 1917, and that death occurred, on the date stated above, at 10 30 a.m.

The CAUSE OF DEATH* was as follows:

Influenza

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 2 ds.

(Signed) F. M. Tanner M. D.

Jan 17, 1917. (Address) 1236 W. Lafayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Western Cemetery	Jan 18 1917
20-UNDERTAKER	ADDRESS
H. M. Gaul Est	1624 Mt Royal Ave.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1455

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 D 1455

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1. PLACE OF DEATH
(a) CITY OF BALTIMORE: (No. 1944 Hollins ST.; 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Howard A. Knauff

(Residence in Baltimore: No. 1944 Hollins St.; 74 yrs., 0 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov 2, 1842

7-AGE, 74 yrs. 2 mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): B & O. R.R.

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jacob Knauff

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Dorcas Phillips

13-BIRTHPLACE OF MOTHER (State or Country) Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Howard A. Knauff

(Address) 1944 Hollins Street

15- Filed JAN 18 1917 191.. ROBERT R. KRAUTH BURIAL PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 16, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 11 1917, to Jan 16 1917, that I saw him alive on Jan 15 1917, and that death occurred, on the date stated above, at 6.15a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Brights Disease

(Duration) ....yrs. 3 mos. ....ds.

(Signed) Asa L. Wheeler M. D.

Jan 17 1917. (Address) 2565 Fred Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem — DATE OF BURIAL, 1-18-, 1917.

20-UNDERTAKER Robert Brooks & Son — ADDRESS 17 S. Calhoun St.

N. B.—Every item of information should be given in CAUSE OF DEATH in plain terms, so that it may be properly classified. All items are important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1456

CERTIFICATE OF DEATH.

29 D 1456

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 665 Vine St. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry James

(Residence in Baltimore: No. 665 Vine St. St.; 74 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Color

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Wid

6-DATE OF BIRTH, ... (Month) ....., 1 (Day) ..... (Year)

7-AGE, 74 yrs. mos. ds.

If LESS than 1 day, hrs. or mins.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs James

(Address) 1328 Woodyear

15- JAN 18 1917 ROBERT R. KRAUTER
Filed....., 191.....
Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 17, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1917, to Jan 17 1917, that I saw h alive on Jan 17 1917, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart
Pneumonia
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Debility Unknown
(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Jan 18, 1917. (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, National Ct

DATE OF BURIAL, Jan 19, 1917.

20-UNDERTAKER L. H. Broun & Son

ADDRESS 604 W. Mary

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1457

CERTIFICATE OF DEATH.

92 D 1457

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1822 N. Pulaski ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amanda E. Fleming

(Residence in Baltimore: No. 1822 N. Pulaski St. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Nov. (Month) 15 (Day) 1848 (Year)

7-AGE, 68 yrs. 2 mos. 1 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or estsblishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Howard co.

PARENTS.

10-NAME OF FATHER, Otho Fleming

11-BIRTHPLACE OF FATHER (State or Country), Howard co.

12-MAIDEN NAME OF MOTHER Elizabeth Davis

13-BIRTHPLACE OF MOTHER (State or Country), Carroll co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Duvall

(Address) 1822 N. Pulaski St.

15- JAN 18 1917 ROBERT P. KRAUTER

Filed....., 191.... BURIAL PERMIT CLERK Registrar.

CAUSE OF DEATH to be plainly written. Every question must be answered if important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1917, to Jan. 16, 1917, that I saw her alive on January 16, 1917, and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

(a) Cardiac Dilatation

(b) .....

(c) .....

(Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Mc Hood M. D.

Jan 18, 1917. (Address) 630 N. Gilmor St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Airy

DATE OF BURIAL, 1-19, 1917

20-UNDERTAKER J. F. McCully

ADDRESS 130 E. Fayette

Spec.—8-24-14—M. & T.—2000 Bks.

D 1458 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1458

CERTIFICATE OF DEATH.

28

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 N Carrollton St.; 18 Ward)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Gerbner

(Residence in Baltimore: No. 112 N Carrollton St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Caucasian	Married

6-DATE OF BIRTH, ... January (Month) ....., 1 (Day) ..... (Year)

7-AGE,	If LESS than 1 day,
46 yrs. — mos. — ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Undertaker
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Mary Gerbner

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Gerbner

(Address) 112 N Carrollton St

15- JAN 18 1917 Filed ....., 191... ROBERT R. KRAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 15 (Month) (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 10 1916, to Jan 15 1917, that I saw h..... alive on Jan 15 1917, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. 1 ds.

(Signed) ..... M. D.

Jan 15, 1917. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Laurel Cemetery — DATE OF BURIAL, Jan. 18, 1917

20-UNDERTAKER Charles B. Jones — ADDRESS 2355 N Pine

Check for important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1459

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1459

CERTIFICATE OF DEATH.

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 Park ave St.; 16 Ward)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Mary Peckham Rodman Baldwin

(Residence in Baltimore: No. 717 Park ave St.; 50 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, November 10, 1838 (Month) (Day) (Year)

7-AGE, 78 yrs. 2 mos. 6 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Lady
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Rockbrook R. I.

PARENTS.

10-NAME OF FATHER. Samuel Rodman

11-BIRTHPLACE OF FATHER (State or Country) Rhode Island

12-MAIDEN NAME OF MOTHER Mary Peckham

13-BIRTHPLACE OF MOTHER (State or Country) Rhode Island

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Sallie B. Baldwin

(Address) 717 Park ave

15- Filed JAN 18 1917 ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 16th, 1917.
January (Month) 16 (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 23rd 1908, to January 16th 1917, that I saw her alive on January 16th 1917, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism or
Chronic Myocarditis &
Diabetes mellitus
Myocarditis lasted (Duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 10 yrs. — mos. — ds.

(Signed) Thomas B. Futcher M. D.

Jan. 17th, 1917. (Address) 23 W Franklin St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Baltimore Hebrew Church Millersville A. A. Co. Md. DATE OF BURIAL. Jany 19 1917.

20-UNDERTAKER H. W. Jenkins & Son Co ADDRESS W. Fayette & Howard

N.B.—Every item of information should be given, so that it may be properly classified. Exact statement of cause of death is important. See instructions on back of certificate.

D 1460

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 1460

CERTIFICATE OF DEATH.

REGISTERED NO. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 517 E 20th st St. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1a-FULL NAME Philip J Barber

(Residence in Baltimore: No. 517 E 20 th st St.; yrs. 53 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, May 18 1833, 1
(Month) (Day) (Year)

7-AGE, 83 yrs. 7 mos. 29 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Police Capt
(b) General nature of industry, business, or establishment in which employed (or employer): Captain

9-BIRTHPLACE, (State or Country), Balto co

PARENTS.

10-NAME OF FATHER, Daniel Barber

11-BIRTHPLACE OF FATHER (State or Country), Balto Co

12-MAIDEN NAME OF MOTHER Elizabeth Burgan

13-BIRTHPLACE OF MOTHER (State or Country), Balto Co

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E Barber

(Address) 517 E 20 th st

15-

Filed JAN 18 1917, 191 ROBERT R. KRAUTER, Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 16 1917, 191
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) [signature] (Coroner.)

Jan 17, 1917 (Address) C N E Dist

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Bidersons Cemetery

DATE OF BURIAL, Jan 19th 1917

20-UNDERTAKER George [illegible] Sons

ADDRESS 1126 [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly coded. All items important. See instructions on back of certificate.

Spec. —8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1461

D 1461

CERTIFICATE OF DEATH.

80

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 N. Broadway ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jane Elizabeth Bird

(Residence in Baltimore: No. 810 N Broadway St.; 46 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Single

6-DATE OF BIRTH, March (Month) 19 (Day), 1856 (Year)

7-AGE. 60 yrs. 9 mos. 28 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer)..... O'Neill's Dept. Store

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, Charles D Bird.

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mary E Bird.

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. Bird Brown

(Address) 810 N. Broadway

15- JAN 18 1917 ROBERT R. KRAUTER

Filed....., 191... Burial Permit Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1917, to Jan 17 1917, that I saw her alive on Jan 17 1917, and that death occurred, on the date stated above, at 6 A .m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Patient had been treated by Dr. Kaufmann for 1 yr. Carolina St. I was called in emergency (Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Jos. S. Laurence M. D.

1/17/16 1917 (Address) 2413 St. Paul St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park Cemetery	Jan 20, 1917.
20-UNDERTAKER George Schilling & Sons	ADDRESS 1126 E Monument

D 1462 HEALTH DEPARTMENT---CITY OF BALTIMORE D 1462

CERTIFICATE OF DEATH

92

1-PLACE OF DEATH — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 1108 N. Vincent ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Tasker

(Residence in Baltimore: No. 1108 N. Vincent St.; 35 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: Jan — 1 — 1869 (Month) (Day) (Year)

7-AGE: 48 yrs. — 16 mos. ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Pd Occupation

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Jessie Johnson

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Tasker

(Address) 1108 Vincent St

15- JAN 18 1917 ROBERT R. KRAUTER

Filed ..... 191.. Deputy Register Clerk

REGISTRAR

N. B.—Everything must be stated in plain terms, so that it may be understood. Do not state CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificate. TION is very important.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan — 16 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6 1917, to, Jan 16 1917, that I saw h-er alive on Jan 16 1917, and that death occurred, on the date stated above, at 11.15 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs — mos. 10 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs ..... mos. ..... ds.

(Signed) F. L. Smith M. D.

Jan 16 1917 [Address] 1373 W. North Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Jan 18 1917

20-UNDERTAKER: James H. Dennis

ADDRESS: 1303 Pennsylvania Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1463

CERTIFICATE OF DEATH.

D 1463

92

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 137 W. Saratoga ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elvira Fisher

(Residence in Baltimore: No. 137 Saratoga St.; 30 yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Unknown, 187? (Month) (Day) (Year)

7-AGE, 38 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Laundress

9-BIRTHPLACE, (State or Country), Harford Co Md

PARENTS.

10-NAME OF FATHER, John W. Stribbler

11-BIRTHPLACE OF FATHER (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER Mary J. Moore

13-BIRTHPLACE OF MOTHER (State or Country) Harford Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) D H B Stackhouse M D

(Address) 1117 N. Caroline

15-

Filed....., 191.?

ROBERT E. LEE
JAN 18 1917
Special Permit Clerk

Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 16th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 191?, to Jan 16 191?.

that I saw her alive on Jan 16 191?

and that death occurred, on the date stated above, at 9.50 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) D H Stackhouse M. D.

1/16, 191? (Address) 1117 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt Zion Cemetery

DATE OF BURIAL. Jan 18 191?

20-UNDERTAKER James H Dennis

ADDRESS 308 Greenmount

D 1463

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 1464

79

18

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 36 S.Fremont Ave. ST. 18 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Caroline Raff.

(Residence in Baltimore: No. 36 S.Fremont Ave. St.; 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 COLOR OR RACE: White.

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widow.

6 DATE OF BIRTH: August 14th. 1831. (Month) (Day) , 1 (Year)

7 AGE: 85 yrs. 5 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Germany.

PARENTS

10 NAME OF FATHER: Max Neuberger.

11 BIRTHPLACE OF FATHER (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Beah Weil.

13 BIRTHPLACE OF MOTHER (State or country): Germany.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs.Lydia Barnes.(daughter)

(Address) 36 S.Fremont Ave.

15 Filed JAN 18 1917, 191 ROBERT R. REAUTER Burial Permit Clerk REGISTRAR

N. B.-Every item of information should be given as accurately as possible. Blanks should be filled so that it may be properly classified. Do not abbreviate. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Do not abbreviate. is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January 17th. 1917. (Month) (Day) , 191 (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 20th, 1916 to January 17th, 1917, that I saw her alive on January 16th. 1917, and that death occurred, on the date stated above, at 2.50A m.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart and Kidneys.

(Duration) 2 yrs. ..... mos. ..... ds

Contributory (SECONDARY) Uraemia.

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Otto H. Reinhardt M. D.

Jan, 17, 1917 (Address) 1017 S.Charles St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Ohel Shalom — DATE OF BURIAL: January 19, 1917

20 UNDERTAKER: Sahrens & Co — ADDRESS: 1611 Madison

Spec.—8-24-14—M. & T.—2000 Blks.

D 1465 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1465

CERTIFICATE OF DEATH.

REGISTERED No. C 104

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kenneth Goldman.

(Residence in Baltimore: No. 1233 William St. St.; ..yrs.. ..mos. ..da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, June (Month) 27 (Day), 1916. (Year)

7-AGE, ..yrs. 6 mos. 21 da. If LESS than 1 day, ..hrs. or ..min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... None.

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Unknown.

11-BIRTHPLACE OF FATHER (State or Country). Austria

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Austria

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Walter Chalker Snyder.
(Address) Johns Hopkins Hospital.

15- ROBERT R. KRAUTER
Filed JAN 18 1917, 191.. Burial Permit Clerk
Registrar.

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 17. (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 11 1917, to Jan. 17 1917, that I saw him alive on Jan. 17 1917, and that death occurred, on the date stated above, at 11 15 a.m.

The CAUSE OF DEATH* was as follows:
Gastro-intestinal indigestion
acute
(Duration) 0 yrs. 0 mos. 6 da.

CONTRIBUTORY (Secondary)
(Duration) ..yrs. ..mos. ..da.

(Signed) Henry B. Conrad M. D.
Jan. 18, 1917. (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..yrs. ..mos. 6 da. In the State ..yrs. ..mos. ..da.
Where was disease contracted, if not at place of death?
Former or usual residence 1233 William St.

19-PLACE OF BURIAL OR REMOVAL. Bals. Hebrew Cem. DATE OF BURIAL. Jan. 18, 1917.

20-UNDERTAKER J. Ahrens & Co ADDRESS 1611 Madison

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1466

CERTIFICATE OF DEATH.

104 D 1466

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St.; 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jerome Williams

(Residence in Baltimore: No. 209 N. Caroline St St.; ..... yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) Single

6-DATE OF BIRTH. Oct 14, 1916
(Month) (Day) (Year)

7-AGE. 0 yrs. 3 mos. 4 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Russell Williams

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Ella Bank

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Resident Mercy Hosp

(Address) Calvert St.

15-

Filed JAN 18 1917, 191.. ROBERT B. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 18, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 11 1917, to Jan 18 1917, that I saw him alive on Jan 18 1917, and that death occurred, on the date stated above, at 9:15 A. m.

The CAUSE OF DEATH* was as follows:

Intestinal Decomposition

about (Duration) ..... yrs. 1 mos. ..... da.

CONTRIBUTORY (Secondary) .....

Eg. (Duration) ? yrs. ..... mos. ..... da.

(Signed) Edward L. Smith M. D.

Jan. 18, 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 7 da. In the State 1 yr. ..... mos. ..... da.

Where was disease contracted, if not at place of death? 209 N. Caroline St

Former or usual residence 209 N. Caroline St.

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery DATE OF BURIAL, Jan 20 1917

20-UNDERTAKER Wm. B. A. Ellwood ADDRESS 20 East St

important. See instructions on back of

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1467

CERTIFICATE OF DEATH.

175 D 1467

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 Arlington ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Ridgley Stasf

(Residence in Baltimore: No. 1619 Arlington St. 11 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, Oct 9, 1904. (Month) (Day) (Year)

7-AGE, 11 yrs. 3 mos. 8 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). School Boy

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER. John A Stasf

11-BIRTHPLACE OF FATHER (State or Country). Annapolis

12-MAIDEN NAME OF MOTHER Kate E Ware

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Kate E. Stasf

(Address) 1619 Arlington St

15- Filed JAN 18 1917, 191.... ROBERT R. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 17, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 13 1917, to Jan 17 1917, that I saw him alive on Jan 16 1917, and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Cut about the upper legs (Hemorrhage. Loss of blood. Surgical Shock (accident from Sledding)) (Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Edema of Lungs (Duration) yrs. mos. 2 ds.

(Signed) Chas A Fetterhoff M. D.

Jan 17, 1917. (Address) 1807 W North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loraine Cemetery

DATE OF BURIAL. Jan. 19, 1917.

20-UNDERTAKER Hall Leach

ADDRESS 40 E Monte

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1468

CERTIFICATE OF DEATH.

92D 1468

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Bertrand

(Residence in Baltimore: No. 2013 E Eager St.; — yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June (Month) 13th (Day) 1882 (Year)

7-AGE, 34 yrs. 7 mos. 4 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Lamp Lighter
(b) General nature of industry, business, or establishment in which employed (or employer). for City

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER. Geo. S. Bertrand

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Mollie Collins

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mollie Bertrand

(Address) 2013 East Eager St.

15-

Filed JAN 18 1917, 191.. ROBERT P. KRAUTER Serial Permit Clerk.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 17 (Day), 1917 (Year).

17. I HEREBY CERTIFY, That I attended deceased from Jan 17 1917, to Jan 17 1917, that I saw him alive on Jan 17 1917, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) —

(Duration) — yrs. — mos. — ds.

(Signed) Harry Ford M. D.

1/17, 191.. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 1 ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2013 E. Eager St.

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, Jan 20, 191..

20-UNDERTAKER William Cook

ADDRESS 502 E North Ave

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79 D 1469

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1540 Carswell St ST.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Anna E. Casson

(Residence in Baltimore: No. 1540 Carswell St.; 60 yrs., 3 mos. 18 da.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, October 31st, 1856 (Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
60 yrs. 3 mos. 18 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Ct Home.

9-BIRTHPLACE, (State or Country), Baltimore - Md.

PARENTS.

10-NAME OF FATHER, Robert S. Blatchley

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Harriett Hart

13-BIRTHPLACE OF MOTHER (State or Country), Boston - Mass

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Alice B. Deaver

(Address) 1540 Carswell st.

15- JAN 18 1917 HARRY C. ANDREWS

Filed....., 191.... Burial Permit Clerk

Registrar.

important. See instructions on back of Certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 18th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 28 1916, to Jan 18 1917, that I saw her alive on Jan 17 1917, and that death occurred, on the date stated above, at 12 03 a.m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart 4 Acute Indigestion

Heart 3 days

..... (Duration) yrs. mos. 22 ds.

CONTRIBUTORY (Secondary) Acute Indigestion

..... (Duration) yrs. mos. 22 ds.

(Signed) R. P. Carman M. D.

Jan 15, 1917. (Address) 1701 N Caroline St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
St. Johns Cemetery	Jan 21, 1917.
20-UNDERTAKER Waverly	ADDRESS
William Cook	503 E North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 1470

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1470

CERTIFICATE OF DEATH.

37

1-PLACE OF DEATH Franklin Sq. Hospital REGISTERED NO. C

CITY OF BALTIMORE: (No. Cor. Calhoun & Fayette ST.; W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME George Washington

(Residence in Baltimore: No. 602 W. Montgomery St.; yrs., mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Colored	Single

6-DATE OF BIRTH, unknown ..... (Month) ....., 1 (Day) ..... (Year)

7-AGE. 35 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Labour (Day)

(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Essex County Va

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), U S

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), U S

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nancy Hicks

(Address) 602 W Mountgomery St

15- JAN 18 1917 Filed ....., 191..... HARRY O. ANDREWS Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 17 1916, to Jan 16 1917, that I saw him alive on Jan 16 1917, and that death occurred, on the date stated above, at 7:40 P. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

..... (Duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Cancer

..... (Duration) 4 yrs. ..... mos. ..... ds.

(Signed) J. L. Marrow M. D.

Jan. 17, 191.7 (Address) Franklin Sq. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 28 ds. In the State 7 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 602 W Montgomery St

19-PLACE OF BURIAL OR REMOVAL, Int Auburn Cemetery — DATE OF BURIAL, Jan 17 191.7.

20-UNDERTAKER Geo H Hooper — ADDRESS 609 Little Mary

important. See instructions on back.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1471

CERTIFICATE OF DEATH.

92 D 1471

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 N Bruce ST.; 19 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Milburn

(Residence in Baltimore: No. 24 N Bruce St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1 (Year)

7-AGE 35 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Labour Day

(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ward Co Ind

PARENTS.

10-NAME OF FATHER, James Milburn

11-BIRTHPLACE OF FATHER (State or Country), Ind

12-MAIDEN NAME OF MOTHER Louisa Judson

13-BIRTHPLACE OF MOTHER (State or Country), Ind

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosa Milburn

(Address) 24 N Bruce St

15- Filed JAN 18 1917, 191... HARRY C. ANDREWS, Registrar.

BURIAL Permit Ol...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 6 1917 to Jan 16 1917, that I saw him alive on Jan 16 - 1917, and that death occurred, on the date stated above, at 6 30a m.

The CAUSE OF DEATH* was as follows:

Asthma Heart Disease

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Heart

(Duration) yrs. mos. 9 ds.

(Signed) Dr. G. W. Reynolds M. D.

..., 191... (Address) 708 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Ind Auburn Cemetery — DATE OF BURIAL, January 18, 1917

20-UNDERTAKER Geo H Hooper — ADDRESS 609 Little Rock

important. See instructions on back

Spec.—8-24-14—M. & T.—2000 Bks.

D 1472 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1472

CERTIFICATE OF DEATH. 79

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 937 S. Kenwood Ave St., WARD)
2-FULL NAME John P. Smearman
(Residence in Baltimore: No. 937 S. Kenwood Ave St. 61 yrs. 0 mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Feb 14, 1855
(Month) (Day) (Year)

7-AGE, 61 yrs. 11 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Car Mfg

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Peter Smearman
11-BIRTHPLACE OF FATHER (State or Country), Germany
12-MAIDEN NAME OF MOTHER, Charlotte Schkel
13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Louise Smearman
(Address) 937 S. Kenwood ave

15- Filed JAN 18 1917, 191..... HARRY C. ANDREWS Burial Permit Clerk
Registrar.

important. See instructions on back of Certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 16, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 20 1916, to Jan 16 1917, that I saw h[illegible] alive on Jan 15 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Valvular Disease Heart

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. A. Wilson M. D.

Jan 16, 1917 (Address) 1018 S. Patterson Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St Evangelical — DATE OF BURIAL, Jan 19, 1917.
20-UNDERTAKER H. Sonder & Sons — ADDRESS 1715 Eutaw St

Spec.—24-14—M. & T.—2000 Blks.

D 1473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 1473

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1928 E. Madisan ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Weber

(Residence in Baltimore: No. 1928 E. Madisan St. 68 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH, ..Aug. 1.., 1868
(Month) (Day) (Year)

7-AGE, 48 yrs. 5 mos. 15 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..Shoe Maker..
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Martin Weber

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Sophia Koch

13-BIRTHPLACE OF MOTHER (State or Country), Pa

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Katherine Weber

(Address) 1928 E. Madison St.

15- Filed JAN 18 1917, 191.. HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..Jan.. 16.., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1916, to Jan 16 1917, that I saw him alive on Jan 16 1917, and that death occurred, on the date stated above, at 2:45 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary & Laryngeal Tuberculosis

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) ~~~

(Duration) ... yrs. ... mos. ... ds.

(Signed) John Lindwood M. D.

Jan 17, 1917. (Address) 102 E 25th St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer

DATE OF BURIAL, Jan. 19, 1917.

20-UNDERTAKER D Sander & Sons

ADDRESS 1700 Eutaw St

important. See instructions on back of ...

Spec.—8-24-14—M. & T.—2000 Bks.

D 1474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

64 D 1474

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1939 Hollins ST.; 20 WARD)
2-FULL NAME Mrs Catherine Yeatts
(Residence in Baltimore: No. 1939 Hollins St St.; yrs.. mos.. da.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, Feb 23 (Month) (Day), 1839 (Year)

7-AGE, 77 yrs. 10 mos. 25 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Home ~~work~~
(b) General nature of industry, business, or establishment in which employed (or employer): retired

9-BIRTHPLACE, (State or Country). Saxon, Germany

PARENTS.

10-NAME OF FATHER. John Hiltner

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Annie Hadenheim

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) William White
(Address) 1984 Hollins st

15-
Filed JAN 18 1917, 191.....
MARY C. ANDREWS
Registrar.

Important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jany 17, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jany 14 1917, to Jany 17 1917, that I saw her alive on Jany 16 1917, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) ....yrs. ....mos. 1 da.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ....yrs. ....mos. 3 da.

(Signed) M A Smith M. D.

Jany 18, 1917. (Address) 108 N. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Western Cemetary
DATE OF BURIAL. Jan 19, 1917.

20-UNDERTAKER Chas. F. Waltmes
ADDRESS 217 N. Fulton

Spec.—8-24-14—M. & T.—2000 Blks.

D 1475

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1475

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH Md Gen. Hospital

CITY OF BALTIMORE: (No. Linden Ave & Madison ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Mary E. Swift

(Residence in Baltimore: No. 1449 Columbia Ave. St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, March ....., 1843
(Month) (Day) (Year)

7-AGE, 73 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer). None

9-BIRTHPLACE, (State or Country), City

PARENTS.

10-NAME OF FATHER, George Colber

11-BIRTHPLACE OF FATHER (State or Country), City

12-MAIDEN NAME OF MOTHER Emma Johnson

13-BIRTHPLACE OF MOTHER (State or Country), City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. W. Swift

(Address) 1449 Columbia Ave

15- JAN 18 1917 HARRY C. ANDREWS

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 18, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 4 1916, to Jan. 18 1917, that I saw her alive on Jan. 17 1917, and that death occurred, on the date stated above, at 6.50 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Tumor

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Dedema of Lungs

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Elmer Newcomer M. D.

Jan. 18., 1917. (Address) Md. Gen. Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. 1 mos. 15 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1449 Columbia Ave

19-PLACE OF BURIAL OR REMOVAL, Westgate Cemetery — DATE OF BURIAL, Jan 21, 1917.

20-UNDERTAKER, Johns Conway Co. — ADDRESS 901 Hollins St.

Important. See Instructions on the back.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1476 HEALTH DEPARTMENT—CITY OF BALTIMORE

100 D 1476

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST.; 3 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Kolodny.

(Residence in Baltimore: No. 24 S. Exeter St. St.; 1 yrs., 2 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Single

6-DATE OF BIRTH, November (Month) 17. (Day), 1916 (Year)

7-AGE, 0 yrs. 2 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Sam Kolodny

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Bella Fowler.

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Charles Snyder

(Address) Johns Hopkins Hospital.

15- Filed JAN 18 1917, 191.... HARRY C. ANDERSON Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 15. (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 16 1917, to Jan. 15 1917, that I saw him alive on Jan. 15 1917, and that death occurred, on the date stated above, at 12 35 p.m.

The CAUSE OF DEATH* was as follows:

Lepra - (Streptococcus ?)

(Duration) 0 yrs. 0 mos. 5 ds.

CONTRIBUTORY (Secondary) Septic Sore Throat

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Henry B. Conrad M. D.

Jan. 18, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 2 ds. In the State 2 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 24 S. Exeter St.

19-PLACE OF BURIAL OR REMOVAL. Northern Cemetery DATE OF BURIAL. June 15, 1917.

20-UNDERTAKER Jack Lewis ADDRESS 14 N. Eutaw

important. See instructions on back of this sheet.

Spec.—6-13-13—M. & T.—500 Blks.

D 1477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 D 1477

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5 Queen Anne Road (St.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta M. Hill

(Residence in Baltimore: No.) 5 Queen Anne Road (St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED,~~ WIDOWED, or DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH, Aug. (Month) 5 (Day), 1837 (Year)

7-AGE. 79 yrs. 5 mos. 12 ds. If LESS than 1 day, ...hrs. or....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Newbern N. C.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward H. Sadtler

(Address) 10 Carroll Road Windsor Hills

15-

Filed JAN 18 1917, 191.... HARRY C. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 17 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 1917, to Jan 17 1917, that I saw h[er] alive on Jan 17 1917, and that death occurred, on the date stated above, at 3.30 m.

The CAUSE OF DEATH* was as follows:

Appendicitis

(Duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Arthritis deformans

(Duration) 5 yrs. mos. ds.

(Signed) O H Sewall M. D.

1/18/17 191... (Address) 617 N. Fulton Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Lorraine Cemetery

DATE OF BURIAL. Jany 19 191.

20-UNDERTAKER E. W. Mitchell & Co

ADDRESS 1911 E. Fayette

Important. See instructions on back.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1478

CERTIFICATE OF DEATH.

152 D 1478

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Quillo

Residence in Baltimore: No. University Hospital St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	Black	Single

6-DATE OF BIRTH, ... 1 (Month) 16 (Day), 1917 (Year)

7-AGE, ... 0 yrs. 0 mos. 0 ds.

If LESS than 1 day, 5 hrs. or 30 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None
(b) General nature of industry, business, or establishment in which employed (or employer) ..... None

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Charles Maynell,

11-BIRTHPLACE OF FATHER (State or Country), ——

12-MAIDEN NAME OF MOTHER Emma Quille

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- Filed JAN 18 1917, 191... MARY C. ARDEN'S Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... 1 (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1-17 1917, to 1-17 1917, that I saw him alive on 1-17 1917, and that death occurred, on the date stated above, at 4:30 m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Prematurity

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Watt M. D.

1-17-, 1917. (Address) University Hospt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

JAN 19 1917 HOPKINS HOSPITAL Commissioner Health.

Important. See instructions on back.

Spec.—3-24-14—M. & T.—2000 Blks.

D 1479

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 D 1479

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 (Univ. Hospital) ST.: 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Anna C. Wicklein

(Residence in Baltimore: No. 1211 William St.; 50 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.)
Female	White	Widow

6-DATE OF BIRTH, Nov. 11th, 1857. (Month) (Day) (Year)

7-AGE, 65 yrs. 2 mos. 6 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Germany-

PARENTS.

10-NAME OF FATHER, Mr Buhn

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Marie ? ?

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) [illegible]

(Address) 121 William St.

15- Filed JAN 18 1917, 191... Registrar. MARY C. ANDREWS BURIAL PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 17, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 4 1916, to Jan 17 1917, that I saw her alive on Jan. 17 1917, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

General Carcinomatosis

(Duration) yrs. 3 mos. 13 ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. ds.

(Signed) W. Wilson M. D.

, 191... (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. 2 mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 121 William St.

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loraine Cem.	Jan. 19, 191...
20-UNDERTAKER Schluraff & Son	ADDRESS 1039 Hanover St

Important. See instructions on reverse side.

over

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1480

CERTIFICATE OF DEATH.

D 1480

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2228 Division ST.: 14 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Johnson

(Residence in Baltimore: No. 2228 Division St.: Like mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Feb 25, 1880
(Month) (Day) (Year)

7-AGE, 36 yrs. 9 mos. 22 ds.

If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER, Andrew Johnson

11-BIRTHPLACE OF FATHER (State or Country), Penn

12-MAIDEN NAME OF MOTHER Hannah Brown

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Brother

(Address) 510 Lyon St

15- Filed JAN 18 1917, 191... HARRY C. ANDREWS Chief Permit Clerk
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 16, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Bright's Disease
(Duration) ...yrs. ...mos. ...ds.
CONTRIBUTORY (Secondary) Chronic Nephritis
(Duration) ...yrs. ...mos. ...ds.

(Signed) J. H. Mollison M. D.
(Coroner)
June 17, 1917. (Address) 814 Cathedral

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL
DATE OF BURIAL, JAN 18 1917

20-UNDERTAKER
ADDRESS

Commissioner Health.

CAUSE OF DEATH important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1481

CERTIFICATE OF DEATH.

× 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.; 4 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Smith

(Residence in Baltimore: No. University Hospital St.; — yrs., — mos. 4 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, ..., 1863
(Month) (Day) (Year)

7-AGE, 54 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Guildsman
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, George Smith

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Mary Russell

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15. Filed JAN 18 1917, 191.... HARRY C. ANSELL Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. (Month) 16 (Day), 1917. (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 12 1917, to Jan 16 1917, that I saw him alive on Jan 16 1917, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

.....

..... Bronchopneumonia

..... (Duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Unknown

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) W. Houston Frahm M. D.

Jan. 16, 1917. (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. 4 ds. In the State Life yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence Dolleys A & Co Md.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL, ..., 191...
20-UNDERTAKER	ADDRESS

Important. See instructions on back.

UNIVERSITY OF MARY... JAN 18 1917 ... Commissioner Health.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1482

CERTIFICATE OF DEATH.

D 1482

REGISTERED No. C 79

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Aged Mens Home ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME Das Longue

(Residence in Baltimore: No. 1400 W Lexington St.; 6 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

2-SEX. Male

4-COLOR OR RACE, W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Wid

6-DATE OF BIRTH, Jan 18 1841
(Month) (Day) (Year)

7-AGE, 76 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Mariner
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Calvert Co Md.

PARENTS.

10-NAME OF FATHER. Jos Tongue

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Elizabeth Tongue

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H W Dellman

(Address) Md

15-

Filed JAN 13 1917 191... HARRY O. ANDREW Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 18, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1916, to Jan 18 1917, that I saw h alive on Jan 17 1917, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Decay

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.

, 191... (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 6 yrs. mos. ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Aged Mens Home

Former or usual residence Aged Mens Home

19-PLACE OF BURIAL OR REMOVAL. St James Parish

DATE OF BURIAL. Jan 19, 1917.

20-UNDERTAKER Geo J Smith

ADDRESS 1000 E Fayette

Important. Use Typewriter or Pen and Ink.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1483

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1483

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

CITY OF BALTIMORE: (No. Church Home & Infirmary ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Nan Towson,

(Residence in Baltimore: No. Church Home and Infirmary St.: ——yrs., ——mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. March (Month) 6 (Day), 1868 (Year)

7-AGE. 48 yrs. 10 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.!

8-OCCUPATION: (a) Trade, profession, or particular kind of work at Home (b) General nature of industry, business, or establishment in which employed (or employer) House Wife

9-BIRTHPLACE, (State or Country), Baltimore Co. Md

PARENTS.

10-NAME OF FATHER, Jacob Corbett

11-BIRTHPLACE OF FATHER (State or Country). unknown

12-MAIDEN NAME OF MOTHER Louisa Horrodel

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Miss Marie L. Towson

(Address) 305 N. Broadway

15-

Filed JAN 18 1917 191..... Burial Permit Clerk

Registrar.

Important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 18 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 4 1917, to Jan 18 1917, that I saw h er alive on Jan 18, 1917, and that death occurred, on the date stated above, at 1.15 p m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Uterus

(Duration) Unknown ds.

CONTRIBUTORY (Secondary) Intestinal obstruction (post. operative)

(Duration) ——yrs. ——mos. 8 ds.

(Signed) C. M. Harmon M. D.

Jan. 18, 1917. (Address) Church Home & Infirmary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ——yrs. ——mos. 14 ds. In the State ——yrs. ——mos. 14 ds.

Where was disease contracted, if not at place of death? ——

Former or usual residence 115 W. Second St. Waynesborough Penn.

19-PLACE OF BURIAL OR REMOVAL, Waynesboro Pa. DATE OF BURIAL, Jan 19, 1917.

20-UNDERTAKER Chas. G. Black ADDRESS 1201 Madbury St

Spec.—8-24-14—M. & T.—2000 Bks.

ID 1484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

138 D 1484

REGISTERED NO. C.....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2947 Hudson ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Lillian Finn

(Residence in Baltimore: No. 2947 Hudson St. St.; 3 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX, Female

4—COLOR OR RACE, White

5—SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6—DATE OF BIRTH, Dec 8, 1882 (Month) (Day) (Year)

7—AGE, 33 yrs. 1 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8—OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....

9—BIRTHPLACE, (State or Country), Philadelphia Pa.

PARENTS.

10—NAME OF FATHER, James Hoogate

11—BIRTHPLACE OF FATHER (State or Country), Philadelphia Pa

12—MAIDEN NAME OF MOTHER Elizabeth Vanscriver

13—BIRTHPLACE OF MOTHER (State or Country), Philadelphia Pa.

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Marian Finn

(Address) 2947 Hudson St

15—Filed JAN 18 1917, 191.....

HARRY C. ARNOLD
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, Jan 18, 1917 (Month) (Day) (Year)

17—I HEREBY CERTIFY, That I attended deceased from Jan 17 1917, to Jan 18 1917, that I saw her alive on Jan 17 1917, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Puerperal Eclampsia

(Duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. B. Litton M. D.

Jan 18 1917. (Address) 3035 O'Donnell St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19—PLACE OF BURIAL OR REMOVAL, Philadelphia Pa

DATE OF BURIAL, Jan 18, 1917

20—UNDERTAKER Joseph D. Cook

ADDRESS 1003 Baltic St

Important. See instructions on back.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1485

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 1485

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 S. Pulaski ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beckie Freeman

(Residence in Baltimore: No. 506 S. Pulaski St.: 4 yrs., 6 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white	Married

6-DATE OF BIRTH, Jan 10, 1857 (Month) (Day) (Year)

7-AGE, 60 yrs. mos. 8 da. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Sholom Skolnick

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosa Freeman

(Address) 506 S. Pulaski St

15- Filed JAN 19 1917, 191 ROBERT R. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 18, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept. 1916, to Jan. 18 1917, that I saw h er alive on Jan. 18 — 1917, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 2 da.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) 2 yrs. mos. da.

(Signed) Martha B Bodenheimer M. D.

1-16-, 1917 (Address) 117 Wilkens Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Hebrew Washington Rd	Jan. 19, 1916.
20-UNDERTAKER	ADDRESS
Mat Lemson & Sons	Balto.

Impportant. See instructions

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1486

CERTIFICATE OF DEATH.

17 D 1486

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 23 WARD)
2-FULL NAME Edward James Butler
(Residence in Baltimore: No. 1726 Patapsco st St.; 30 yrs., 8 mos. 13 ds.)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male
4-COLOR OR RACE. White
5-SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word.) Single
6-DATE OF BIRTH. May 4, 1886 (Month) (Day) (Year)
7-AGE. 30 yrs. 8 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?
8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Boiler Maker
(b) General nature of industry, business, or establishment in which employed (or employer). "
9-BIRTHPLACE, (State or Country) Balto Md.

PARENTS.

10-NAME OF FATHER. Edward Butler
11-BIRTHPLACE OF FATHER (State or Country). Ireland
12-MAIDEN NAME OF MOTHER. Bridget Ireland
13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mercy Hosp
(Address) Calvert & Centre

15- Filed JAN 19 1917 ROBERT B. KNAUTER Registrar.

Important. See Instructions on Back.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 30 1916, to Jan 17 1917, that I saw h[illegible] alive on Jan 17 1917, and that death occurred, on the date stated above, at 6.35 p.m.

The CAUSE OF DEATH* was as follows:

Pericarditis with Effusion
Tuberculosis of Pleura of Long Standing
(Duration) [illegible] yrs. [illegible] mos. [illegible] ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis
(Duration) [illegible] yrs. [illegible] mos. [illegible] ds.

(Signed) Edward J. Knuck M. D.
Jan 17, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death [illegible] yrs. [illegible] mos. 18 ds. In the State [illegible] yrs. [illegible] mos. [illegible] ds.
Where was disease contracted, if not at place of death? 1726 Patapsco St
Former or usual residence 1726 Patapsco St

19-PLACE OF BURIAL OR REMOVAL. Cathedral Cemetery
DATE OF BURIAL. Jan 20, 1917.
20-UNDERTAKER H. J. M. G. Flynn
ADDRESS 1422 Light St.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1487

41 D 1487

REGISTERED NO. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1303 N. Charles ST. 11 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME James Amos Fechtig

(Residence in Baltimore: No. 1303 N. Charles St. 38 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 ~~SINGLE, MARRIED WIDOWED OR DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: May (Month) 22 (Day), 1849 (Year)

7 AGE: 67 yrs. 7 mos. 26 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Hagerstown Md.

PARENTS

10 NAME OF FATHER: Jno. Fechtig

11 BIRTHPLACE OF FATHER (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Mary Yost

13 BIRTHPLACE OF MOTHER (State or country): Baltimore

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): M. Fechtig

(Address): 1303 N. Charles St

15 Filed JAN 19 1917, 191 ROBERT B. KRAUTER REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January (Month) 18 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1917, to Jan 18 1917, that I saw him alive on Jan 18, 1917, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia.

(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY) Apoplexy

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) M. Y. Fechtig M. D.

Jan 18, 1917 (Address) 1303 N. Chas.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Jan 20, 1917

20 UNDERTAKER: Wm. J. McLaughlin & Sons ADDRESS: Pratt near

N. B. [illegible] state CAUSE OF DEATH in plain terms, so that it may be properly classified. This is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1488

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1488

CERTIFICATE OF DEATH.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 Hanover ST. 72 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Alice Weber

(Residence in Baltimore: No. 309 Hanover St.; ...yrs.. ...mos. ...da.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX. Female

4—COLOR OR RACE. White

5—SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6—DATE OF BIRTH, ... (Month) January (Day) 1 (Year)

7—AGE, 56 yrs. ... mos. ... da.

If LESS than 1 day, ... hrs. or ... min.?

8—OCCUPATION:
(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). At Home

9—BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10—NAME OF FATHER. Jesse Lipsky

11—BIRTHPLACE OF FATHER (State or Country). Unknown

12—MAIDEN NAME OF MOTHER Unknown

13—BIRTHPLACE OF MOTHER (State or Country). Unknown

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Weber

(Address) 309 Hanover st

15—

Filed JAN 19 1917, 191... ROBERT B. KRAUTER Registrar.

Burial Permit Clerk

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH, January (Month) 18 (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1917, to Jan. 18, 1917, that I saw her alive on Jan. 17, 1917, and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 10 ... da.

CONTRIBUTORY (Secondary) .....

(Duration) ... yrs. ... mos. ... da.

(Signed) David Drassin M. D.

1/18, 191.7 (Address) 1227 W Lee St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19—PLACE OF BURIAL OR REMOVAL. Western Cemetery

DATE OF BURIAL, July 20, 1917

20—UNDERTAKER W J Tinsman

ADDRESS Mulberry

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1489

CERTIFICATE OF DEATH.

X 20 D 1489

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Jackson

(Residence in Baltimore: No. University Hospital St.; ....yrs., mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Black	Widow

6-DATE OF BIRTH, ... December (Month) ..... (Day) ....., 1847 (Year)

7-AGE. 70 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home .....

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Benjamin Gaylor.

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Henrietta Edwards

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) G. Perry Ross

(Address) University Hospital

15-

Filed JAN 19 1917, 191... ROBERT P. KRAUTER Registrar.

Burial Permit ...

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) ..... 18 (Day), 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 15 1917, to Jan 18 1917, that I saw h[illegible] alive on Jan 18 1917, and that death occurred, on the date stated above, at 11.45 A m.

The CAUSE OF DEATH* was as follows:

Chronic Diffuse Nephritis

Several years.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(Duration) ....yrs. ....mos. 21 ds.

(Signed) G. Perry Ross M. D.

Jan. 18, 1917 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. - mos. 3 ds. In the State 36 yrs. life mos. - ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence Hanover, Maryland.

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem. DATE OF BURIAL, Jan 20, 1917.

20-UNDERTAKER W. Edmondson ADDRESS Norwood

important. See instructions on back of certificate.

D 1490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 1490

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital ST.: 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hamd Woodall

(Residence in Baltimore: No. 2642 Maryland Ave

St.: yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov. 27, 1869
(Month) (Day) (Year)

7-AGE, 47 yrs. 1 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Ship Builder
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James Woodall

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hamd Woodall Jr.

(Address) 2642 Maryland Ave

15- JAN 19 1917 ROBERT B. KRAUTER Burial Permit Clerk
Filed ....., 191... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 17, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Inter Cranial Hemorrhage (Apoplexy)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) A. D. Driscoll M. D.
(Coroner.)

Jan 18, 1917 (Address) 212 N Carrollton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2642 Maryland Ave

19-PLACE OF BURIAL OR REMOVAL, Mt Olivet — DATE OF BURIAL, Jan 22, 1917

20-UNDERTAKER W J Tickner & Son — ADDRESS Balto & Pa

CAUSE OF DEATH. This information is important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 1491 — 38 D 1491

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. Hebrew Hospital St. 16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2 FULL NAME Mrs. Louise Meyer

(Residence in Baltimore: No. 1608 W. Lafayette ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~SINGLE, MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word)
Female	White	Widowed

6 DATE OF BIRTH April 13, 1868 (Month) (Day) (Year)

7 AGE 48 yrs. 9 mos. 4 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Germany

PARENTS

10 NAME OF FATHER John P. Schroeder

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER Mila. Schilling

13 BIRTHPLACE OF MOTHER (State or country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. Fisk Donhauser M.D.

(Address) Hebrew Hosp.

15 Filed JAN 19 1917 ROBERT B. KRAUTER Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 17, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 191 7, to Jan 17 191 7, that I saw h.. alive on Jan 17 191 7, and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:

Acute Pelvic Inflammatory Disease with Peritonitis

Duration 1 yrs. mos. 11 ds.

Contributory (SECONDARY) Myocardial insufficiency

Duration 36 yrs. mos. ds.

(Signed) M B Levin M. D.

Jan. 17, 1917 (Address) Hebrew Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. 11 ds. — In the State 40 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? — Linden Ave

Former or usual residence — Linden Ave

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: January 19. 1917

20 UNDERTAKER Wm J. McKnew & Sons — ADDRESS 84 N. ave

State CAUSE OF DEATH in plain terms, so that it may be properly certificate. is very important. See instructions on back of certi

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1492 — 1-20 — D 1492

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 N. Calhoun St. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo W. Thomas Sr.

(Residence in Baltimore: No. 1403 N. Calhoun St.; 6 yrs., 4 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	colored	Married

6-DATE OF BIRTH. ..1.. (Month) ..18.. (Day), 1843 (Year)

7-AGE. ..74.. yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Farm labor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), St. Marys Co. Md

PARENTS.

10-NAME OF FATHER. Geo. W. Thomas Sr.

11-BIRTHPLACE OF FATHER (State or Country). St. Marys Co. Md

12-MAIDEN NAME OF MOTHER Graham

13-BIRTHPLACE OF MOTHER (State or Country). St. Marys Co.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George F. Thomas

(Address) 1403 N. Calhoun St.

15- JAN 19 1917 Filed ..... 191.... ROBERT B. KRAUTER Registrar.

Important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ..1.. (Month) ..18.. (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 – 1917, to Jan 18 1917, that I saw him alive on Jan 17 1917, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

6 or 8 months (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jno. H. Tompkins M. D.

Jan. 19 191.. (Address) 1419 Linden Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loney United States National

DATE OF BURIAL. Jan. 20., 1917.

20-UNDERTAKER Felix B. Pye

ADDRESS 1025 E. Fulton Ave

D 1493

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 D 1493

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1439 N. Lanvale St. St.) (16 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Myers

(Residence in Baltimore: No. 1439 N. Lanvale St.) (75 yrs. 7 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: May (Month) 21 (Day), 1841 (Year)

7-AGE: 75 yrs. 7 mos. 27 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE (State or country): Balto.

PARENTS

10-NAME OF FATHER: Wm J. Beckyer

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Catherine Knoblock

13-BIRTHPLACE OF MOTHER (State or country): Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas R.D. Myers

(Address) 1439 N. Lanvale St

15. Filed JAN 19 1917, 191 ROBERT R. KSAUTER REGISTRAR

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 18 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1917, to Jan 18 1917, that I saw h-er alive on Jan 18, 1917, and that death occurred, on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) 3 yrs. mos. ds

Contributory (SECONDARY) Pleurisy and Bronchitis (Duration) 5 yrs. mos. 9 ds.

(Signed) W M Byers M. D.

Jan 18, 1917 (Address) 1426 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Jan 20, 1917

20-UNDERTAKER: George J. Smith — ADDRESS: 100 W Fayette

If any of the above items are unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Name of informant is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1494 — D 1494

CERTIFICATE OF DEATH.

91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 428 N. Fremont ST.; 18 WARD) REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E. Castin

(Residence in Baltimore: No. 428 N. Fremont St.; ..... yrs.. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. July 15, 1915 (Month) (Day) (Year)

7-AGE. ..... yrs. 1 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER. James F. Castin

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Margaret Buckingham

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) James F. Castin

(Address) 428 N. Fremont St.

15-

Filed ....., 191.... ROBERT B. KRAUTER Registrar.

JAN 19 1917 Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. January 18th, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 16th 1917, to Jan 18th 1917, that I saw h in alive on Jan 17th 1917, and that death occurred, on the date stated above, at 9.20 a m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Cold for 3 wks.

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Robt J. Murray M.D. M. D.

Jan 18th, 1917. (Address) 510 N. Fremont Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park	Jan 20, 1917

20-UNDERTAKER George J Smith — ADDRESS 1400 W Fayette St

Important. See Instructions

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

) 1495 154 D 1495

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 941 N. Broadway ST.; 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Sheeler

(Residence in Baltimore: No. 941 N. Broadway St.; 74 yrs., 10 mos. 28 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, Feb. (Month) 20 (Day), 1842 (Year)

7-AGE.	If LESS than 1 day,
74 yrs. 10 mos. 28 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Elec. Lumps

9-BIRTHPLACE, (State or Country), Balto. City

PARENTS.

10-NAME OF FATHER, Anthony Sheeler

11-BIRTHPLACE OF FATHER (State or Country), Balto.

12-MAIDEN NAME OF MOTHER Mary Haubert

13-BIRTHPLACE OF MOTHER (State or Country), Penna.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eleanora Sheeler

(Address) 941 N. Broadway

15-

Filed JAN 10 1917, 191... ROBERT B. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 18th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 16th 1917, to January 18th 1917, that I saw h[er] alive on January 16th 1917, and that death occurred, on the date stated above, at 4 55 m.

The CAUSE OF DEATH* was as follows:

Senility

(Duration) ...yrs. Indefinite ds.

CONTRIBUTORY (Secondary)

(Duration) ...yrs. ...mos. ...ds.

(Signed) W. C. Sellers M. D.

January 19th 1917 (Address) 1509 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Loudon Park Cem.	Jan. 20, 1917
20-UNDERTAKER	**ADDRESS**
Wm. C. Black,	927 N. Broadway

D 1496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

29 D 1496

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 741 Rabaug St.; 4 WARD) REGISTERED No. C

2-FULL NAME Jennie Boyer

(Residence in Baltimore: No. 741 Rabaug St.) (If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: August (Month) (Day), 1879 (Year)

7-AGE: 38 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housemaid
(b) General nature of industry, business, or establishment in which employed (or employer): Ol Occupation

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lula Gray

(Address) 821 Roberts St

15. Filed JAN 19 1917, 191... ROBERT P. KRAUTER Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 18 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1917, to Jan. 17 1917, that I saw h[illegible] alive on Jan 17, 1917, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease

(Duration) 1 yrs. mos. ds

Contributory (SECONDARY) Compensatory failure

(Duration) yrs. mos. 7 ds.

(Signed) Harry Glassman M. D.

Jan 18, 1917 (Address) 2687 Wilkens Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Jan 20, 1917

20-UNDERTAKER: Samuel Skinder

ADDRESS: 57 Stricker

N. B. Please state CAUSE OF DEATH in plain terms. So that it may be properly coded, it is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

John Leffert

D 1497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79. D 1497

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 Madison Ave ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Leffert

(Residence in Baltimore: No. 818 Madison ave St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Single

6-DATE OF BIRTH, March (Month) (Day) 1867 (Year)

7-AGE, 49 yrs. 10 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Finisher
(b) General nature of industry, business, or establishment in which employed (or employer). Hardwood

9-BIRTHPLACE, (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER. Jacob Leffert

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Eliz. Arndt

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jno. Leffert

(Address) 818 Madison Ave

15- JAN 19 1917 ROBERT B. KRAUTER

Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 17th (Month) (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 1916 to Jan 17th 1917. that I saw h— alive on Jan 17th 1917 and that death occurred, on the date stated above, at 11.30 A.M.

The CAUSE OF DEATH* was as follows:

Cerebro Uremia Coma

Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Organic Heart Disease Arterio Sclerosis

(Duration) 1 yrs. mos. ds.

(Signed) A. Lee Elliott M. D.

1/18, 191.7. (Address) 924 Madison

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Woodlawn Cem

DATE OF BURIAL. Jan 20th, 191.7.

20-UNDERTAKER Howard Eccleston

ADDRESS 916 Penna ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1498

CERTIFICATE OF DEATH.

120 D 1498

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 Keyser ST.; 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm H. Johnson

(Residence in Baltimore: No. 1614 Keyser st St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (Write the word.) Married

6-DATE OF BIRTH, July (Month) 21 (Day), 1854 (Year)

7-AGE, 62 yrs. 5 mos. 26 ds.

If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brick
(b) General nature of industry, business, or establishment in which employed (or employer): Layer

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, John B. Johnson

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER R Metz

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Frank N. Johnson

(Address) 1609 Keyser St.

15- Filed JAN 19 1917, 191.... ROBERT M. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 16 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 26 1916, to Jan 16 1917, that I saw him alive on Jan 15 1917, and that death occurred, on the date stated above, at 3 15 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 1 yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(Duration) 1 yrs. ? mos. ? ds.

(Signed) John S. Fraley M. D.

1/19, 1917. (Address) 1223 W. Baltimore St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery. DATE OF BURIAL, Jan 19 1917

20-UNDERTAKER George J. Ruth ADDRESS 1735 Harford ave.

CAUSE OF DEATH important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 1499

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 N. High ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby of Louis & Fanny Miller

(Residence in Baltimore: No. 207 N. High St.; ....yrs.. 1 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Child

6-DATE OF BIRTH, Dec 16, 1916
(Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....None.....
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balto city Md

PARENTS.

10-NAME OF FATHER, Louis Miller

11-BIRTHPLACE OF FATHER (State or Country). Russia

12-MAIDEN NAME OF MOTHER Fanny Friedman

13-BIRTHPLACE OF MOTHER (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis Miller

(Address) 1411 E Baltimore St

15-

Filed JAN 10 1917, 191...

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 19, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 11 191 7, to Jan 19 1917, that I saw h... alive on Jan 19 1917, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia Tuberculosis

(Duration) ....yrs. 6 mos. ....ds.

(Signed) W. F. Baughman M. D.

Jan 19 191 7 (Address) 207 N. High St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Hebrew Rodef Shalom	Jan 21, 191 7
20-UNDERTAKER Jack Levin	ADDRESS 1411 E Balto

Important. See instructions.

D 1500 HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

30 D 1500

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Hebrew Hospital ST. 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Sidney Wasserman

(Residence in Baltimore: No. 1536 E. Monument St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Feb. (Month) 17 (Day), 1916 (Year)

7 AGE: yrs. 11 mos. 2 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Michael Wasserman

11 BIRTHPLACE OF FATHER (State or country): Russia

12 MAIDEN NAME OF MOTHER: Mary Massing

13 BIRTHPLACE OF MOTHER (State or country): Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Michael Wasserman
(Address) 1536 E. Monument St.

15 Filed JAN 19 1917, 191 ROBERT R. KRAUTER REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January (Month) 19 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1916, 191..., to Jan 14, 1917 that I saw him alive on Jan 19, 1917. and that death occurred, on the date stated above, at 5.40 a.m.
The CAUSE OF DEATH* was as follows:

TB. Meningitis

(Duration) yrs. 1 mos. 4 ds

Contributory (SECONDARY) Convulsions

(Duration) yrs. — mos. 1/2 ds.

(Signed) Bernard Jacobson M. D.

Jan. 19, 1917 (Address) Hebrew Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. 19 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence 1536 E. Monument St. (2)

19 PLACE OF BURIAL OR REMOVAL: Hebrew Mt. Carmel Rd. DATE OF BURIAL: Jan 19, 1917

20 UNDERTAKER: Jack Levis ADDRESS 1411 E. Balto. St.

...state CAUSE OF DEATH in plain terms, so that... is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1501

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 1501

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 1268 Columbia ave 21 WARD) REGISTERED NO. C

2-FULL NAME Charles J. Schmidt

(Residence in Baltimore: No. 1268 Columbia ave St.; 1 yrs., 1 mos. 20 ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Nov. (Month) 25 (Day), 1916 (Year)

7-AGE. ....yrs. 1 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER. Chas G Schmidt

11-BIRTHPLACE OF FATHER (State or Country). Balto Co

12-MAIDEN NAME OF MOTHER. Mary Gellmeist

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant). Chas G Schmidt

(Address). 1268 Columbia Ave

15-

Filed. JAN 19 1917, ROBERT M. KNOTT, Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 16 1917, to Jan 18 1917, that I saw him alive on Jan 16 1917, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia

(Duration) ....yrs. ....mos. 2 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) ....yrs. ....mos. ....ds.

(Signed) L. M. C. Tucker M. D.

Jan 18, 1917. (Address) 1114 Hartford ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Westerlea Cemetery DATE OF BURIAL. Jan 20, 1917

20-UNDERTAKER William Cook ADDRESS 2026 North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1502

CERTIFICATE OF DEATH.

X131 D 1502

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St.; 4 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Knott

(Residence in Baltimore: No. Mercy Hospital St.; ..... yrs., mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word).
Female	White	Single

6-DATE OF BIRTH, ... (Month) Jan 24 (Day), 1863 (Year)

7-AGE, 53 yrs. 11 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ..... General

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Frank Knott

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Martha C Swan

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mercy Hosp

(Address) Calvert St

15-

ROBERT R. KRAUTER

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... (Month) Jan. 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 12 1917, to Jan 18 1917, that I saw h[illegible] alive on Jan 18 1917, and that death occurred, on the date stated above, at 1200 Noon m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Do not know

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uraemia Cystitis Albumin Fibroids

Do not know

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward L. Zunck M. D.

Jan 18, 1917. (Address) Mercy Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 6 ds. In the State ..... yrs. 3 mos. ..... ds.

Where was disease contracted, if not at place of death? Md

Former or usual residence Md

19-PLACE OF BURIAL OR REMOVAL, Forest Lawn St Marys Co

DATE OF BURIAL, Jan 21, 1917

20-UNDERTAKER Wm Cook

ADDRESS 506 North Ave

D 1503 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 1503

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Md. Genl Hospital ST.: 11 WARD) REGISTERED No. C 175

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Niotobolski

(Residence in Baltimore: No. Baltimore Co., Dept 719 S. Bayl St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: September 25, 1865 (Month) (Day) (Year)

7-AGE: 51 yrs. 4 mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Poland Russia

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant): Jennie Radlesky

(Address): 1916 Aisquith

15-Filed JAN 19 1917, 191 ROBERT B. KRAUTER Registrar. Burial Permit

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: January (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pleuro-Pneumonia
Acute Nephritis

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cancer of Liver

(Duration) yrs. mos. ds.

(Signed) H. Wilkinson M. D.
(Coroner)

Jan 19, 1917 (Address) 204 N Eden

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 5 ds. In the State 18 yrs. mos. ds.

Where was disease contracted if not at place of death? St Helena Balto Co. Md.

Former or usual residence St Helena Balto Co.

19-PLACE OF BURIAL OR REMOVAL: St. Stanislaus. DATE OF BURIAL, Jan 20 1917

20-UNDERTAKER: M. F. Sadowski. ADDRESS 705 S. Ann

CAUSE OF DEATH. See instructions on back of certificate. important.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1504

HEALTH DEPARTMENT—CITY OF BALTIMORE

64 D 1504

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 835 Harlem Ave ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gideon Staley

(Residence in Baltimore: No. 835 Harlem Ave St.: 39 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, December 15th, 1837
(Month) (Day) (Year)

7-AGE, 79 yrs. 1 mos. 2 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer)..... Pension Trust Office

9-BIRTHPLACE, (State or Country), Frederick Md

PARENTS.

10-NAME OF FATHER, Ezra Staley

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Sabilla Dunnock

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Louis C. Staley

(Address) 948 Harlem Ave

15- JAN 19 1917

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 17th, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 16th 1917, to Jan 17th 1917, that I saw h[illegible] alive on Jan 17th 1917, and that death occurred, on the date stated above, at 11.5 a.m.

The CAUSE OF DEATH* was as follows:

..... a/f Apoplexy

..... Duration: hrs. min.

..... (Duration) yrs. mos. 1½ ds.

CONTRIBUTORY Hemiplegia
(Secondary)

..... (Duration) yrs. mos. ds.

(Signed) Louis B. Wilde M. D.

Jan. 18, 191.7 (Address) 835 Harlem Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
London Park Cem	Jan....., 191.7
20-UNDERTAKER Joseph L Cook	ADDRESS 1003 N Gay St

Spec.—8-24-14—M. & T.—2000 Bks.

D 1505 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1505

CERTIFICATE OF DEATH.

79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 S. Ellwood ave ST.; 1st WARD)

REGISTERED No. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella T. Mannion

(Residence in Baltimore: No. 916 S. Ellwood ave. St.; Life yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. Aug. 24, 1878 (Month) (Day) (Year)

7-AGE. 38 yrs. 4 mos. 24 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Dressmaker
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE. (State or Country), Md

PARENTS.

10-NAME OF FATHER, Michael Mannion

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Carneal

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bridget Mannion

(Address) 916 S. Ellwood ave.

15- Filed JAN 20 1917 191.... EMMA O. ANDREWS DEPUTY REGISTRAR Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 1 1916, to Jan 17 1917, that I saw h er alive on Jan 17 1917 and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Mitral Insufficiency

(Duration) yrs. 13 mos. ds.

CONTRIBUTORY (Secondary) Diabetes

(Duration) yrs. 3 mos. ds.

(Signed) M. J. McAvoy M. D.

Jan. 19, 1917 (Address) 839 S. Ellwood ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cem. DATE OF BURIAL, Jan 20, 1917

20-UNDERTAKER John A. Swan ADDRESS 3008 Belair Rd.

D 1506

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

D 1506

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2505 Salem ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Malinda F. Ritter

(Residence in Baltimore: No. 2505 Salem St. 20 yrs. 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: July 24 (Month) (Day), 1848 (Year)

7-AGE: 68 yrs. 10 mos. 24 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): At Home

9-BIRTHPLACE (State or country): Dorchester Co. Md.

PARENTS

10-NAME OF FATHER: Jas. Moore

11-BIRTHPLACE OF FATHER (State or country): Dorch. Co Md.

12-MAIDEN NAME OF MOTHER: Annie Blaney

13-BIRTHPLACE OF MOTHER (State or country): Dorch. Co Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Nettie Myers

Daughter

(Address) 2518 Salem Ave.

15- JAN 20 1917 Filed ....., 191..... HARRY C. ANDREWS Clerical Service Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January 17th, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from July, 1916, to January 17 1917, that I saw her alive on January 17 1917, and that death occurred, on the date stated above, at 11.20 fn.

The CAUSE OF DEATH* was as follows:

Brights Dis.

about one year (Duration) yrs mos ds.

Contributory (SECONDARY) Dilated Heart & Dropsy

6 (Duration) yrs mos ds.

(Signed), E. E. Jones M. D.

January 18, 1917 [Address] 1605 N. North Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Jan. 20, 1917

20-UNDERTAKER: Robt. T. Turner

ADDRESS: 1442 Broadway

TION is very important. See instructions on page

D 1507 HEALTH DEPARTMENT—CITY OF BALTIMORE 29 D 1507

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 615 Pierce St.: 17 WARD) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vincent Denby

(Residence in Baltimore: No. 615 Pierce St.; —yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	Col.	Widower

6-DATE OF BIRTH, Unknown (Month) ..., 1 (Day) (Year)

7-AGE, 57 yrs. mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Charles Denby

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Cooper.

(Address) 691 Pierce St

15- JAN 20 1917 MARY C. ANDERSON

Filed ....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 17, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Valvular Heart Disease

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs. ....mos. ....ds.

(Signed) H. L. Bolcat M. D.
(Coroner)

January 17, 191.. (Address) 517 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
National Cemetery	January 21st, 1917.
20-UNDERTAKER Charles B. Jones	ADDRESS 2357 E. Pine

CAUSE OF DEATH must be stated plainly and accurately. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1508

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1508

CERTIFICATE OF DEATH.

64

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 2312 Stockton ST. 15 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie E. Neal

(Residence in Baltimore: No. 2312 Stockton St.; Lif... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Dec 26 (Month), ... (Day), 1878 (Year)

7-AGE, 39 yrs. ... mos. 21 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Wife
(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, James Sanders

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary E Augustus

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Richard Neal

(Address) 2312 N. Stockton St.

15-

Filed JAN 20 1917, 191... HARRY O. ANDREWS, Burial Permit Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 17 (Month), 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 13 1917, to Jan 17 1917, that I saw her alive on Jan 17 1917, and that death occurred, on the date stated above, at 3P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Menopause

(Duration) ... yrs. ... mos. ... ds.

(Signed) W. A. Wright M. D.

Jan 18, 1917. (Address) 1209 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cem.

DATE OF BURIAL, Jan 21 1917

20-UNDERTAKER George N. Holland

ADDRESS 517 Robert St

D 1509

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

D 1509

CERTIFICATE OF DEATH

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 903 Elm Place ST. 17 WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Barnum Reynolds

(Residence in Baltimore: No. 903 Elm Place St.: 20 yrs. mos. ds.)

N. B.—Every item of information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: July (Month) 19 (Day), 1864 (Year)

7 AGE: 52 yrs. 5 mos. 29 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer (Day)
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Virginia

PARENTS

10 NAME OF FATHER: Horace Reynolds

11 BIRTHPLACE OF FATHER (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Carrie Reynolds

(Address) 1030 Penn ave

15 Filed JAN 20 1917 19 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 18 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1917, to Jan 18 1917

that I saw him alive on Jan 17, 1917

and that death occurred, on the date stated above, at 2.35 A m

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 8 ds.

Contributory (SECONDARY) Hardening of Arteries

(Duration) ..... yrs. ..... mos. 10 ds.

(Signed) E. Stewart M. D.

Jan 18, 1917 (Address) 1003 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Ft E Auburn Cem. DATE OF BURIAL: Jan 21 E 1917

20 UNDERTAKER: George H. Holland ADDRESS: 517 Robt Eutaw

Spec.—8-24-14—M. & T.—2000 Bks.

D 1510

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1510

CERTIFICATE OF DEATH.

10

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1129 Myrtle ave ST.: 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo R Heath

(Residence in Baltimore: No. 1129 Myrtle ave St.: 27 yrs., 6 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH, July (Month) 6 (Day), 1846 (Year)

7-AGE, 70 yrs. 6 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Builder
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER. Rudolph Heath

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER dec not Know.

13-BIRTHPLACE OF MOTHER (State or Country). Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Geo. J. Heath

(Address) 1202 Myrtle Ave

15-

Filed JAN 20 1917, 191.... MARY O. SANDERS

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 17 1917, to Jan 19 1917, that I saw h[illegible] alive on Jan 19 1917, and that death occurred, on the date stated above, at 4:a m.

The CAUSE OF DEATH* was as follows:

Cardiac Dropsy
(Probably La Grippe)
(Duration) ....yrs. ....mos. 4 ds.

CONTRIBUTORY (Secondary) Age

(Duration) ....yrs. ....mos. ....ds.

(Signed) W K Donnan M. D.

Jan 19, 191 7 (Address) 417 W. Saratoga St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Church Hill Cemetery Co Md

DATE OF BURIAL, Jan. 20, 191 7.

20-UNDERTAKER Wilbur H Shriver

ADDRESS 1018 Edmondson ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1511 — CERTIFICATE OF DEATH. — D 1511

REGISTERED NO. C 92

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mallie Evelyn Boyer

(Residence in Baltimore: No. University Hospital (Nurses Home) St.; yrs. Lifetime mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, May 7th, 1895 (Month) (Day) (Year)

7-AGE, 21 yrs. 8 mos. 10 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): University Hospital

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, John H Boyer

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Harriet Watkins

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Spencer Boyer

(Address) 3912 Edmondson Ave

15-

Filed JAN 20 1917 191.... MARY C. ANDERS... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 9 1917, to Jan 17 1917, that I saw h[illegible] alive on Jan 17 1917, and that death occurred, on the date stated above, at 12.45 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm Plass M. D.

1/17, 1917 (Address) University Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 9 ds. In the State yrs. 6 mos. ds.

Where was disease contracted, if not at place of death? —

Former or usual residence University Hospital

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemetery

DATE OF BURIAL, Jan 20, 1917

20-UNDERTAKER Geo. A. Gerber

ADDRESS Baltimore & Payson St.

D 1512

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1917 D 1512

REGISTERED NO. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 1345 Fayette Ave ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Matzke (Matzke)

(Residence in Baltimore: No. 1345 Fayette Ave St. 37 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female.

4-COLOR OR RACE: White.

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Aug. (Month) 13 (Day), 1850 (Year)

7-AGE: 66 yrs. 5 mos. 4 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Laundress.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Germany.

PARENTS

10-NAME OF FATHER: Mr. Rubenberger

11-BIRTHPLACE OF FATHER (State or country): Germany

12-MAIDEN NAME OF MOTHER: Mrs. Rubenberger

13-BIRTHPLACE OF MOTHER (State or country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Chas Mottshan, husband

(Address): 1345 Fayette Ave

15-

JAN 20 1917 Filed 191 HARRY O. ANDREWS REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 18th (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from January 1st, 1916, to. January 14 1917, that I saw h[illegible] alive on January 14, 1917; and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 2 yrs. mos. ds

Contributory (SECONDARY) Chronic Nephritis.

(Duration) 2 yrs. mos. ds.

(Signed) David I. Marks M. D.

Jan. 15, 1917. (Address) 34 Amherst Terr.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cem. DATE OF BURIAL: Jan 20 1917

20-UNDERTAKER: Mr & Mrs Jno. W. Cempel ADDRESS: 801 W. Fayette St

State CAUSE OF DEATH in plain terms. It is very important. See instructions on back of certificate.

D 1513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 1513

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1412 N. Stolbrook St.: 9 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Lucy E. Starman

(Residence in Baltimore: No. 1412 N. Stolbrook St.: 8 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: June 15, 1884 (Month) (Day) (Year)

7 AGE: 32 yrs. 7 mos. 3 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Belmont Co. Ohio

PARENTS

10 NAME OF FATHER: D. N. McCue

11 BIRTHPLACE OF FATHER (State or country): Ohio

12 MAIDEN NAME OF MOTHER: Mary F. Sherman

13 BIRTHPLACE OF MOTHER (State or country): Not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mason Starman

(Address) 1412 Stolbrook

15. Filed JAN 26 1917, 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan. 18th, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 16, 1916, to Jan 18, 1917, that I saw h[er] alive on Jan 18th, 1917, and that death occurred, on the date stated above, at 2:30 p. m.

The CAUSE OF DEATH* was as follows:

Endocarditis Myocarditis
Fatal hemorrhage from Uterus Carcinoma
Duration 1 yrs. mos. ds

Contributory (SECONDARY): Symptoms of Uremia
Duration yrs. mos. ds.

(Signed) Grant Pullman M. D.

Jan 19, 1917 (Address) 1412 E Eager St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mount Carmel — DATE OF BURIAL: Jan 20, 1917

20 UNDERTAKER: Henry Lutz — ADDRESS: 1007 N. Bond St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Statement is very important. See instructions on back of certificate.

D 1514

HEALTH DEPARTMENT—CITY OF BALTIMORE

155

D 1514

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital ST. N WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Kern

(Residence in Baltimore: No. 2000 Fountain st

St. yrs. 31 mos. 13 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Nov 4 1867, (Month) (Day) 1 (Year)

7-AGE 49 yrs. 2 mos. 13 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)..... Day

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, John Kern

11-BIRTHPLACE OF FATHER (State or Country), Balto

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country), balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Kern

(Address) 2000 Fountain St

15-

Filed JAN 20 1917, 191.....

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June (Month) 17, (Day) 191 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by drinking carbolic acid

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. Ford Thompson (Coroner.) M. D.

1-19-17 (Address) M. C. Dept.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State 31 yrs. 2 mos. 13 ds.

Where was disease contracted, if not at place of death? 2000 Fountain St

Former or usual residence 2000 Fountain St

19-PLACE OF BURIAL OR REMOVAL, Oak Lawn

DATE OF BURIAL, June 21 1917

20-UNDERTAKER Lilly & Gilen

ADDRESS 4033 Mosher

N.B.—Every item of information should be properly classified. Each question must be answered, so that it may be important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms,

Spec.—8-24-14—M. & T.—2000 Bks.

D 1515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 28 D 1515

REGISTERED NO. C.....

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Md General Hosp St. 11 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John A. Finnerty

(Residence in Baltimore: No. Md General Hospital St.: — yrs., — mos. 22 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Unknown, 1861.
(Month) (Day) (Year)

7-AGE. 55 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Truck

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER. Edward Finnerty

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Bridget Monahan

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edward Finnerty

(Address) 1028 S. Clinton St.

15- Filed JAN 20 1917 HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 18, 1917.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 27 1916, to Jan 18 1917, that I saw him alive on Jan 18 1917, and that death occurred, on the date stated above, at 7 15 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ..... yrs. ..... mos. 22 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Elmer Mentzer M. D.

1-18, 1917. (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 22 ds. In the State Life yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 1028 S. Clinton

19-PLACE OF BURIAL OR REMOVAL, Sacred Heart — DATE OF BURIAL. Jan. 22d, 1917.

20-UNDERTAKER Lilly & Zeiler — ADDRESS 403 S. Mosher

important. See instructions on back.

Spec.—8-24-14—M. & T.—2000 Blks.

1516

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 1516

CERTIFICATE OF DEATH.

REGISTERED No. C

1-PLACE OF DEATH Franklin Sq. Hospital

CITY OF BALTIMORE: (No. Cor Fayette & Calhoun ST.; 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mr Fredrick Renninger

(Residence in Baltimore: No. 1047 W Fayette St.; Life yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Sept 15 (Month) (Day), 1871 (Year)

7-AGE. 45 yrs. 4 mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Peter Renninger

11-BIRTHPLACE OF FATHER (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Matilda Dapler

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Henry Renninger

(Address) 1047 W. Fayette St

15- JAN 20 1917 Filed, 191. MARY C. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 24 1916, to Jan 18 1917, that I saw h alive on Jan 18 1917, and that death occurred, on the date stated above, at 6.10a m.

The CAUSE OF DEATH* was as follows:

Pleurisy with effusion and Metastasis to Diaphragm

(Duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary) Tuberculosis Pulmonary

(Duration) yrs. mos. ds.

(Signed) J. L. Mackenzie M. D.

Jan 19 1917. (Address) Franklin Sq. Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 25 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Unknown

Former or usual residence 1047 W. Fayette St

19-PLACE OF BURIAL OR REMOVAL. Loudon Park — DATE OF BURIAL. Jan 22 191 7

20-UNDERTAKER George J Smith — ADDRESS 1000 W Fayette St

Spec.—8-24-14—M. & T.—2000 Blks.

D 1517

HEALTH DEPARTMENT—CITY OF BALTIMORE

28 D 1517

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 N Schroeder St.; 18 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thos F Doud

(Residence in Baltimore: No. 17 N Schroeder St.; 32 yrs., 3 mos. 3 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Oct 16 (Month), ... (Day), 1884 (Year)

7-AGE, 32 yrs. 3 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Michael Doud

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Bridget Reilly

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bridget Doud

(Address) 17 N Schroeder St

15- JAN 20 1917 Filed....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 17, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1917, to Jan 17 1917, that I saw h..... alive on Jan 18 1917, and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

....., 191... (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Jan. 22, 1917
20-UNDERTAKER George J. Smith	ADDRESS 100 W Fayette

Important. Use indelible pencil.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1518

CERTIFICATE OF DEATH.

79 D 1518

REGISTERED No. C.....

PLACE OF DEATH

CITY OF BALTIMORE (No. 113 N. Pearl ST.: 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Salvatore Maesglia

(Residence in Baltimore: No. 113 N Pearl

St., 25 yrs., - mos., - ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Widow

6-DATE OF BIRTH, Unknown, 1 .....
(Month) (Day) (Year)

7-AGE, 45 yrs. - mos. - ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9-BIRTHPLACE, (State or Country), Italy

PARENTS.

10-NAME OF FATHER, Nunzio Raimondo.

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Concetta Geriva.

13-BIRTHPLACE OF MOTHER (State or Country), Italy

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosario Maesglia

(Address) 113 N. Pearl St

15- JAN 20 1917

Filed....., 191.... [illegible] Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... January 19, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY .....
(Secondary)

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) Gilbert A. Rinehart M. D.
(Coroner.)

Jan 19, 1917. (Address) 512 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
St Vincent cemetery	Jan 21 1917
20-UNDERTAKER John J Jahnson	ADDRESS 1308 Light St

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1519 HEALTH DEPARTMENT—CITY OF BALTIMORE D 1519

CERTIFICATE OF DEATH.

120 REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2020 Eutaw Place ST.; 14 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Myer Heldman
(Residence in Baltimore: No. 2020 Eutaw Place St.; 10 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Widowed

6-DATE OF BIRTH. July (Month) 18th (Day), 1842 (Year)

7-AGE. 74 yrs. 6 mos. ds.
If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Retired Clothing
(b) General nature of industry, business, or establishment in which employed (or employer). Merchant

9-BIRTHPLACE, (State or Country), Germany

PARENTS.
10-NAME OF FATHER, Jacob Heldman
11-BIRTHPLACE OF FATHER (State or Country). Germany
12-MAIDEN NAME OF MOTHER Rose Heldman
13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Henry Greensfelder
(Address) 2020 Eutaw Place

15-
Filed Jan 19, 1917 G.C.W.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 18, (Day) 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 15 1916, to Jan 18 1917, that I saw h— alive on Jan 18 1917, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Chronic Nephritis
(Duration) 2 yrs. mos. ds.
CONTRIBUTORY (Secondary) Uraemic Convulsions
(Duration) yrs. mos. 1 ds.

(Signed) Julius Friedman M. D.
Jan 19, 1917 (Address) 20 E. Eutaw St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cincinnati Ohio — DATE OF BURIAL. May 20 1917

20-UNDERTAKER Levi Sondheim — ADDRESS 1100 Madison Ave

Cause of death must be important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1520

152 D 1520

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary, St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Poynter

(Residence in Baltimore: No. 2011 N Calvert St St.: ——yrs., ——mos. ——ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.)
Female	White	Single

6-DATE OF BIRTH. Jan 19, 1917.
(Month) (Day) (Year)

7-AGE, ...yrs....mos....ds.

If LESS than 1 day, 1 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Baby
(b) General nature of industry, business, or establishment in which employed (or employer): 1

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Walter N Poynter

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Timmie Monroe Poynter

13-BIRTHPLACE OF MOTHER (State or Country), Georgia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter N Poynter

(Address) 2011 N Calvert St

15- JAN 20 1917 Filed....., 191.... HARRY O. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 19, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY. That I attended deceased ~~from~~ on Jan 19 1917, to ....., 191..., that I saw her alive on Jan 19 1917, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Asphyxia

(Duration) ....yrs....mos....ds.

(Signed) C. M. Harwood M. D.

1 19, 1917. (Address) Church Home & Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Mt Carmel Cemetery	Jan 20, 1917.
20-UNDERTAKER	ADDRESS
J E Stafford	17 N Broadway

Spec. [illegible]-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

1521

D 1521

CERTIFICATE OF DEATH.

28

REGISTERED NO. C

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 N Bradford ST.: 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2—FULL NAME Mary Dimm

(Residence in Baltimore: No. 123 N Bradford St.: 42 yrs.. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3—SEX. Female

4—COLOR OR RACE. White

5—SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6—DATE OF BIRTH. October 15, 1872
(Month) (Day) (Year)

7—AGE. 44 yrs. 3 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8—OCCUPATION:
(a) Trade, profession, or particular kind of work: Home Duties
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9—BIRTHPLACE, (State or Country), Germany

PARENTS.

10—NAME OF FATHER. Dont Know

11—BIRTHPLACE OF FATHER (State or Country). Germany

12—MAIDEN NAME OF MOTHER. Dont Know

13—BIRTHPLACE OF MOTHER (State or Country), Germany

14—THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary Dimm

(Address) 123 N. Bradford St.

15—

Filed JAN 20 1917, 191.... HARRY C. ANDREWS Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16—DATE OF DEATH. January 18, 1917.
(Month) (Day) (Year)

17— I HEREBY CERTIFY, That I attended deceased from Jan 17 1917, to Jan 18 1917, that I saw h[illegible] alive on Jan 17 1917, and that death occurred, on the date stated above, at 2:30 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(a) Org Dis. Thrombosis of Aorta

& Hypostatic Pneumonia

(Duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) Dry Gangrene

(Duration) yrs. mos. 10 ds.

(Signed) H. G. Cuppage M. D.

Jan 19, 1917. (Address) 2 S. Potter St. Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18—LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19—PLACE OF BURIAL OR REMOVAL. Druid Cemetery

DATE OF BURIAL. Jan 21, 1917.

20—UNDERTAKER Wendell Ryszell & Son

ADDRESS 878 Mon

Important. See instructions on back.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1522 — 64 — D 1522

CERTIFICATE OF DEATH.

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3219 Walbrook Ave ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Pfeil

(Residence in Baltimore: No. 3219 Walbrook Ave St.; 68 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, May (Month) 2 (Day) 1833 (Year)

7-AGE, 83 yrs. 8 mos. 16 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired Candy
(b) General nature of industry, business, or establishment in which employed (or employer): Mfgr.

9-BIRTHPLACE, (State or Country): Germany

PARENTS.

10-NAME OF FATHER: Emanuel Pfeil

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Ora E. Meckenlet

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) C. Edw. Pfeil

(Address) 1917 Hollowell

15-

Filed JAN 20 1917 191.....

ROBERT B. KRAUTER
Burial Permit Clerk
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 18th (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from July 7th 1913, to Jan. 18 1917, that I saw h.. alive on Jan 18th 1917, and that death occurred, on the date stated above, at 5.48 m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis Apo-
plexy 7 + Ex haustion
Cerebral Hemorrhage

(Duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia 8
Apoplexy (Duration) 4 yrs. ..... mos. ..... ds.

(Signed) Wm Baetzman M. D.

Jan 18, 1917. (Address) Fowler Bldg. Av.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Druid Ridge Cem.

DATE OF BURIAL. Jan. 21, 1917.

20-UNDERTAKER Harry W. Ehlen

ADDRESS 1944 W. North Ave

Spec.—8-24-14—M. & T.—2000 Bks.

D 1523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

80 D 1523

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 Johns) ST.: 14 WARD)

2-FULL NAME L. Allen Vinder

(Residence in Baltimore: No. 1617 Johns St.: ....yrs., ...mos. ....da.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) December (Day) ....., 1857 (Year)

7-AGE, 60 yrs. — mos. — da.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Builders Asst
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Wm H. Vinder

11-BIRTHPLACE OF FATHER (State or Country) Md

12-MAIDEN NAME OF MOTHER Maria Vinder

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)..... Mrs. L. Vinder

(Address) 1617 Johns St

15-

JAN 20 1917

Filed....., 191.... ROBERT B. KRAUTER Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January (Month) 18 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jany 13 1917, to Jany 16 1917, that I saw h in alive on Jany 16 1917, and that death occurred, on the date stated above, at 3 p m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage followed by Apoplexy Paralysis

..... (Duration) ....yrs. ....mos. 4 da.

CONTRIBUTORY (Secondary).....

..... (Duration) ....yrs. ....mos. ....da.

(Signed) W. F. Brown A ....M. D.

Jany 19 191 7 (Address) 510 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Riverview Cem | DATE OF BURIAL, Jan 21, 191 7

20-UNDERTAKER W. F. Fahey & Son ADDRESS 516 Fayette Ave

D 1524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

64

D 1524

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 2108 Walbrook Av ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Anna Franke.

(Residence in Baltimore: No. 2108 Walbrook Av St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widow

6 DATE OF BIRTH: ..... (Month) Unknown (Day) ....., 1837 (Year)

7 AGE: 80 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Germany

PARENTS

10 NAME OF FATHER: Rukenbrod

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Rukenbrod

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Almgestine
(Address) Arlington Md

15 Filed JAN 20 1917 ROBERT R. KRAUTER Burial Permit (Date) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 18 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 10, 1917, to. Jan 18 1917, that I saw h[illegible] alive on Jan 18, 1917, and that death occurred, on the date stated above, at 10 P m.
The CAUSE OF DEATH* was as follows:

Paralysis
Cerebral Hemorrhage.

(Duration) ..... yrs. ..... mos. 4 ds

Contributory (SECONDARY) arterio sclerosis

(Duration) 10 yrs. ..... mos. ..... ds.

(Signed) E Miles Wheeler M. D.

Jan 18, 1917. (Address) 2129 Wilmot Av

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St Peters — DATE OF BURIAL: Jan 22 1917

20 UNDERTAKER: H Fahey & Son — ADDRESS: 606 Lafayette Av

State CAUSE OF DEATH in plain words. It is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1525

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 D 1525

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Timmie Monroe Poynter

(Residence in Baltimore: No. 2011 St Calvert St.; ...yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Sing

6-DATE OF BIRTH, Jan 19, 1917 (Month) (Day) (Year)

7-AGE, ...yrs...mos...ds. If LESS than 1 day, 17 hrs. or ...min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ...none...
(b) General nature of industry, business, or establishment in which employed (or employer)...

9-BIRTHPLACE, (State or Country), Maryland Baltimore

PARENTS.

10-NAME OF FATHER, Walter N. Poynter

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Timmie Monroe Vandegrift

13-BIRTHPLACE OF MOTHER (State or Country), Georgia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter N. Poynter

(Address) 2011 St Calvert St

15- JAN 20 1917 ROBERT P. KRAUTER

Filed ..., 191... Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 20, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 19 1917, to Jan 20 1917, that I saw h[illegible] alive on Jan 19 1917, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

1. Prematurity

(Duration) ...yrs...mos...ds.

CONTRIBUTORY ...
(Secondary)

(Duration) ...yrs...mos...ds.

(Signed) C. M. Harmon M. D.

Jan 20, 1917. (Address) Church Home, Inf.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. / In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? —

Former or usual residence 2011 N Calvert St.

19-PLACE OF BURIAL OR REMOVAL, Mt Carmel Cemetery

DATE OF BURIAL, Jan 20, 191...

20-UNDERTAKER A. E. Stephens

ADDRESS 17 S Broadway

important. See instructions on back.

D 1526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17 D 152

REGISTERED No. C

1 PLACE OF DEATH

CITY OR BALTIMORE (No. 801 N. Broadway St. 7 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Elizabeth Everett

(Residence in Baltimore: No. 801 N. Broadway, St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

6 DATE OF BIRTH: June (Month) 17 (Day), 1849 (Year)

7 AGE: 67 yrs. 7 mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto. Co. Md.

PARENTS

10 NAME OF FATHER: ? Trimper

11 BIRTHPLACE OF FATHER (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (State or country): unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Milton W Jones

(Address) 17 S Broadway

15 Filed JAN 20 1917, 191 ROBERT R. KRAUTER REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January (Month) 18 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from October, 1913, to January 18 1917, that I saw h[illegible] alive on January 17, 1917, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Acute nephritis

(Duration) ..... yrs. ..... mos. 1 ds

Contributory (SECONDARY) Arteriosclerosis (duration) 3 yrs. 3 mos. ds.

(Signed) H. M. Gleeman M. D.

January 19, 1917 (Address) 102 West Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Jan 21, 1917

20 UNDERTAKER: Milton W Jones — ADDRESS: 17 S Broadway

State CAUSE OF DEATH in plain terms. Indefinite answers cannot be accepted. Name of disease alone is not sufficient. It is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1527

CERTIFICATE OF DEATH.

170 D 1527

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 N. Central Av. ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amos Emory

(Residence in Baltimore: No. 1032 N. Central Av. St.; 66 yrs., ? mos. ? ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. August ? 1850
(Month) (Day) (Year)

7-AGE. 66 yrs. 5 mos. ? ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Machinist
(b) General nature of industry, business, or establishment in which employed (or employer). Bartlett Hayward Co.

9-BIRTHPLACE. (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. not known

11-BIRTHPLACE OF FATHER (State or Country). not known

12-MAIDEN NAME OF MOTHER not known

13-BIRTHPLACE OF MOTHER (State or Country). not known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ann Emory

(Address) 1032 N. Central Av

15- JAN 20 1917 Filed....., 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. January 19, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 1916, to Jan 19 1917, that I saw h[illegible] alive on Jan 19 1917, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 7 ds.

(Signed) Hubert C. Knapp M. D.

Jan. 19, 1917. (Address) 1216 E. Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19-PLACE OF BURIAL OR REMOVAL. Baltimore County

DATE OF BURIAL. January 22, 1917.

20-UNDERTAKER W. M. Rowson

ADDRESS 2307 Druid St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1528

CERTIFICATE OF DEATH.

40 D 1528

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hosp St.; 19 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marion Holland

(Residence in Baltimore: No. 410 N. Carey St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Unknown, 1 (Month) (Day) (Year)

7-AGE, 19 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John C Holland

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Eleanor Myers

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Holland

(Address) 25 Hanover St

15- Filed JAN 20 1917 191 ROBERT E. KRAUTER Registrar.

Burial Permit 3584

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 20, 1917 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 24 1917, to Jan 20 1917, that I saw h[illegible] alive on Jan 20 1917, and that death occurred, on the date stated above, at 2:30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Terminal Pneumonia

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Elmer Newcomer M. D.

Jan 20, 1917. (Address) Md General Hosp

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. 21 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 410 N Carey

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, Jan 24, 1917.

20-UNDERTAKER E Madison Mitchell & Co

ADDRESS 1201 W Fayette St

Spec.—8-24-14—M. & T.—2000 Bks.

D 1529

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1529

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 S. Schroeder ST.; 18 WARD)

REGISTERED NO. C 29

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Miller Arvin

(Residence in Baltimore: No. 132 S. Schroeder St.; ....yrs.,....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH, October 4th, 1870
(Month) (Day) (Year)

7-AGE, 46 yrs. 3 mos. 15 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Barber
(b) General nature of industry, business, or establishment in which employed (or employer)..... Farmers Mkt.

9-BIRTHPLACE, (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, George Arvin

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Betty Mowry

13-BIRTHPLACE OF MOTHER (State or Country), Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Arvin

(Address) 132 S. Schroeder St

15- Filed JAN 20 1917 191.... ROBERT B. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 19th, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from January 14 1917, to January 19 1917, that I saw him alive on January 19 1917, and that death occurred on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Coma

(Duration)....yrs....mos. 1 ....ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(Duration)....yrs....mos. 4 ....ds.

(Signed) Wm. J. F. Blaney M. D.

Jan 19th, 1917 (Address) 110 S. Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westdale Pa — DATE OF BURIAL, Jan 20, 1917

20-UNDERTAKER John J Bowman — ADDRESS 701 Hollins St

Shipped by Penn R R

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1530 — 81 — D 1530

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 E Lombard St.; 3 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Boehm

(Residence in Baltimore: No. 1618 E Lombard St.; 60 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. May (Month) 11 (Day), 1845 (Year)

7-AGE. 71 yrs. 8 mos. 8 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country) Germany

PARENTS.

10-NAME OF FATHER. Not known

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. C. Katzenberger

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John H Boehm

(Address) 1618 E Lombard

15- Filed JAN 20 1917, 191 ROBERT R. KEAUTER Burial Permit Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 19th (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 19th 1913, to Jan. 19th 1917, that I saw h er alive on — 191 7, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Emphysematous Gangrene following acute endocarditis

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 2 yrs. mos. ds.

(Signed) Jacob L. Wimer M. D.

1-20, 1917. (Address) 30 S. Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL. Jan. 23, 1917

20-UNDERTAKER Louis Heemann

ADDRESS 332 Broadway

D 1531 D 1531

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

29

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 S. Spring ST.: 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 16.)

2-FULL NAME Julia Ridout

(Residence in Baltimore: No. 316 S. Spring St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: June 12th (Month) (Day), 1858 (Year)

7-AGE: 28 yrs. 7 mos. 5 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): "

9-BIRTHPLACE (State or country): Cambridge, Md

PARENTS

10-NAME OF FATHER: Lewin Ridout

11-BIRTHPLACE OF FATHER (State or country): Cambridge, Md

12-MAIDEN NAME OF MOTHER: Liza Atkinson

13-BIRTHPLACE OF MOTHER (State or country): Cambridge Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Laura Copeland

(Address) 316 S. Spring

15- Filed JAN 20 1917, 191 ROBERT P. KRAUTER REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan. (Month) 17 (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 17th, 1917, to, Jan. 17 1917, that I saw h.er alive on Jan 17 1917, and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

Exhaustion

Acute (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Florida Phthisis

(Duration) 2 yrs. — mos. — ds.

(Signed) A. T. Russell M. D.

1/18/ 191 7 [Address] 2311 Harford Ave

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL 191

20-UNDERTAKER | ADDRESS

Commissioner Health

TION is very important.

Spec.—8-24-14—M. & T.—2000 Bks.

D 1532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 5332

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 Middle Court ST.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Adams

(Residence in Baltimore: No. 917 Middle Court St.; ..... yrs., mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) single

6-DATE OF BIRTH, ~~Dec~~ Jan. 16, 1917.
(Month) (Day) (Year)

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 20 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —

9-BIRTHPLACE, (State or Country), Balt. Md.

PARENTS.

10-NAME OF FATHER, Richard Adams

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Fannie Fisher

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Fannie Adams

(Address) 917 Middle Court

15-

JAN 20 1917

Filed ....., 191.....

Sarah ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 17., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 17 1917, to Jan 17 1917, that I saw her alive on Jan 17 1917, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Edward L. Sewall, M. D.

Jan. 18., 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, | DATE OF BURIAL, ..., 191...

20-UNDERTAKER | ADDRESS

ROBERT E. KRAUTER

JOHNS HOPKINS HOSPITAL JAN 20 1917

Commissioner Health.

Per. Wm. E. WOODALL

Spec.—8-24-14—M. & T.—2000 Bks.

D 1733 D 1733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

172

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St.; 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Emma L. Tucker

(Residence in Baltimore: No. 118 W. 22nd St.; ....yrs....mos....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	white American	Single

6-DATE OF BIRTH, ... December ....., 1848
(Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
69 yrs. ....mos. ....ds.	....hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Housework.
(b) General nature of industry, business, or establishment in which employed (or employer) ..... At Home.

9-BIRTHPLACE, (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Wm. Rigely Tucker.

11-BIRTHPLACE OF FATHER (State or Country), Maryland.

12-MAIDEN NAME OF MOTHER Mary Rigely.

13-BIRTHPLACE OF MOTHER (State or Country), Maryland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. L. W. Jenkins

(Address) 118 W. 22nd St

15- Filed JAN 20 1917, 191.... ROBERT B. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 18, 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 4 1917, to Jan. 18 1917, that I saw her alive on Jan 18 1917, and that death occurred, on the date stated above, at 7.30 p.m.

The CAUSE OF DEATH* was as follows:

~~Fracture of pelvic bone~~
~~& Bronchitis~~ Hypostatic Pneumonia
(Duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary) Fracture of pelvic bone accidental
& Bronchitis (Duration) ....yrs. ....mos. 14 ds.

(Signed) Benjamin M. Jaffe M. D.
Jan. 18..., 1917. (Address) Md. General Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. 14 ds. In the State ....yrs. ....mos. 14 ds.

Where was disease contracted, if not at place of death? at 118 W. 22nd St.

Former or usual residence 118 W. 22nd St

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Greenmount Cem.	1—22nd..., 1917.
20-UNDERTAKER H. W. Jenkins Sons Co	ADDRESS Orchard ine Gilloh St

Spec.—8-24-14—M. & T.—2000 Bks.

D 1534

HEALTH DEPARTMENT—CITY OF BALTIMORE

64

D 1534

CERTIFICATE OF DEATH.

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 Carey St ST.; 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-USUAL NAME Mary Ann Bishop

(Residence if Baltimore: No. 1509 Carey St St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE, 70 yrs. ....mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Mott Hill Md

PARENTS.

10-NAME OF FATHER, James Bishop

11-BIRTHPLACE OF FATHER (State or Country), Mott Hill Md

12-MAIDEN NAME OF MOTHER Mary Hill

13-BIRTHPLACE OF MOTHER (State or Country), Mott Hill

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Bishop

(Address) 1509 Carey St

15- JAN 20 1917 Filed..... 191.....

ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 1/18 ....., 1917
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1/8 191 7, to 1/18 191 7, that I saw h[er] alive on 1/17 191 7, and that death occurred, on the date stated above, at 12 — m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Cerebral apoplexy

..... (Duration) ....yrs. ....mos. 1d. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

..... (Duration) ....yrs. ....mos. 1d. ds.

(Signed) B. M. Rehn M. D.

1/18, 191 7. (Address) 713 Bond St. Balto. Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery

DATE OF BURIAL, Jan 21, 1917

20-UNDERTAKER Geo H Hooker

ADDRESS Catonsville Md

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1535 D 1535

CERTIFICATE OF DEATH.

9

1-PLACE OF DEATH St. Vincents Infant Asylum REGISTERED NO. C.....

CITY OF BALTIMORE: (No. St. Vincents Infant Asylum St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances E. Koenning

(Residence in Baltimore: No. St. Vincents Infant Asylum St.; 1 yrs., mos. 7 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. mal

4-COLOR OR RACE, wht

5-SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED, (Write the word.) single

6-DATE OF BIRTH, Jan. (Month) 7 (Day), 1916 (Year)

7-AGE, 1 yrs. mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Balt. Md.

PARENTS.

10-NAME OF FATHER, George Koenning.

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Lena Hoffman

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George Koenning

(Address) 1110 Burgundy St.

15-

Filed JAN 20 1917, 191.....

ROBERT R. KRAUTER
CHIEF CLERK
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 17 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 14 1917, to Jan. 17 1917, that I saw h.m alive on Jan. 14 1917, and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:

~~Pneumonia~~ Diptheria

Cardiac debilitation

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Edward O'Dwyer M. D.

....., 191... (Address) 5 E. Read St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State 1 yrs. mos. 7 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1110 Burgundy St.

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL.

NA Cannel Lawn Jan. 20., 191 7.

20-UNDERTAKER ADDRESS

James Sigman 1110 E Pleasant St

Annual 3 P.M.

Spec.—8-24-14—M. & T.—2000 Blks.

D 1536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 D 1533

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2811 Mosher ST.; 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Clark Zuber Jr

(Residence in Baltimore: No. 2811 Mosher St.; ....yrs.. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, Jan (Month) 15 (Day), 1917 (Year)

7-AGE, ...yrs. ....mos. 5 ds. | If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto, Md.

PARENTS.

10-NAME OF FATHER, Charles Clark Zuber

11-BIRTHPLACE OF FATHER (State or Country), Virginia

12-MAIDEN NAME OF MOTHER Mamie Van Sant

13-BIRTHPLACE OF MOTHER (State or Country), Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr Van Sant

(Address) 1501 Jackson St

15-

Filed JAN 20 1917, 191.... ROBERT R. KRAUTER

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 16 191 7, to Jan 20 191 7, that I saw h[illegible] alive on Jan 19 191 7, and that death occurred, on the date stated above, at 8A m.

The CAUSE OF DEATH* was as follows:

Premature Birth

1 month (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Postpone

(Duration) ....yrs. ....mos. ....ds.

(Signed) John H. Krauter M. D.

Jan 20 191 7. (Address) 1003 Fidelity Bldg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, MOUNT OLIVET | DATE OF BURIAL, JAN. 21, 1917

20-UNDERTAKER ARMSTRONG-DENNY CO. | ADDRESS 715 Light St

D 1537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28 D 1537

REGISTERED No. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 614 S. Streeper ST. 1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2. FULL NAME William Edward Browne.

(Residence in Baltimore: No. 2518 Fleet St. 25 yrs. 10 mos. 29 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
male	White	married

6. DATE OF BIRTH February 19, 1891.
(Month) (Day) (Year)

7. AGE 25 yrs. 10 mos. 29 ds. If LESS than 1 day hrs. or min.? X

8. OCCUPATION
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Coffee works

9. BIRTHPLACE (State or country) Baltimore Md

PARENTS

10. NAME OF FATHER James Brown

11. BIRTHPLACE OF FATHER (State or country) Wexford, Ireland

12. MAIDEN NAME OF MOTHER Mary Calligan

13. BIRTHPLACE OF MOTHER (State or country) Baltimore Md

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary E Brown

(Address) 614 S. Streeper

15. Filed JAN 20 1917 ROBERT R. KRAUTER Burial Permit Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 18, 1917
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from See Below attd. Dec 13, 1916, to Jan 7, 1917.
that I saw h[illegible] alive on Jan 7, 1917.
and that death occurred on the date stated above, at 6[illegible] A m.
The CAUSE OF DEATH* was as follows:
(Ref to Ind 213 Page)

Tuberculosis Meningitis (?)
(Duration) yrs. mos. 14 ds

Contributory (SECONDARY) Pulm Tuberculosis ?
(Duration) yrs. 2 mos. ds.

(Signed) John E. O'Neill M. D.
Jan 18 1917 (Address) 2508 N. Charles St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Greenmount Cathedral — DATE OF BURIAL Jan 22, 1917

20. UNDERTAKER Robt J Turner — ADDRESS Broadway

state CAUSE OF DEATH in plain terms. Indefinite or unusual terms is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1538

CERTIFICATE OF DEATH.

D 1538

10

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 265 Elwood Ave ST.; 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albertina C Albers

(Residence in Baltimore: No. 265 Elwood Ave St.; 5yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widowed

6-DATE OF BIRTH, June 6, (Month) (Day) 1867 (Year)

7-AGE, 49 yrs. 7 mos. 14 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Carl C Schutka

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER Ernestine Sjdinka

13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Herman L C Albers Son.

(Address) 265 Elwood Ave

15- JAN 20 1917 ROBERT R. KRAUTER

Filed....., 191.....

Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 19, (Month) (Day) 1917. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 26th 1916, to Jany 19 1917, that I saw h[illegible] alive on Jany 18 1917, and that death occurred, on the date stated above, at 6 [illegible] m.

The CAUSE OF DEATH* was as follows:

1. [illegible]
2. Carcinoma
3.

(Duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(Duration) 20 yrs. mos. ds.

(Signed) Edw. M. Townsend M. D.

Jan. 20, 191.7. (Address) 5 N Washington St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. ..... mos. ..... ds. In the State..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery

DATE OF BURIAL, Jan. 21, 1917.

20-UNDERTAKER Robt. J. Turner

ADDRESS Broadway & Fleet

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1539

CERTIFICATE OF DEATH.

50 D 1539

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST.; 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Anderson

(Residence in Baltimore: No. 944 Mason St. St.; ..... yrs., ... mos. ..... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Widow

6-DATE OF BIRTH, Unknown ....., 1 .....
(Month) (Day) (Year)

7-AGE. 40 to 50 ?
.....yrs. .....mos. .....da.

If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... housework .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country). Unknown

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Phelps

(Address) Johns Hopkins Hosp.

15-

Filed JAN 20 1917, 191.....

ROBERT B. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan. ..... 18 ....., 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 18 1917, to Jan 18 1917, that I saw h alive on Jan 18 1917, and that death occurred, on the date stated above, at 3.45 p.m.

The CAUSE OF DEATH* was as follows:

..... Diabetes Mellitus .....

.....

.....

..... Not known (Duration) No. yrs. Unknown mos. ..... da.

CONTRIBUTORY (Secondary) Cerebral .....

..... (Duration) ..... yrs. ..... mos. ..... da.

(Signed) W. B. Marker M. D.

Jan. 19, 1917 (Address) Johns Hopkins Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. | In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? —

Former or usual residence 944 Mason St

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetery | DATE OF BURIAL, Jan. 21 1917

20-UNDERTAKER Wm. J. Schaefer & Son | ADDRESS 1862 Pennsylvania Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1540 — 15 — D 1540

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 Duker Alley ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Weinbrenner

(Residence in Baltimore: No. 928 Duker Alley St.; 52 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Nov. (Month) 26 (Day), 1836 (Year)

7-AGE, 80 yrs. 1 mos. 24 ds. — If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 10 years

9-BIRTHPLACE, (State or Country), Germany

PARENTS.

10-NAME OF FATHER, John Weinbrenner

11-BIRTHPLACE OF FATHER (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Not Known

13-BIRTHPLACE OF MOTHER (State or Country), Not Known

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eleonora Weinbrenner

(Address) 928 Duker Alley

15- JAN 20 1917 ROBERT B. KRAUTER

Filed....., 191.... Burial Permit Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 18 1916, to Jan 20 1917, that I saw h— alive on Jan 20 1917, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Senile Debility

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs....mos....ds.

(Signed) J. W. Bayless M. D.

Jan. 20, 1917. (Address) 928 Duker Alley

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Trinity Cemetery — DATE OF BURIAL, Jan. 22, 1917

20-UNDERTAKER H. Sander Sons — ADDRESS 17 & Flat St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1511

CERTIFICATE OF DEATH.

D 1511

28

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 Forman ST.; 15 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-FULL NAME George J. Johnson

(Residence in Baltimore: No. 1604 Forman St.; 22 yrs., 3 mos. 26 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Sept (Month) 23 (Day) 1894 (Year)

7-AGE, 22 yrs. 3 mos. 26 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): B&O. R.R

9-BIRTHPLACE, (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Jas J. Johnson

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Laura Robinson

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) B. Sophia Johnson

(Address) 1604 Forman St

15-

Filed JAN 20 1917, 191.... ROBERT B. KRAUTER Registrar.

Burial Permit

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 18, (Day) 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 31 1916, to Jan 18 1917, that I saw h[illegible] alive on Jan 17 1917, and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows: Bronchitis T.B.

(Duration) ....yrs. 4 mos.....ds.

CONTRIBUTORY (Secondary) Pulmonary

(Duration) ....yrs. 4 mos.....ds.

(Signed) C. W. Fowler M. D.

Jan 19 1917 (Address) 712 S. Chapel

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn

DATE OF BURIAL. Jan 21, 1917

20-UNDERTAKER John H Toadvine

ADDRESS 142 W Fayette St

HEALTH DEPARTMENT—CITY OF BALTIMORE

1512

CERTIFICATE OF DEATH.

150 D 1542

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 35 E'Hamburg St. ST.: 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Virginia Myers.

(Residence in Baltimore: No. 35 E. Hamburg St. St.: ///// 2mos. 12ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Female	White.	Single.

6-DATE OF BIRTH, November 7th. 1916. (Month) (Day) / (Year)

7-AGE, ——— yrs. 2 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, John L. Myers.

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md.

12-MAIDEN NAME OF MOTHER Sarah Kirby.

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Sarah Myers. (mother)

(Address) 35 E. Hamburg St.

15- Filed JAN 20 1917 191 ROBERT R. KRAUTER Registrar.

Burial Permit Issued

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 18th. 1917., 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insurfieiency
Congenital.

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

(Duration).....yrs.....mos.....ds.

(Signed) Chas. M. Reinhardt M. D. (Coroner.)

Jan. 19, 1917 (Address) 1017 S. Charles

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cedar Hill Bel Air

DATE OF BURIAL, Jan. 21. 1917.

20-UNDERTAKER Wm. J. E. Evans & Sons

ADDRESS 142 N. Charles St

Important. See instructions on back of certificate.

7

Spec.—8-24-14—M. & T.—2000 Blks.

D 1543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9VD 1543

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 Argyle ave, St., 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anny Young

(Residence in Baltimore: No. 1016 Argyle ave St.; 62 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	Col.	Widow

6-DATE OF BIRTH, Dec 19, 1854 (Month) (Day) (Year)

7-AGE, 62 yrs. 10 mos. — ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laundress
(b) General nature of Industry, business, or establishment in which employed (or employer)..... Pvt. Family

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rosetta E. Collins

(Address) 1016 Argyle ave.

15-

Filed JAN 20 1917 ROBERT B. KRAUTER, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 19th, 1917. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 15th 1917, to Jan. 19th 1917, that I saw her alive on Jan. 19th 1917, and that death occurred, on the date stated above, at 6.20 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Acute)

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) L. M. Hall M. D.

Jan. 20th, 1917. (Address) 416 Monument st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Ft. National Cemetery — DATE OF BURIAL, Jan. 22d, 1917.

20-UNDERTAKER George H. Holland — ADDRESS 517 Albert St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D. 1544

CERTIFICATE OF DEATH.

152 D 1544

REGISTERED No. C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 Bradley ST.; 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

NAME Baby Stanley-

(Residence in Baltimore: No. 622 Bradley St.; ... yrs. ... mos. ... da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Black

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Jan (Month) 16 (Day), 1917 (Year)

7-AGE. 0 yrs. 0 mos. 2 ds.

If LESS than 1 day, 0 hrs. or 0 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... None

9-BIRTHPLACE, (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Ben J. Morris

11-BIRTHPLACE OF FATHER (State or Country). Virginia

12-MAIDEN NAME OF MOTHER Lucy Stanley

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Martha Stanley

(Address) 622 Bradley St.

15- Filed JAN 20 1917, 191... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan (Month) 18 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 16 1917, to Jan. 18 1917, that I saw her alive on Jan 18 1917, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows: Congenital Atelectasis

(Duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Prematurity

(Duration) ... yrs. ... mos. 2 ds.

(Signed) D. J. Wolff, M. D.

Jan. 19., 1917. (Address) University Hospt.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn Cemetery

DATE OF BURIAL. Jan 21, 1917.

20-UNDERTAKER George W. Holland

ADDRESS 53 Robert St.

Spec.—5-19-13—M. & T.—500 Blks

Rebecca Stansbury

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1545

CERTIFICATE OF DEATH.

D 1545

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 Jefferson ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Blansburg

(Residence if Baltimore: No. 1209 Jefferson St.; 46 yrs., — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Fem	Col	Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) ....., 1853 (Year)

7-AGE, 64 yrs. — mos. — ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Ordinary

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Henry Bailey

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Blanche Stansbury

(Address) 1209 Jefferson St

15-

Filed JAN 20 1917, 191.... ROBERT P. KRAUTER Registrar.

Burial Permit Issued

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 18th, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 11 1916, to Jan 18 1917, that I saw her alive on Jan 17th 1917, and that death occurred, on the date stated above, at 11 A, m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) ..... yrs. 1 mos. — ds.

(Signed) Harry F Brown M. D.

Jan 18, 1917. (Address) 1531 Pressman St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cemetary — DATE OF BURIAL, Jan 20th, 1917.

20-UNDERTAKER Chas. E. Bailey — ADDRESS 1421 Jefferson st

Spec.—8-24-14—M. & T.—2000 Blks.

D 1546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 D 1546

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 E. Lexington ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Edwards

Residence in Baltimore: No. 1102 E. Lexington St.; ....yrs....mos....da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	Colored	Widower

6-DATE OF BIRTH, ...Unknown...., 1.... (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
55 yrs. — mos. — da.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work....Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)....general work

9-BIRTHPLACE, (State or Country). Va

PARENTS.

10-NAME OF FATHER. Henry Edwards

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Mary Scott

13-BIRTHPLACE OF MOTHER (State or Country). Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leanna Patrick

(Address) 1102 Lexington st

15-

JAN 20 1917 ROBERT B. KRAUTER

Filed....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ...Jan..... 18...., 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 14, 1917, to Jan 18 1917, that I saw him alive on Jan 18 1917, and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

1. Bronchopneumonia

.....

..... (Duration)....yrs....mos. 3 da.

CONTRIBUTORY (Secondary)

..... (Duration)....yrs....mos....da.

(Signed) Robert J. Green M. D.

Jan 19..., 191.7. (Address) 120½ Aisquith St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Asbury	Jan 21..., 191.7
20-UNDERTAKER John W Henderson	ADDRESS 3137 Gardie

Spec.—8-24-14—M. & T.—2000 Blks.

D 1547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 1547

REGISTERED NO. C 79

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 S. Eden ST.; 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexius Weaver

(Residence in Baltimore: No. 411 S. Eden St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, April 28th (Month) (Day), 1852 (Year)

7-AGE, 64 yrs. 8 mos. 21 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Blacksmith
(b) General nature of industry, business, or establishment, in which employed (or employer).

9-BIRTHPLACE, (State or Country). Austria

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry J. Weaver

(Address) 122 W. Preston St.

15-

Filed JAN 21 1917 191.. ROBERT B. KRAUTER Burial Permit Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 19, 1917 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 14 1915, to Jan. 19 1917, that I saw h... alive on 1-11 1917, and that death occurred, on the date stated above, at 9.30 m.

The CAUSE OF DEATH* was as follows:

Fatty Degeneration of the Heart

(Duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) C. C. Deale M. D.

Jan 20, 1917. (Address) 2600 E. Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, St. Peters Cem. DATE OF BURIAL, Jan. 22 191.

20-UNDERTAKER Chas. S. Ware & Son ADDRESS 1181 W. Fayette

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1548

CERTIFICATE OF DEATH.

50 D 1548

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. 13 N Bond s St. 6 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1. FULL NAME Ida Pressman

(Residence in Baltimore: No. 13 N Bond st St.; yrs. 21 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (*Write* the word.): Married

6-DATE OF BIRTH, Unkown (Month), (Day), 1856 (Year)

7-AGE, 61 yrs. — mos. — da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: H W
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Russia

PARENTS.

10-NAME OF FATHER: Joseph Kahn

11-BIRTHPLACE OF FATHER (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Not Known

13-BIRTHPLACE OF MOTHER (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Pressman

(Address) 1821 E Balto st

15-JAN 21 1917 ROBERT B. KRAUTER

Filed ....., 191.... Burial Permit Clerk

Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 20 1917 (Month) (Day), 191 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) ....yrs. ....mos. ....da.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....da.

(Signed) [signature] M. D. (Coroner.)

Jan 20 1917 (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Hebrew Friendship

DATE OF BURIAL, Jan 21, 1917

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Balto

important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1549

CERTIFICATE OF DEATH.

5 79 D 1549

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Aged Home ST.; 5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leube Leffler

(Residence in Baltimore: No. 111 Caisquith St ST.; 96 yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widower

6-DATE OF BIRTH, Jan. (Month) 19 (Day), 1821 (Year)

7-AGE, 96 yrs. mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Lewis

(Address) 1411 E. Baltimore St.

15- JAN 21 1917 Filed, 191 ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. (Month) 19 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from —— 1917, to Jan. 17 1917, that I saw h in alive on Jan 17 1917, and that death occurred, on the date stated above, at 8.15 P m.

The CAUSE OF DEATH* was as follows:

Uremic Poisoning

(Duration) 5 yrs. mos. da.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. 3 mos. da.

(Signed) D. E. Michelson M. D.

Jan. 19, 1917. (Address) D. E. Michelson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 17 yrs. mos. da. In the State 30 yrs. mos. da.

Where was disease contracted, if not at place of death? 111 Caisquith St

Former or usual residence 111 Caisquith St

19-PLACE OF BURIAL OR REMOVAL. Hebrew Mt Carmel

DATE OF BURIAL. Jan. 21 191 7

20-UNDERTAKER Jack Lewis

ADDRESS 1411 E Balto

Important. See instructions on this side.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

D 1570

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

29 D 1570

REGISTERED NO. C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 533 N. Lafayette ave ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Irene Matthews

(Residence in Baltimore: No. ~~533 N. Lafayette ave~~ St.: 17 yrs. 5 mos. 17 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fimal

4. COLOR OR RACE: Col.

5. SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6. DATE OF BIRTH: July 22 th, 1899 (Month) (Day) (Year)

7. AGE: 17 yrs. 5 mos. 17 ds. If LESS than 1 day, ... hrs. or ... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer):

9. BIRTHPLACE (State or country): Copperville, Md

PARENTS

10. NAME OF FATHER: Jame Copper

11. BIRTHPLACE OF FATHER (State or country): copperville, Md

12. MAIDEN NAME OF MOTHER: Henrietta Gray

13. BIRTHPLACE OF MOTHER (State or country): Cotherville Md

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Matthews

(Address) 535 N. LaFayette ave

15. JAN 21 1917 ROBERT R. KRAUTER
Filed ... Registrar
Burial Permit

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Jan 16 th, 191 7 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 16th, 1917, to Jan 16 1917, that I saw h[illegible] alive on Jan 16th, 1917, and that death occurred, on the date stated above, at 7:25 P.m.
The CAUSE OF DEATH* was as follows:

I. Grippe. Acute Lobar Pneumonia

(Duration) ... yrs. ... mos. 6 ds

Contributory (SECONDARY) Mitral Regurgitation

(Duration) 7 yrs. ... mos. ... ds.

(Signed) J. D. Chance M. D.

1/19/17, 191... (Address) 417 N. Grove 27

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem
DATE OF BURIAL: Jan 21, 191

20. UNDERTAKER: Samuel L. Hensley
ADDRESS: 3 Biddle

State CAUSE OF DEATH in plain words. Do not use abbreviations or initials. Do not give mode of dying, such as heart failure, asthenia, etc., but the disease or injury which caused death or which produced the fatal termination. It is very important. See instructions on back of certificate.

Paul Foote

HEALTH DEPARTMENT--CITY OF BALTIMORE

D 1551

CERTIFICATE OF DEATH

28 D 1551

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 926 Elm Place ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Foote

(Residence in Baltimore: No. 926 Elm Place St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: Unknown (Month), ... (Day), 1894 (Year)

7-AGE: 23 yrs. — mos. — ds.

If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE (State or country): Balto.

PARENTS

10-NAME OF FATHER: Wm. Foote

11-BIRTHPLACE OF FATHER (State or country): Cockeysville Md

12-MAIDEN NAME OF MOTHER: Henrietta Young

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Henrietta Foote

(Address) 926 Elm Place

15 JAN 21 1917 Filed ..... 191.. ROBERT B. KRAUTER Local Registrar REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Jan (Month) 19 (Day), 1917 (Year)

17.) I HEREBY CERTIFY, That I attended deceased from Dec 15 1916 to Jan 19 1917.

that I saw h[illegible] alive on Jan 18 1917.

and that death occurred, on the date stated above, at 1.22 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Broncho Pneumonia (Duration) ..... yrs. 1 mos. 4 ds

Contributory (SECONDARY) Interstitial Colitis

(Duration) ..... yrs. ..... mos. 7 ds.

(Signed) John C Stewart M. D.

Jan 24 1917 (Address) 1003 G St N.W.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Cockeysville Md — DATE OF BURIAL: Jan 21 1917

20-UNDERTAKER: Wetherald Brumley & Sons — ADDRESS: [illegible]

state CAUSE OF DEATH in plain terms. Indefinite or local terms of description are not sufficient. Name of disease may be preceded by the terms, acute, chronic, contributory, complicating, or secondary, as the case may be. The cause of death must be certified for every case. It is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1552

CERTIFICATE OF DEATH.

91

D 1552

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 231. S. Wolfe ST.; V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mieczystaw Szymanski.

(Residence in Baltimore: No. 231. S. Wolfe St.; yrs. 3 mos. 14 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Oct. 15, 1916
(Month) (Day) (Year)

7-AGE, yrs. 3 mos. 14 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) In fant

9-BIRTHPLACE, (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Wicenty Szymanski

11-BIRTHPLACE OF FATHER (State or Country) Russian Poland

12-MAIDEN NAME OF MOTHER Leokadya Lewandowska

13-BIRTHPLACE OF MOTHER (State or Country) Russian Poland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wicenty Szymanski

(Address) 231 S. Wolfe St.

15- Filed JAN 21 1917 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 18, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 15 1917, to Jan. 18 1917, that I saw him alive on Jan 18 1917, and that death occurred, on the date stated above, at 1.45 p. m.

The CAUSE OF DEATH* was as follows:

(a) Bronchopneumonia

(b) No other history.

CONTRIBUTORY (Secondary) Hypostatic pneumonia

(Duration) yrs. mos. 3 ds.

(Signed) Joseph E. Garrett M. D.

Jan. 18, 1917. (Address) 3407 W. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Holy Rosary

DATE OF BURIAL. Jan 21 191.

20-UNDERTAKER William Fialkowski

ADDRESS 1618 Eastern Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1553

CERTIFICATE OF DEATH.

X108 D 1553

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St.: 4 WARD)
2-FULL NAME Mary Trilodwicz
(Residence in Baltimore: No. Mercy Hospital St.; 24 yrs.. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female
4-COLOR OR RACE, White
5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, May 16, 1865
(Month) (Day) (Year)

7-AGE, 51 yrs. 10 mos. 2 ds.
If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) General

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Stephen Loeski
11-BIRTHPLACE OF FATHER (State or Country), Russia
12-MAIDEN NAME OF MOTHER Katie Not Known
13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mercy Hospt
(Address) Oakland St

15-
Filed JAN 21 1917, 191.... ROBERT R. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 18, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 10 1917, to Jan 18 1917.
that I saw her alive on Jan 18 1917.
and that death occurred, on the date stated above, at 4.00 m.
The CAUSE OF DEATH* was as follows:
Hypostatic Pneumonia
Intestinal Obstruction
abscess (Duration) yrs. 1 mos. 5 ds.
CONTRIBUTORY (Secondary) Toxaemia
(Duration) 5 yrs. mos. 0 ds.
(Signed) Edward A. Smith M. D.
Jan 18, 1917. (Address) Mercy Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 8 ds. In the State 24 yrs. — mos. — ds.
Where was disease contracted, if not at place of death? Curtis Bay Md.
Former or usual residence Curtis Bay Md.

19-PLACE OF BURIAL OR REMOVAL, Holy Cross — DATE OF BURIAL, Jan 22, 1917.
20-UNDERTAKER William Fiakowski — ADDRESS 1618 Eastern Ave.

D 1554

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1554

CERTIFICATE OF DEATH.

REGISTERED No. C

1. PLACE OF DEATH
CITY OF BALTIMORE (No.) Bal. Gen. Hospl ST. 15 WARD)
2. FULL NAME Thomas Byrne
(Residence in Baltimore: No. 15-12 N. Eutaw St.; yrs., mos., da.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Col'd

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Autumn, 1849
(Month) (Day) (Year)

7-AGE, 68 yrs. Autumn mos. da.
If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Stone Cutter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Thomas Byrne

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Susie Gray

13-BIRTHPLACE OF MOTHER (State or Country), Balt

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Daughter
(Address) 15-12 N. Eutaw St.

15- Filed JAN 21 1917 191.. ROBERT P. KRAUTER Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 15, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
Fractured Skull
Accidental Fall (a)
(Duration) yrs. mos. da.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. da.
(Signed) [illegible] M. D.
(Coroner.)
Jan 21, 191.. (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death yrs. mos. 1 da. In the State yrs. mos. da.
Where was disease contracted, if not at place of death?
Former or usual residence 1512 N. Fremont Ave.

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn. DATE OF BURIAL, Jan 22 1917

20-UNDERTAKER, Edward Ingold ADDRESS 1463 Eutaw St

important. See instructions on back of certificate

D 1555

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 D 1555

REGISTERED No. C .....

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1425 Myrtle Ave St.; 11 WARD)

2 FULL NAME Goldie M Diboch

(Residence in Baltimore: No. 1425 Myrtle Ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Sept 5, 1890 (Month) (Day) (Year)

7 AGE: 26 yrs. 4 mos. 12 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): City

PARENTS

10 NAME OF FATHER: Jn. Mackey

11 BIRTHPLACE OF FATHER (State or country): City

12 MAIDEN NAME OF MOTHER: Mamie Wilson

13 BIRTHPLACE OF MOTHER (State or country): City

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Minnie Mackay

(Address) 1420 Myrtle Ave

15 JAN 21 1917 Filed ....., 191.... ROBERT R. KRAUTER Burial Permit REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan. 19, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 5, 191 (to) Jan 19 191 .

that I saw h er alive on Jan 14 191 .

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

Exhaustion

(Duration) ..... yrs. 1 wk 4 days

Contributory (SECONDARY) Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. H. Mayers M. D.

1. 20, 191 7. (Address) 1520 Eutaw St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: W Potters | DATE OF BURIAL: Jan 22, 1917

20 UNDERTAKER: Clarence E Wright | ADDRESS: 1836 W Lanvale

State CAUSE OF DEATH in plain words. Every question must be answered. Each item is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1556 | 151 | D 1556

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. 629 N Ave ST.; 22 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant of Mr & Mrs Chas R Thompson
(Residence in Baltimore: No. 629 N Ave St.; yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.)
Male	White	Single

6-DATE OF BIRTH, ... Jan (Month) 19 (Day), 1917 (Year)

7-AGE, ... yrs. ..... mos. ..... ds.
If LESS than 1 day. 9 hrs. or ..... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Md, Balto

PARENTS.

10-NAME OF FATHER, Chas R. Thompson
11-BIRTHPLACE OF FATHER (State or Country), Md,
12-MAIDEN NAME OF MOTHER Etta V. Reid
13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs Thompson
(Address) 629 N Ave City

15-
Filed JAN 21 1917 191 ROBERT R. KRAUTER
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan 20 (Month) (Day), 1917 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 19 1917, to Jan 20 1917, that I saw h[illegible] alive on Jan 19 1917, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bilat
(8 hrs Ulcer Duodenum
(Duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (Secondary) Influenza
(Duration) ... yrs. ... mos. 1 ds.

(Signed) [illegible] M. D.
Jan 25 191 7 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Cemetery — DATE OF BURIAL, Jan 21, 191 7

20-UNDERTAKER John J Fields — ADDRESS [illegible]

Spec.—8-24-14—M. & T.—2100 Blks.

D 1557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

28 D 1557

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 W Lombard ST.: 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Alexander MacDonald

(Residence in Baltimore: No. 1013 W. Lombard St.: 41 yrs., 10 mos. 16 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH. March (Month) 4th (Day), 1875 (Year)

7-AGE. 41 yrs. 10 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cooper
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Alexander MacDonald

11-BIRTHPLACE OF FATHER (State or Country). Md

12-MAIDEN NAME OF MOTHER Unknown.

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Jenkins

(Address) 2250 Wilkens Ave

15- JAN 21 1917 Filed....., 191.... ROBERT R. KRAUTER, Registrar.

Burial Permit Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Jan (Month) 20 (Day), 1917 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 7 191 7, to Jan 20 191 7, that I saw h[illegible] alive on Jan 19 191 7, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) .....yrs. .....mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] M. D.

Jan 22, 191 7 (Address) 102 Bowen Ln

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. London Park Cem. DATE OF BURIAL. Jan 22, 191 7

20-UNDERTAKER [illegible] ADDRESS [illegible]

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1558

CERTIFICATE OF DEATH.

84 D 1558

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 236 N. Mount ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Henry Campbell

(Residence in Baltimore: No. 236 N. Mount St.; ..... yrs., ... mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Col a. a.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Jan. 13, (Month) (Day) 1917 (Year)

7-AGE, ... yrs. ..... mos. 6 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... None .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md. Balto

PARENTS.

10-NAME OF FATHER, Joseph Campbell

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Carrie Grant

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Campbell

(Address) 236 Mount St

15- JAN 21 1917 ROBERT E. KRAUTER

Filed ....., 191.... ..... Deputy Comptroller, Clerk

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan. 19, 1917. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1917, to Jan. 19 1917, that I saw h[illegible] alive on Jan. 18 1917, and that death occurred, on the date stated above, at 11:50 m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

..... (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) [signature] M. D.

Jan. 20, 1917 (Address) 520 N. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cemetery DATE OF BURIAL, Jan. 21 1917

20-UNDERTAKER R C Gross ADDRESS 1405 McHenry St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1559

CERTIFICATE OF DEATH.

92 D 1559

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 N. Gilmor ST.; 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Ward

(Residence in Baltimore: No. 427 N. Gilmor St.; ..... yrs., 6 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, ... January ....., (Month) 1 (Day) ..... (Year)

7-AGE, 36 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country) Somerset Co Md

PARENTS.

10-NAME OF FATHER, John Ward

11-BIRTHPLACE OF FATHER (State or Country) Somerset Co Md

12-MAIDEN NAME OF MOTHER Helen Tuspin

13-BIRTHPLACE OF MOTHER (State or Country) Somerset Co Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) H. P. Hadsbeck M.D.

(Address) 11 N Caroline St.

15- JAN 21 1917 Filed....., 191.... ROBERT P. KRAUTER Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Jan (Month) 18 (Day), 1917 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Jan 5 1917, to Jan 18 1917, that I saw him alive on Jan 18 1917 and that death occurred, on the date stated above, at 6 50 P m.

The CAUSE OF DEATH* was as follows:

..... Pneumonia

..... (Duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY ..... (Secondary)

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. P. Hadsbeck M. D.

1/21, 1917. (Address) 11 N. Caroline

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, West Lawn Somerset DATE OF BURIAL, Jan 22, 1917

20-UNDERTAKER Co Md ADDRESS R L Gross 465 McElderry St

D 1560

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 1560

CERTIFICATE OF DEATH.

166

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Der. Quon

(Residence in Baltimore: No. 418 N Pearl St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Yellow.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... January ....., 1 .....
(Month) (Day) (Year)

7-AGE, 50 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Laundryman
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), China.

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Fanny.

(Address) 201 W Saratoga

15- FILED JAN 21 1917 ROBERT R. KRAUTER VITAL STATISTICIAN

Filed ....., 191.... Registrar.

(Over)

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... January 20, 1917.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry
(Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock, following extensive burns about head & body, clothing catching fire (accident) (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A. S. Driscoll M. D.
(Coroner)

Jan 21, 191 7. (Address) 312 N Carrollton Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

418 N. Pearl St.

Former or usual residence 418 N. Pearl St.

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL, January 21 1917

20-UNDERTAKER Ellw. Mitchell & Co

ADDRESS 1520 N. Fayette St.

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 27th DAY OF July 19 64 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WITH C98201 (Reg SEPT 15, 1916 -HCG JAN 21, 1917) AND ENDING WITH D-1560 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: L. Dwyer

END OF REEL